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2009

Nigeria

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Executive Summary_COP09_11_26_08_FINAL.doc	application/msword	12/1/2008		AParrish-Fuentes

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:

The USG-PEPFAR Team foresees significant changes to the strategic approach employed in Nigeria as we segue into the second five years of PEPFAR supported programming. The basic premise of the PEPFAR supports to Nigeria – to reduce the impact of HIV/AIDS through sustainable treatment, care and prevention programs – will continue to be the focus of our efforts. Yet there is a new operational environment due to the overall PEPFAR II authorization and a resultant shift in emphasis from an emergency response to a health systems-based effort aimed at sustainability of the programs. There is also a significant new opportunity with a country-level Compact for increased strategic and effective leadership from the Government of Nigeria (GON). This change in the approach, coupled with increasing availability of surveillance data, new trends in prevention, diagnosis, care and treatment, and increasing opportunities for coordination with a wider range of stakeholders, offer the prospect of consolidating our achievements and deepening the quality of the services we provide.

With an estimated HIV sero-prevalence rate of 3.1% , Nigeria has the second greatest burden of care and treatment worldwide. An estimated 2.6 million Nigerians are infected and 1.2 million orphans and vulnerable children (OVC) are directly affected by HIV/AIDS. Less than five percent of pregnant HIV-positive women are reached by services to prevent mother-to-child transmission (PMTCT). Currently more than 200,000 individuals are on antiretroviral treatment (ART) nationwide and over a million are in care, but an estimated 750,000 people are in need of treatment. This translates into more than 70% unmet need for treatment. In light of the continuing requirement for supports in the face of this unmet need, PEPFAR is looked to by all the stakeholders in Nigeria as the foundation for the public sector HIV/AIDS response.

The availability of data, at the national and sub-national levels, has increased over the first five years of PEPFAR activity in Nigeria, and the program level evaluations are also helping to shape the national response. Specific national targets will be developed with the Government of Nigeria and other key stakeholders over the next few months as they lead the process of developing a new National Strategic Framework (NSF) for the multi-sectoral response to HIV/AIDS. The PEPFAR program targets over the next five years will be informed by this dialogue, as well as from the anticipated results of the 2008 National AIDS and Reproductive Health Survey (NARHS+) and of the 2008 ANC survey. The base for PEPFAR specific targets will be the maintenance of achievements made, with a particular objective of maintaining the quality of care provided for all patients on treatment and care as well as for all OVC currently receiving PEPFAR supports.

Over the next five years, the focus of the National Response in Nigeria will be to continue the long-term campaign to address the fundamental issues facing a limited health care service delivery system attempting to cope with the critical and increasing demands of the long term management of millions of patients requiring sophisticated chronic care. The Government of Nigeria has indicated that they would be looking for an increased focus on PMTCT, orphans issues, behavior change and prevention initiatives and a greatly expanded counseling and testing program. The PEPFAR program will have to balance the need to provide continued care for current patients while also addressing new priorities in systems strengthening, an increased demand for State level engagement and continuing challenges around commodity provision. Increasing effort will also be needed to ensure tighter collaboration and coordination with other donor and resource groups in the country in order to maximize the available technical and financial resources, with further special attention given to the area of human resources for health.

Ambassador Letter

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20081112 - Amb. COP09 Letter _signed.pdf	application/pdf	11/13/2008		AParrish-Fuentes

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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Global Fund In-Country Representative	Alonzo	Wind	USAID General Development Officer	ajwind@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$1660059
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	1,145,545			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	453,203	142,762	595,965
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	21,916	4,307	26,223
Care (1)				
End of Plan Goal	1,750,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	1,388,817	54,545	1,443,362
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	40,821	13,630	54,451
8.1 - Number of OVC served by OVC programs	0	168,523	31,630	200,153
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	311,558	730,941	1,042,499
Treatment				
End of Plan Goal	350,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	259,956	30,445	290,401
Human Resources for Health				
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	498,176	150,746	648,922
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	21,734	6,389	28,123
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	1,506,220	299,100	1,805,320
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	39,367	24,101	63,468
8.1 - Number of OVC served by OVC programs	219,515	53,892	273,407
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	175,080	1,040,209	1,215,289
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	302,134	89,779	391,913
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC RFA TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5230.09
System ID: 10727
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: HHS/CDC RFA TBD/FMOH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7830.09
System ID: 10732
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: USAID Track 2.0 FS ABE/LINK

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7416.09
System ID: 10589
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: USAID Track 2.0 FS C-Change

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7602.09
System ID: 10606
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 Safe Injections

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3681.09
System ID: 10607
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

Mechanism Name: Male Circumcision Desk Review

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12265.09
System ID: 12265
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: State Track 2.0 Amb Self Help Fund

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11041.09
System ID: 11041
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 APS TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5236.09
System ID: 10590
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: USAID Track 2.0 NEPWHAN TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10807.09
System ID: 10807
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: USAID Track 2.0 Policy TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 553.09
System ID: 11040
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: USAID Track 2.0 PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5269.09
System ID: 10754
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 TBD1

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10808.09
System ID: 10808
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: USAID Track 2.0 TBD2

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10809.09
System ID: 10809
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: USAID Track 2.0 FS Health 20/20

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5270.09
System ID: 10599
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: USAID Track 2.0 AED Workplace

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9407.09
System ID: 10598
Planned Funding(\$): \$1,190,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Nigerian Business Coalition Against AIDS
Planned Funding: \$400,000
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: National Union of Chemical Footwear Rubber Leather and Non Metallic Products Employees

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: National Union of Road Transport Workers, Nigeria

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: National Union of Petroleum and Natural Gas Workers

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Senior Staff Association of Nigerian Universities

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: National Union of TeOld Sitetile Garment and Tailoring Workers of Nigeria

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: HHS/CDC Track 2.0 Africare

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4133.09

System ID: 10726

Planned Funding(\$): \$1,395,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Africare

New Partner: No

Sub-Partner: Rhema Care Partners

Planned Funding: \$34,369

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Lazarus Care Mission International, Aba Road, Port Harcourt

Planned Funding: \$29,459

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Daughters of Charity, Eleme, Port Harcourt

Planned Funding: \$36,824

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: People Against HIV/AIDS in the Barak

Planned Funding: \$22,094

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Mechanism Name: HHS/CDC Track 2.0 APIN

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 9692.09

System ID: 10738

Planned Funding(\$): \$12,325,958

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: AIDS Prevention Initiative, LTD

New Partner: No

Sub-Partner: Agbongbon Maternity Centre, Ibadan

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Alafia Hospital, Ibadan

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Alhaja Sarat Adesina Health Centre, Ogbere Baba Nia, Ibadan

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Baptist Medical Centre, Ogbomosho

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Baptist Medical Centre, Saki, Oyo

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Comprehensive Health Center, Fiditi

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Comprehensive Health Center, Tede

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Iseke Maternity Centre, Oyo

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Jaja Clinic, UI, Ibadan

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Lagos University Teaching Hospital, Lagos

Planned Funding: \$3,159,925

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Lam Adesina Health Centre, Iganna

Planned Funding: \$6,098

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: Maternity Center, Okeho
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: Moniya Health Centre, Moniya
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: Mushin General Hospital
Planned Funding: \$350,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Muslim Hospital, Saki
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: National Institute for Medical Research
Planned Funding: \$3,474,145
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Nigerian Institute of Medical Research - Central Medical Stores
Planned Funding: \$833,943
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs
Sub-Partner: Our Lady of Apostles Catholic Hospital, Iseyin
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Onikan Women's Hospital
Planned Funding: \$337,829
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Primary Health Care Centre, Adifase, Apata, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Care Centre, Agede, Kisi
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Care Centre, Ago-Are
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Care Centre, Alafara Oje, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Anko Eruwa
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Apete, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Boomi, Igboho
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Primary Health Care Centre, Ilora
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Care Centre, Igbeda
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Care Centre, SDP Secretariat, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Igbeti
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Ijaye
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Ikereku
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Iwo Road, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Molete, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Ojaigbo, Ogbomoso

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Oja-Oba, Iseyin
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Omi-Adio
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Oyo
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Saki
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Yidi Agunpopo, Oyo
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Igbo-Ora
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Lagelu, Agugu, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center, Olomi, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: Primary Health Center, Oniyanrin, Ibadan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: Primary Health Center, Out
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: Primary Health Care, Victoria island, Iagos
Planned Funding: \$181,690
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Sacred Heart Catholic Hospital, Lantoro, Ogun State
Planned Funding: \$1,028,667
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: State Hospital, Oyo
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: University College Hospital, Oyo State
Planned Funding: \$63,771
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: University College Hospital, Ibandan
Planned Funding: \$6,098
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVTB - Care: TB/HIV

Mechanism Name: HHS/HRSA Track 2.0 AIHA

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7213.09

System ID: 10731

Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: American International Health Alliance Twinning Center

New Partner: No

Sub-Partner: Hunter College School of Social Work

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Federal School of Social Work

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: University of Nigeria, Nsukka

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: HHS/CDC Track 2.0 APHL

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6173.09

System ID: 10565

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: American Public Health Laboratories

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 ASCP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5272.09
System ID: 10728
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: HHS/HRSA Track 1.0 CRS AIDSRelief

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5332.09
System ID: 10581
Planned Funding(\$): \$1,920,422
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: HHS/HRSA Track 2.0 CRS AIDSRelief

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3688.09
System ID: 10724
Planned Funding(\$): \$24,568,535
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Faith Alive, Jos

Planned Funding: \$800,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Al-Noury, Kano City

Planned Funding: \$323,206

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Vincent De Paul Hospital, Kubwa

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Ahmadiyyah Hospital, Kano City

Planned Funding: \$268,016

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Grimard Catholic Hospital, Ayingba

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Holy Rosary Hospital, Onitsha

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Camillus Hospital, Uromi

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Gerard's Hospital, Kaduna

Planned Funding: \$660,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Louis Hospital, Zonkwa

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Vincent's Hospital, Aliade

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Our Lady of Lourdes Hosp. Ihiala

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Faith Mediplex, Benin City

Planned Funding: \$187,880

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Evangel Hospital, Jos

Planned Funding: \$727,288

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Plateau State Specialist Hospital, Jos

Planned Funding: \$604,501

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Institute of Human Virology, Nigeria

Planned Funding: \$9,000,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Constella Futures

Planned Funding: \$1,000,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Bishop Murray Medical Center, Makurdi

Planned Funding: \$295,987

Funding is TO BE DETERMINED: No

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Monica Hospital, Adikpo

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Anthony Catholic Hospital, Zaki-biam

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. John's Catholic Hospital, Kabba

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Community Support and Development Initiative

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. Catherine's Hospital

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Evangelic Reform Church of Christ Alushi, Nasarrawa
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Comprehensive Health Center Ugba Logo
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Christian Hospital, Onicha Ngwa
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Holy Rosary Hospital Emekuku, Imo
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Ikin-Ukwu
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Joint Hospital Ozubulu, Ekwusigo
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mater Mesericodie, Afikpo

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Mbanjo Joint Hospital, Mbanjo

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Medical Mission of Mary, Ondo

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mission Hospital Umunze, Orumba South

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Nsukka Health Center, Nsukka

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Our Lady Health of the Sick, Uzo Uwani

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Sabon Sarki PHC, Kachia LGA

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Santa maria Catholic Hospital Uzairrue

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. Joseph's Catholic, Hospital Ohabiam

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. martin's Ugwuagba, Obosi

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. Louis Hospital Owo

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. Joseph Hospital Adazi

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: St. Damian's Hospital, Okporo, Orlu

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Sudan Mission Hospital Anuenyin

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: TB & Leprosy Referral hospital Uzuakoli

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: TBL Clinic Akwa, Akwa South

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Annunciation Specialist Hospital, Emene, Enugu

Planned Funding: \$270,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Bishop's House Oturkpo

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Cottage Hospital Odo Ere Kogi
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Daughters of Divine Love, Enugu
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: DHU Ogaminana Okene
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ebonyi State University Teaching Hospital, Abakaliki
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: ECWA Evangel Community Outreach Center
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: ECWA Hospital Kagoro
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Enugu State University Teaching Hospital
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Gembu Center for AIDS Advocacy, Nigeria
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Tudun Wada Kano
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: General Hospital Akwanga
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: General Hospital Bambar
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: General Hospital Garkida
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Igueben
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Kauru Kaduna
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Tse-Agbragba
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Wamba
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Health Center Obollo Affor
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Health Center Osisioma Abia
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined

Planned Funding: ██████████

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Holy Rosary Ogbor, Nguru Aboh

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ika Mission Hospital

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Immaculate Heart Hospital, Umunze

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Immaculate Heart, Aguieri

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mission Hospital PHC in Ayamelum LGA

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mission Hospital Ebenebe, Akwa North LGA
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Mother of Christ Hospital Specialist, Enugu
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Our Lady of Apostles, Akwanga
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Primary Health Center, Dogon Kurumi Kaduna
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Primary Health Center, Isa Kaduna
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: PHC Kwall, Bassa
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: PHC Tundun Wada (GH) Planned Funding: \$20,000 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: PHC Filin Ball Planned Funding: \$20,000 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Rural Health Center Owukpa Planned Funding: \$20,000 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Shuwa Health Center & Maternity Planned Funding: \$20,000 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: St. Francis Jambutu Hospital, Yola Planned Funding: \$100,000 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: St. Joseph Ogobia Planned Funding: \$20,000 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: To Be Determined

Table 3.1: Funding Mechanisms and Source

Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: St. Mary's Hospital, Orsumughu
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: St. Mary's Hospital
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Mile 4 Catholic Hospital, Abakaliki
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: St. Thomas Hospital, Ihugh
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Thomas Clinic & Maternity Kipwe Lissam
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Visitation Hospital, Umuchu

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: USAID Track 2.0 CRS 7D TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3689.09
System ID: 10591
Planned Funding(\$): \$3,448,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Catholic Diocese of Idah, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Catholic Diocese of Kafanchan, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: Catholic Diocese of Lafia, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: Catholic Diocese of Minna, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Catholic Diocese of Makurdi, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Catholic Diocese of Otukpo, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Virgilius Memorial Health Centre, Namu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing
Sub-Partner: Irruan Antenatal Clinic, Bankpor
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: St. Kizito Clinic, Lekki Idi-Araba
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Divine Mercy, Minna
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: St. Elizabeth, Vandekiya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Catholic Diocese of Shendam
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Adoka Maternity, Adoka

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: Anthony Cardinal Okogie Clinic, Lagos

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: Archdiocese of Abuja

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Archdiocese of Benin City

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Archdiocese of Jos

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Archdiocese of Kaduna

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Father Mathias, Benue

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Sisters of Nativity Jikwoyi, Abuja

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. Kizito, Lekki
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: St. Thomas Hospital, Ighugh
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. Timothy Clinic, Ojodu, Lagos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: St. Zeno Clinic, Iwo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Mechanism Name: USAID Track 2.0 CRS OVC TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3713.09
System ID: 10592
Planned Funding(\$): \$3,050,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Archdiocese of Kaduna
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Catholic Diocese of Kafanchan, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic Diocese of Lafia, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic Diocese of Minna, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic Diocese of Makurdi, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic Diocese of Otukpo, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic Diocese of Shendam
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Archdiocese of Abuja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Archdiocese of Jos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Archdiocese of Benin City

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic Diocese of Idah, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: USAID Track 2.0 CSN

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10893.09
System ID: 10893
Planned Funding(\$): \$1,146,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Secretariat of Nigeria
New Partner: No

Sub-Partner: Catholic Relief Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic Diocese of Ogoja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Diocese of Enugu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Archdiocese of Onitsha
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Diocese of Abakaliki
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Archdiocese of Kano
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Archdiocese of Lagos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Diocese of Awka
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Diocese of Bauchi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Archdiocese of Calabar
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Archdiocese of Abuja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Diocese of Ijebu-Ode
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Catholic Diocese of Jalingo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Catholic Diocese of Nnewi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Mechanism Name: USAID Track 2.0 CEDPA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5267.09
System ID: 10593
Planned Funding(\$): \$3,974,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Centre for Development and Population Activities
New Partner: No

Sub-Partner: Church of Nigerian Anglican Communion , Lagos West Diocese
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Hopegivers Organization, Anambra
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Humane Health Organization, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Muslim Action Guide Against AIDS, Poverty, Illiteracy and Conflict
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Positive Development Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Presbycom, Ikom
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Society for Women and AIDS in Africa, Edo, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Society for Women and AIDS in Africa, Lagos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: StopAIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Ummah Support Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Women and Children of Hope
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Council of Positive People Support Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Anglican Diocese of Gwagwalada

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: COCIN Bauchi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Imade Foundation, Edo

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Keep Hope Alive, Edo

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Raham Bauchi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: SWATCH, Kano

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: SWODEN, Kano

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: AIDS Program for Muslim Ummah

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Amana Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Anglican Communion Diocese - Minna, Niger State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Anglican Communion HIV/AIDS Program, Abuja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Association for Positive Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Awka Diocese Action Committee on AIDS, Awka
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Bauchi Diocese Action Committee on AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Benue Network of PLA's
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Center for Family Management International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Community Reach (initiative)

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Conscientising Against Injustice & Violence

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Community and Youth Development Initiative

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Community Care Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Christian Reform Church of Nigeria AIDS Action Committee, Wukari, Taraba State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Global Health & Awareness Research Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Hope support group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Justice Peace Reconciliation & Movement

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Kauna support group, Gembu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Kubwa Anglican Diocese Action Committee on AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: LUTHERCARES
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Mediating for the Less Privileged & Women Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Mubi Youths Progressive Forum
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: New Hope Agency
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Ohonyeta Care Givers
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: OSA Foundation, Makurdi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Physicians for Social Justice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Society for Future Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Society for Women & AIDS in Africa, Enugu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Taimako Support Group, Kano
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Unity Support Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Youth and Women Health Empowerment Project, Lokoja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 MARKETS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8295.09
System ID: 10600
Planned Funding(\$): \$3,000,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Chemonics International
New Partner: No

Sub-Partner: Making Cents International
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: USAID Track 1.0 Christian Aid

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3714.09
System ID: 10582
Planned Funding(\$): \$167,342
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Christian Aid
New Partner: No

Sub-Partner: Anglican Diocesan Development Services
Planned Funding: \$73,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Gospel Health and Development Services
Planned Funding: \$73,200
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: USAID Track 2.0 Christian Aid

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5266.09
System ID: 10594
Planned Funding(\$): \$1,400,670
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Christian Aid
New Partner: No

Sub-Partner: Society for Women and AIDS in Africa, Edo, Nigeria
Planned Funding: \$38,075
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Women Enhancement Organization
Planned Funding: \$36,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Aguata Diocesan Community Humane Services, Ekwulobia, Anambra State
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Akoko-Edo Diocesan Development Services, Akoko-Edo, Edo State
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Anglican Communion Church of Nigeria Development Project, Awka, Anambra State
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Anglican diocese of Nnewi Health and Community Development Services, Nnewi, Anambra State
Planned Funding: \$68,000
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Association of Women with HIV/AIDS in Nigeria

Planned Funding: \$160,777

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Care for the Child Organization, Onitsha, Anambra State

Planned Funding: \$61,700

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Council of Positive People Support Group

Planned Funding: \$35,385

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Formative Alliance Against AIDS, Onitsha, Anambra State

Planned Funding: \$27,435

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Hopegivers Organization, Awka

Planned Funding: \$38,460

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Kubwa Diocesan Development Welfare Services, Kubwa, Abuja

Planned Funding: \$65,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Niger Women Against AIDS, Suleja

Planned Funding: \$17,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Owan East Support Group

Planned Funding: \$23,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: People Against HIV/AIDS in the Barak
Planned Funding: \$17,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Positive Media Support Group, Makurdi
Planned Funding: \$17,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Positive Women and Children of Dignity
Planned Funding: \$17,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Rural Infrastructural Development Association, Urhomi, Edo State
Planned Funding: \$45,950
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Save the World Organization, Onitsha
Planned Funding: \$49,485
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Tabitha Support Group, Oturkpo, Benue State
Planned Funding: \$17,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Unique AIDS Foundation, FCT, Abuja
Planned Funding: \$35,385
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Voice of the Hopeful, Kano, Kano State
Planned Funding: \$35,385
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Wazobia Support Group
Planned Funding: \$35,385

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: USAID Track 2.0 CHAN

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9408.09
System ID: 10595
Planned Funding(\$): \$2,336,695
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Christian Health Association of Nigeria
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Civil Society on HIV/AIDS in Nigeria (CiSHAN), Gombe
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

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

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Management Sciences for Health

Planned Funding: \$870,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Partnership for Supply Chain Management

Planned Funding: \$508,135

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Network of People Living with HIV/AIDS in Nigeria, Gombe

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined

Table 3.1: Funding Mechanisms and Source

Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: HHS/CDC Track 2.0 CLSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5273.09
System ID: 10729
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Clinical and Laboratory Standards Institute
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 Columbia Univ SPH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2768.09
System ID: 11668
Planned Funding(\$): \$25,383,642
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Sub-Partner: General Hospital Ogoja
Planned Funding: \$90,475
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Tulsi Chanrai Foundation

Planned Funding: \$70,298

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Ganty's AIDS for Widows, Orphans, and Needy Foundation, Manchok

Planned Funding: \$39,165

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Rekindle Hope

Planned Funding: \$29,024

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Fantsuam Foundation

Planned Funding: \$33,828

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Association for Reproductive and Family Health

Planned Funding: \$130,051

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: To Be Determined

Planned Funding: ██████████

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Catholic Maternity Hospital - Monaiyi, Ogoja
Planned Funding: \$92,072
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Gambo Sawaba Zaria
Planned Funding: \$84,079
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Zambuk
Planned Funding: \$79,354
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Sankara
Planned Funding: \$84,919
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Ikot Ekpene
Planned Funding: \$120,645
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Makarfi
Planned Funding: \$79,669

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Adikpo
Planned Funding: \$85,916
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Vandekya
Planned Funding: \$87,071
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Bajoga
Planned Funding: \$118,020
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Kaltungo
Planned Funding: \$118,020
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Kafanchan
Planned Funding: \$52,550
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: General Hospital Saminaka

Planned Funding: \$55,289

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: KWHO, Kaltungo

Planned Funding: \$30,490

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: ASCO Medical Centre

Planned Funding: \$111,195

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Ashaka Cement Clinic

Planned Funding: \$81,375

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: General Hospital Etim Ekpo

Planned Funding: \$81,559

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: GAGH, Kaduna Planned Funding: \$55,814 Funding is TO BE DETERMINED: No New Partner: Yes Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: GADDS, Gombe Planned Funding: \$25,313 Funding is TO BE DETERMINED: No New Partner: Yes Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: General Hospital Akpabuyo Planned Funding: \$70,298 Funding is TO BE DETERMINED: No New Partner: Yes Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Ark Foundation Planned Funding: \$32,768 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Care for Life, Gombe Planned Funding: \$107,633 Funding is TO BE DETERMINED: No New Partner: Yes Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: General Hospital Idah Planned Funding: \$81,296 Funding is TO BE DETERMINED: No New Partner: Yes Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital North Bank, Benue
Planned Funding: \$48,792
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Holley Memorial Hospital Ochadamu
Planned Funding: \$116,025
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Okene, Kogi State
Planned Funding: \$119,700
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Pastoral Care Program, Vandeikya
Planned Funding: \$32,768
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Positive Media Support Group, Makurdi
Planned Funding: \$32,721
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Positive Hope Support and Care, Ugare, saminaka
Planned Funding: \$32,768
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Gwantu

Planned Funding: \$86,898

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Citizen Empowerment Project, Kogi

Planned Funding: \$26,786

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Health Care Awareness Group, Bajoga

Planned Funding: \$32,768

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Grace and Light, Ogoja

Planned Funding: \$29,597

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Doka General Hospital, Kaduna

Planned Funding: \$54,633

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: DOMSOJ, OGOJA

Planned Funding: \$33,561

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: State Specialist Hospital, Gombe
Planned Funding: \$53,130
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Support Health and Education for Development
Planned Funding: \$32,768
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Women Alive Foundation in Nigeria, Etinan
Planned Funding: \$32,768
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: YDMH KADUNA
Planned Funding: \$51,614
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Youth Challenge, Kaduna
Planned Funding: \$28,214
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Still Waters, Ochadamu
Planned Funding: \$32,768
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: HHS/CDC Track 2.0 ECEWS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3809.09

System ID: 10725

Planned Funding(\$): \$1,070,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)

New Partner: No

Mechanism Name: USAID Track 2.0 GHAIN

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 552.09

System ID: 10601

Planned Funding(\$): \$67,374,274

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Axios Foundation

Planned Funding: \$3,500,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Central Hospital Auchi, Edo

Planned Funding: \$23,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Society for Women And AIDS in Africa

Planned Funding: \$1,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Life Link Organization

Planned Funding: \$1,600

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Murtala Mohammed Specialist Hospital
Planned Funding: \$25,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Massey St. Children's Hospital, Lagos
Planned Funding: \$2,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Onitsha
Planned Funding: \$25,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Abaji
Planned Funding: \$8,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Sabo Bakin Zuwo Hospital
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection

Sub-Partner: General Hospital Calabar
Planned Funding: \$25,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Central Hospital Benin
Planned Funding: \$25,600

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Wuse
Planned Funding: \$25,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Ekwulobia, Anambra
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: General Hospital Awka, Anambra
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital, Ugep, Yakurr L.G.A
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Holy Family Catholic Hospital Ikom
Planned Funding: \$25,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Kubwa
Planned Funding: \$8,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Surulere General Hospital

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$8,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV
Sub-Partner: General Hospital Gwarzo, Kano
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection
Sub-Partner: General Hospital Badagry, Lagos
Planned Funding: \$24,900
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Epe, Lagos
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Ikorodu, Lagos
Planned Funding: \$24,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Isolo, Lagos
Planned Funding: \$23,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Infectious Disease Hospital, Kano
Planned Funding: \$25,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Primary Health Centre, Ikot Omin
Planned Funding: \$1,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: All Saints Clinic, Abuja
Planned Funding: \$1,900
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment
Sub-Partner: Nuhu Bamalli Hospital
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HVTB - Care: TB/HIV
Sub-Partner: Catholic Action Committee on AIDS Hospitals
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Comprehensive Health Centre Ikom, Cross River
Planned Funding: \$9,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support
Sub-Partner: Cottage Hospital Bassa
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Crusade for Greater Nigeria
Planned Funding: \$1,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Edel Trant Community Hospital Nkpologu
Planned Funding: \$2,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Federal Capital Territory Action Committee on AIDS
Planned Funding: \$1,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: Fortress for Women
Planned Funding: \$1,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: General Hospital Ajeromi, Lagos
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Tiga General Hospital
Planned Funding: \$8,900
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection
Sub-Partner: General Hospital Kuje
Planned Funding: \$9,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital Kwali
Planned Funding: \$1,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV
Sub-Partner: General Hospital Bwari
Planned Funding: \$8,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital Gboko
Planned Funding: \$25,400
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Katsina-Ala

Planned Funding: \$24,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Iruekpen

Planned Funding: \$7,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: General Hospital Kura, Kano

Planned Funding: \$7,200

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection

Sub-Partner: General Hospital, Obanliku

Planned Funding: \$23,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Hasiya Bayero Pediatric Hospital

Planned Funding: \$9,100

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Primary Health Center, Igando Ikotun

Planned Funding: \$1,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Immaculate Heart Hospital and Maternity Nkpor

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Iyi Enu Hospital

Planned Funding: \$7,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Lagos Mainland General Hospital, Lagos

Planned Funding: \$23,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Matage Health Center, Kano State

Planned Funding: \$1,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Mohammed Abdullahi Wase Specialist Hospital

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HVTB - Care: TB/HIV

Sub-Partner: Nka Iban Uko

Planned Funding: \$1,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Nwafor Orizu College of Education Medical Center Nsugbe

Planned Funding: \$1,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment

Sub-Partner: Oriade Primary Health Centre

Planned Funding: \$2,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support

Sub-Partner: Orile Agege General Hospital

Planned Funding: \$8,800

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Planned Parenthood Federation of Nigeria

Planned Funding: \$1,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Presbyterian Tuberculosis and Leprosy Hospital Mbembe

Planned Funding: \$9,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Redeemed Christian Church of God - Lagos, Nigeria

Planned Funding: \$9,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Regina Caeli Maternity Hospital Awka

Planned Funding: \$8,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Sheikh Mohammed Jidda Hospital

Planned Funding: \$7,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection

Sub-Partner: Sir Mohammed Sanusi Hospital

Planned Funding: \$25,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Society Against the Spread of AIDS

Planned Funding: \$1,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Specialist Hospital Ossiomo

Planned Funding: \$1,600

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: St. Benedict Tuberculosis and Leprosy Hospital Moniaya-Ogoja

Planned Funding: \$9,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: St. Philomena Catholic Hospital, Benin

Planned Funding: \$8,100

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: University of Calabar Medical Centre

Planned Funding: \$1,400

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: CIRC - Biomedical Prevention: Male Circ

Sub-Partner: District Hospital, Enugu Ezike

Planned Funding: \$25,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Agbani District Hospital

Planned Funding: \$24,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: District Hospital, Udi

Planned Funding: \$25,100

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Ebute Meta Health Center

Planned Funding: \$1,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: ECWA Clinic and Maternity
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection
Sub-Partner: Eja Memorial Joint Hospital, Itigidi
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood
Sub-Partner: Federal Polytechnic Oko Medical Center
Planned Funding: \$1,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment
Sub-Partner: First Referral Hospital, Mutum-Biyu
Planned Funding: \$24,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Funtua
Planned Funding: \$24,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Ikot Abasi
Planned Funding: \$24,620
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Katsina
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Kontagora
Planned Funding: \$23,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Ahoada
Planned Funding: \$23,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Ankpa
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Immunel General Hospital, Eket
Planned Funding: \$25,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Lagos
Planned Funding: \$24,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Minna
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Alkaleri, Bauchi
Planned Funding: \$24,600

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Misau, Bauchi
Planned Funding: \$24,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Obi
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Suleja
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Oron
Planned Funding: \$25,900
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Oju
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Nassarawa
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Mubi

Planned Funding: \$25,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Wukari

Planned Funding: \$23,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Tambawal

Planned Funding: \$24,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Zing

Planned Funding: \$23,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Idia Renaissance, Benin City

Planned Funding: \$1,200

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Lutheran Hospital Yahe, Yala

Planned Funding: \$9,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Mambilla Baptist Hospital, Gembu

Planned Funding: \$25,600

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: National Union of Road Transport Workers Edo
Planned Funding: \$1,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: National Union of Road Transport Workers Lagos
Planned Funding: \$1,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: National Union of Road Transport Workers FCT
Planned Funding: \$2,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Nnewi Diocesan Hospital, Nnewi
Planned Funding: \$8,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center Efraya, Etung
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment

Sub-Partner: Primary Health Center Ikot Okpora, Biase
Planned Funding: \$1,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment

Sub-Partner: Primary Health Center Obudu Ranch, Obanliku
Planned Funding: \$1,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Primary Health Center Utanga, Obanliku
Planned Funding: \$1,400
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Regina Mundi Catholic Hospital, Mushin
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: Specialist Hospital Yola
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Specialist Hospital Sokoto
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Akampa
Planned Funding: \$24,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Nasarawa LGA Kano State
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: St. Mary's Catholic Hosp. Gwagwalada
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV
Sub-Partner: St. Boromeo Hospital, Onitsha
Planned Funding: \$23,500
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: St. Louis Catholic Clinic and Maternity, Kano
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment
Sub-Partner: Health Office Aba, Aba South
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Abia State University Teaching Hospital
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Ajeromi Ifelodun Local Government
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Abuja Municipal Area Council, Federal Capital Territory
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Amaufuru Health Centre
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment
Sub-Partner: Armed Forces PMTCT Project
Planned Funding: \$9,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Bauchi LGA, Bauchi State
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Central Hospital Sapele
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HTXD - ARV Drugs
Sub-Partner: Central Hospital Warri
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Central Hospital Uromi, Edo
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Childrens Specialist Hospital
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: Civil Service Hospital
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Oko Community Hospital
Planned Funding: \$9,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: Cottage Hospital Akpet Central

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$25,100
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Bokkos Cottage Hospital
Planned Funding: \$25,900
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Danbatta, Kano
Planned Funding: \$7,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection
Sub-Partner: Dr. Lawrence Henshaw Memorial Hospital
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Ezza South PHC, Onueke
Planned Funding: \$24,900
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center, B/Kebbi
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center, Yola
Planned Funding: \$24,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Federal Medical Center, Jalingo
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center Gusau
Planned Funding: \$24,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center Owo
Planned Funding: \$24,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center Yenagoa
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center Owerri, Imo State
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Birnin Gwari
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Awe
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Apapa
Planned Funding: \$9,900
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital Anyingba
Planned Funding: \$7,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection
Sub-Partner: General Hospital Dutsin ma
Planned Funding: \$25,100
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Damagun
Planned Funding: \$8,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital Daura
Planned Funding: \$25,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Billiri
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Nyanya
Planned Funding: \$8,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital Abraka
Planned Funding: \$8,900

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: General Hospital Dukku
Planned Funding: \$25,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Gamawa, Bauchi State
Planned Funding: \$23,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Ningi, Bauchi State
Planned Funding: \$25,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Zango Kataf
Planned Funding: \$23,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Yauri
Planned Funding: \$25,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Obubra
Planned Funding: \$24,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Talatan Mafara
Planned Funding: \$23,500
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Potiskum
Planned Funding: \$24,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Langtang
Planned Funding: \$25,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Terabor
Planned Funding: \$25,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Kumo
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Okigwe
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: General Hospital Owerri
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Omoaran
Planned Funding: \$9,900
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital, Bama
Planned Funding: \$23,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Oban
Planned Funding: \$25,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital, Oji River
Planned Funding: \$7,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital, Bali
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Enugwe Ukwu
Planned Funding: \$24,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital, Biu
Planned Funding: \$24,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Awo-omama
Planned Funding: \$25,900
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Iboko

Planned Funding: \$9,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: General Hospital Fika

Planned Funding: \$8,600

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: General Hospital Gbagada, Lagos

Planned Funding: \$7,600

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: General Hospital Ikole

Planned Funding: \$23,600

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Ikara

Planned Funding: \$24,700

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Okolobiri

Planned Funding: \$25,600

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: General Hospital Keana

Planned Funding: \$9,900

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Monguno
Planned Funding: \$9,900
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital Illela
Planned Funding: \$24,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Ikpe Annang
Planned Funding: \$25,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Kauran Namoda
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital Kachia
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: General Hospital, Ekpan
Planned Funding: \$8,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support
Sub-Partner: General Hospital Erema
Planned Funding: \$8,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: General Hospital Numan
Planned Funding: \$23,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: German Leprosy and TB Relief Association
Planned Funding: \$120,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Howard University
Planned Funding: \$3,500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support

Sub-Partner: Illela LGA Sokoto
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Infectious Disease Hospital, Bayara
Planned Funding: \$25,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Jalingo LGA, Taraba State
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Lagos Island Maternity Hospital, Lagos
Planned Funding: \$7,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Maitama District Hospital
Planned Funding: \$24,600
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Martha Bamaiyi Hospital Zuru
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: National Union of Road Transport Workers, Kano
Planned Funding: \$1,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: National Union of Road Transport Workers, Anambra
Planned Funding: \$1,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Network of People Living with HIV/AIDS in Nigeria, Gombe
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment
Sub-Partner: Nigeria Customs Medical Center Karu
Planned Funding: \$9,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT
Sub-Partner: Nigeria Navy Reference Hospital
Planned Funding: \$1,100
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment
Sub-Partner: Nigerian Airforce Hospital
Planned Funding: \$1,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: CIRC - Biomedical Prevention: Male Circ
Sub-Partner: Nursing and Midwifery Council of Nigeria

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$1,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Obudu Ranch Medical Center
Planned Funding: \$1,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Orhionmwon LGA Edo State
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Oshodi Primary Health Care Clinic, Lagos
Planned Funding: \$1,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Palm Avenue PHC
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Initiative for Peoples Good Health (People Arise!)
Planned Funding: \$2,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: CIRC - Biomedical Prevention: Male Circ
Sub-Partner: Poly Clinic Ikot Omin
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Primary Health Care, Boki
Planned Funding: \$1,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Primary Health Center, Mbembe
Planned Funding: \$1,600

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Primary Health Center, Ukana East
Planned Funding: \$1,500
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support
Sub-Partner: Primary Health Care Centre, Afaga
Planned Funding: \$1,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support
Sub-Partner: Sani Abacha Specialist Hospital Damaturu
Planned Funding: \$24,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: Sir Yahya Memorial Hospital Birnin Kebbi
Planned Funding: \$25,300
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: State Hospital Sokenu, Abeokuta, Ogun State
Planned Funding: \$23,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: State Hospital, Saki
Planned Funding: \$25,100
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs
Sub-Partner: State Hospital, Oyo
Planned Funding: \$23,500
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: State Hospital, Otta

Planned Funding: \$24,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: State Hospital, Asubiaro

Planned Funding: \$24,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Society for Women and AIDS in Nigeria, Kano

Planned Funding: \$1,100

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Society for Women and AIDS in Nigeria, Lagos VCT Center

Planned Funding: \$1,600

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Salvation Army

Planned Funding: \$2,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support

Sub-Partner: Udi LGA Enugu State

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Umaru Shehu Ultramodern Hospital Maiduguri

Planned Funding: \$24,600

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: UNIZIK Medical Center, Awka
Planned Funding: \$1,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment

Sub-Partner: Wudil General Hospital
Planned Funding: \$24,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Yakurr LGA Cross River
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Mechanism Name: HHS/CDC Track 1.0 MoH NBTS

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3812.09
System ID: 10583
Planned Funding(\$): \$3,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Federal Ministry of Health, Nigeria
New Partner: No

Mechanism Name: USAID Track 1.5 Food for the Hungry

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3690.09
System ID: 10584
Planned Funding(\$): \$356,138
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Food for the Hungry
New Partner: No

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding: \$24,601
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Operation Blessing International
Planned Funding: \$93,720
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Salvation Army
Planned Funding: \$41,237
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: \$196,580
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: USAID Track 2.0 GECHAAN

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10894.09
System ID: 10894
Planned Funding(\$): \$1,175,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Gembu Center for AIDS Advocacy, Nigeria
New Partner: No

Mechanism Name: HHS/HRSA Track 1.0 Harvard SPH

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5330.09
System ID: 10585
Planned Funding(\$): \$12,410,577
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Harvard University School of Public Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/HRSA Track 2.0 Harvard SPH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 544.09
System ID: 10719
Planned Funding(\$): \$27,009,962
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Harvard University School of Public Health
New Partner: No

Sub-Partner: Jos University Teaching Hospital, Plateau
Planned Funding: \$6,124,918
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: University of Maiduguri Teaching Hospital
Planned Funding: \$3,963,177
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: University College Hospital, Ibandan
Planned Funding: \$3,695,091
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Makurdi Federal Medical Center
Planned Funding: \$3,286,799
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: University of Nigeria Teaching Hospital, Enugu
Planned Funding: \$2,340,050
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ahmadu Bello Teaching Hospital
Planned Funding: \$2,274,376
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: 68 Military Hospital, Lagos
Planned Funding: \$1,541,937
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Adeoyo Specialist Hospital
Planned Funding: \$953,046
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Our Lady of Apostles, Jos
Planned Funding: \$953,939
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: State Specialist Hospital, Maiduguri
Planned Funding: \$468,571
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: National Military Hospital "Creek"
Planned Funding: \$440,554
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Ogbomoso
Planned Funding: \$373,987
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Federal Medical Center, Nguru
Planned Funding: \$339,682
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: General Hospital Ijebu Ode, Ogun State
Planned Funding: \$284,230
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Association for Reproductive and Family Health
Planned Funding: \$282,575
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mashiah Foundation
Planned Funding: \$251,959
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Panyam Cottage Hospital
Planned Funding: \$246,419
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Barkin Ladi General Hospital

Planned Funding: \$246,419

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Vom Christian Hospital

Planned Funding: \$246,419

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Pankshin General Hospital

Planned Funding: \$246,419

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Solat Women Hospital

Planned Funding: \$246,419

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Seventh Day Adventist Hospital

Planned Funding: \$246,419

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Central Public Health Laboratories

Planned Funding: \$243,520

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Widowcare, Abakaliki, Ebonyin
Planned Funding: \$220,277
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: HaltAIDS VCT
Planned Funding: \$210,353
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner: Cottage Hospital Wase
Planned Funding: \$189,554
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: General Hospital Dengi-Kanam
Planned Funding: \$189,554
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: General Hospital Shendam
Planned Funding: \$189,554
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Community Health Clinic Zamko
Planned Funding: \$189,554
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Cottage Hospital, Kwalla
Planned Funding: \$189,554
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital, Tunkus
Planned Funding: \$189,554
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: General Hospital Angware
Planned Funding: \$189,554
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Nursing Home Maiduguri, Maiduguri
Planned Funding: \$168,029
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: University College Hospital, Saki
Planned Funding: \$154,325
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner: Development Communications Network
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment
Sub-Partner: AIDS Alliance Nigeria
Planned Funding: \$90,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Eleta Hospital
Planned Funding: \$89,757
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Primary Health Care, Jengre

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Amo Katako
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Zabolo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Abnira Medical Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Jenvak Hospital Undun Wada
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Nassarawa Medical Centre, Jos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Amper
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Kabwir

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: FCE Clinic
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: PHC Riyom, Tahoss, Rahoss
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: PHC Ganawuri
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Chugwi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Maikatako
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Dorowa Babuje
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Sho

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Kerang
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Mangu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Gindiri
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Angware
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Maijuju
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Center, Sabon Fobur
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Primary Health Care, Garkawa

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Care Centre, Tunkus/Piapung
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Zomo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Kwande
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Kwa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: PHC Kurgwi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Mabudi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: May Clinic

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Dengi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Jarmi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Bashar
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Primary Health Center, Wase
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Mechanism Name: USAID Track 2.0 Hope WW Nigeria

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10901.09
System ID: 10901
Planned Funding(\$): \$1,909,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Hope Worldwide Nigeria
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 IFESH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 555.09
System ID: 10720
Planned Funding(\$): \$1,366,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: International Foundation for Education and Self-Help
New Partner: No

Sub-Partner: Creative Interventions for Development
Planned Funding: \$8,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Abundant Life Positive Health Alliance
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Maranatha
Planned Funding: \$16,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Mechanism Name: USAID Track 2.0 FS AIDSTAR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7405.09
System ID: 10608
Planned Funding(\$): \$6,398,804
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 Johns Hopkins

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9403.09
System ID: 10737
Planned Funding(\$): \$485,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University
New Partner: No

Mechanism Name: USAID Track 2.0 FS LMS Leader

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5271.09
System ID: 10602
Planned Funding(\$): \$4,519,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: USAID Track 2.0 LMS Associate

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7144.09
System ID: 10603
Planned Funding(\$): \$10,375,711
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: USAID Track 2.0 NELA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9409.09
System ID: 10604
Planned Funding(\$): \$1,205,527
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Network on Ethics/Human Rights Law HIV/AIDS- Prevention, Support and Care
New Partner: No

Sub-Partner: Adamawa Development Association
Planned Funding: \$10,710
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Community Life Advancement Program

Planned Funding: \$8,624

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Community Reach (initiative)

Planned Funding: \$13,498

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Family Health Care Foundation

Planned Funding: \$10,710

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: First Step Foundation

Planned Funding: \$13,498

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa

Planned Funding: \$8,624

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Federation of Muslim Women Association in Nigeria, Kebbi

Planned Funding: \$8,624

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Girls' Power Initiative

Planned Funding: \$8,624

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ife Starfish support group

Planned Funding: \$10,710

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Jamatu Nasil Islam
Planned Funding: \$13,498
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Koyenum Immalar Foundation
Planned Funding: \$13,498
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Methodist Care Organization
Planned Funding: \$13,498
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Society for Women & AIDS in Nigeria, Borno
Planned Funding: \$8,624
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: To Be Determined
Planned Funding: [REDACTED]

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

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

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Hope Initiative
Planned Funding: \$10,710
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name: USAID Track 1.5 Hope WW SA

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3698.09
System ID: 10586
Planned Funding(\$): \$568,946
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Olive Leaf Foundation
New Partner: No

Mechanism Name: USAID Track 2.0 FS Community Reach

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7143.09
System ID: 10596
Planned Funding(\$): \$1,805,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 PFD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9401.09
System ID: 11131
Planned Funding(\$): \$1,417,920
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Partners for Development
New Partner: No

Sub-Partner: Daughters of Charity, Warri South

Planned Funding: \$215,085

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 1.0 SCMS

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 6706.09
System ID: 10587
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: USAID Track 2.0 SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4043.09
System ID: 10928
Planned Funding(\$): \$60,045,952
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 Pathfinder

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9405.09
System ID: 10740
Planned Funding(\$): \$217,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: ████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding: ████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 FS COMPASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7404.09
System ID: 10597
Planned Funding(\$): \$750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 Pop Council

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9406.09
System ID: 10734
Planned Funding(\$): \$640,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Population Council
New Partner: No

Sub-Partner: Alliance Rights Nigeria
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Tertiary Institution Project
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: African Health Project
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 Pop Council

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3691.09
System ID: 10609
Planned Funding(\$): \$1,029,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Council
New Partner: No

Sub-Partner: Adolescent Health and Information Projects
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Islamic Education Trust
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: African Health Project
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: HHS/CDC Track 2.0 ProHealth

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9693.09
System ID: 11003
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: PROHEALTH
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 ProHealth

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10895.09
System ID: 10895
Planned Funding(\$): \$1,080,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: PROHEALTH
New Partner: No

Sub-Partner: Excellence Community Education Welfare Scheme (ECEWS)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Neighbor Care Outreach
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: HHS/CDC Track 1.0 SBFAF

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5329.09
System ID: 10588
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Sub-Partner: Society for Family Health-Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood

Sub-Partner: John Snow, Inc.
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 SBFAF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3700.09
System ID: 10610
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: USAID Track 2.0 Sesame

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10897.09
System ID: 10897
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Sesame Street Workshop
New Partner: No

Sub-Partner: Abuja Education Resource Center
Planned Funding: \$4,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Storm Vision Media
Planned Funding: \$95,107
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 SFH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3682.09
System ID: 10611
Planned Funding(\$): \$11,660,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Society for Family Health-Nigeria
New Partner: No

Sub-Partner: AID FOUNDATION, Kaduna
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: D'SETE Support Initiative, Sokoto
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Global Agenda for Total Emancipation, Abuja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Glomy Movement Organization Calabar
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Living Faith Foundation, Kaduna
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Nasrul Lahi II Fathi (Nasfat) Health & HIV/AIDS Initiative
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Redeemed Christian Church of God - Lagos, Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Divine Emission Initiative, Ibadan
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: OSA Foundation, Makurdi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: The Good Neighbour, Lagos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Volunteer for Sustainable Development, Jos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: 'Make We Talk'
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Community Reach (initiative)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Renewed Action Group Against HIV/AIDS & Sexually Transmitted Infections
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Fortress for Women
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Action Youth, Abakpa, Enugu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: AIDS & Pregnancy Prevention for Adolescents Lagos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Centre for Health Education and Developmnet Communcation, Lagos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Nigeria Prison Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: The Church of Nigeria Anglican Communion Badagry
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Gamzaki Development Association, Kano
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Gender Initiative for Women and Children (Kaduna)
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Rumucholu Youth Organization for Positive Health, Port Harcourt
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Adolescent Action Pact Abuja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Society for the Preservation and Registration of Women's Honor and Dignity, Kaduna
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Women Youth and Children (WYCUT), Calabar
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Development Initiative and Processes Enugu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Young Mens Christian Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Imade Foundation, Edo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Natural Resources Development Motivators Owerri
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Center for Right to Health Owerri
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Youth Empowerment & Development Initiative, Jos
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Communications and Theater Arts for Development, Ibadan
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Marina Youth Foundation, Calabar
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Future Hope Foundation (Sokoto)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Women Youth and Children Upliftment Foundation, Calabar
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Clear View Integrity Foundation, Yola
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Health and Life International, Port Harcourt

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Humanity for Family Foundation for Peace and Development, Lagos 2

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Health Awareness and Gender Advocacy Initiative, Lagos

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Faltime Women and Youth Development Initiative, Bauchi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Canopy of Care and Concerns Initiative, Makurdi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Center for Research and Preventive Health Care, Benin

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Movement Against AIDS & Poverty, Ibadan

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 ASM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5292.09
System ID: 11029
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name: USAID Track 2.0 FS TB CAP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6171.09
System ID: 10612
Planned Funding(\$): \$1,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Tuberculosis Control Assistance Program, KNCV Foundation
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Leprosy Mission Nigeria
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Netherlands Leprosy and Relief Association
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: German Leprosy and TB Relief Association
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 Univ Maryland

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 632.09
System ID: 10722
Planned Funding(\$): \$63,005,071
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Maryland
New Partner: No

Sub-Partner: Lagos University Teaching Hospital, Lagos
Planned Funding: \$123,557
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: University of Calabar Teaching Hospital
Planned Funding: \$96,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: University of Benin Teaching Hospital
Planned Funding: \$189,582
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: National Hospital Abuja
Planned Funding: \$167,688
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Gwagwalada Specialist Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Asokoro Hospital

Planned Funding: \$101,097

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Amino Kano Teaching Hospital

Planned Funding: \$191,688

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Nmamdi Azikiwe Teaching Hospital

Planned Funding: \$153,903

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMBL - Biomedical Prevention: Blood, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Nigerian Institute of Pharmaceutical Research & Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: National Tuberculosis and Leprosy Training Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Axios Foundation

Planned Funding: \$2,500,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Bauchi Specialist Hospital

Planned Funding: \$115,962

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Federal Medical Center, Azare

Planned Funding: \$86,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: federal Medical Center, Keffi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: General Hospital, Otukpo

Planned Funding: \$108,567

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Church of Christ in Nigeria TB Rehabilitation Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Specialist Teaching Hospital, Irua

Planned Funding: \$87,977

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Plateau State Virology Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: International Dispensary Association Foundation

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: General Hospital, Mararaba
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Waziri Shehu Gidado Maternity Hospital
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital, Dutse
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital, Toro
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Akwanga General Hospital
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Comprehensive Health Center, Nneni

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Comprehensive Health Center, Ukpo
Planned Funding: \$154,010
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Trauma Center, Oba
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: ANAWIM Home, Gwagwalada, Abuja
Planned Funding: \$17,040
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Catholic Diocese of Nnewi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Babcock University Hospital, Ilesan, Ogun State
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Centre for Development and Population Activities
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: Comprehensive Health Center Oturkpo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Comprehensive Health Center, Udo, Edo State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Comprehensive Health Center, Umunya (Anambra)
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Dalhatu Araf Specialist Hospital
Planned Funding: \$119,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Federal medical Centre, Bida, Niger State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Federal Medical Centre, Gombe, Gombe State
Planned Funding: \$158,122
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center Katsina, Katsina State
Planned Funding: \$70,170

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Federal medical Center, Birnin Kudu, Jigawa State
Planned Funding: \$75,175
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center Abeokuta, Ogun State
Planned Funding: \$83,588
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Federa Medical Centre Asaba
Planned Funding: \$61,712
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Federal Medical Center Owerri, Imo State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Federation of Muslim Women Association in Nigeria, Adamawa
Planned Funding: \$12,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC
Sub-Partner: General Hospital Dass, Bauchi State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV

Sub-Partner: General Hospital Dawakin Tofa, Kano State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: General Hospital Babura, Jigawa State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV

Sub-Partner: General Hospital Doguwa, Kano State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: General Hospital Bebeji, Kano State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV

Sub-Partner: General Hospital Gumel, Jigawa State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: General Hospital Kafin Madaki, Bauchi Stae

Planned Funding: \$11,844

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Hadejia, Jigawa State

Planned Funding: \$105,381

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: General Hospital Ijebu Ode, Ogun State

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: General Hospital Kumbotso, Kano
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Agbor, Delta State
Planned Funding: \$100,570
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Kazaure, Jigawa State
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Gezawa, Kano State
Planned Funding: \$11,844
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: General Hospital Shirayana, Bauchi State
Planned Funding: \$13,407
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: General Hospital Tafawa Balewa, Bauchi State
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: General Hospital Ringim, Jigawa State

Planned Funding: \$12,488

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: General Hospital Wanune, Tarka, Benue State

Planned Funding: \$15,401

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: General Hospital Gamawa, Bauchi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: General Hospital Bayara, Bauchi State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV

Sub-Partner: General Hospital Ningi, Bauchi State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: General Hospital Okpoga, Benue State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: General Hospital Okene, Kogi State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Sub-Partner: General Hospital Alkaleri, Bauchi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: General Hospital Sapele, Delta State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: General Hospital Misau, Bauchi State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Goal of a Woman Association, Dutse
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Help International, Mangu
Planned Funding: \$14,017
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Hope Worldwide Nigeria
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Idoma Imeli Support Group, Otukpo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Ladoke Akintola University Teaching Hospital, Osogbo
Planned Funding: \$97,502
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Mariya Sanusi Maternity Hospital, Kano State

Planned Funding: \$11,844

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mothers Welfare Group

Planned Funding: \$113,335

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Olabisi Onabanjo University Teaching Hospital, Shagamu, Ogun State

Planned Funding: \$8,205

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection, HVCT - Prevention: Counseling and Testing

Sub-Partner: Oluku Primary Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Put Them Right Reproductive health Needs, Jos

Planned Funding: \$12,717

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Reach Project Mobile HCt, FCT Abuja

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Safe Environmental Watch, Nasarawa State

Planned Funding: \$12,222

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Shagamu Community Centre, Ogun State

Planned Funding: \$68,376

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: STOPAIDS Organization, Lagos, Ojo LGA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HMBL - Biomedical Prevention: Blood

Sub-Partner: STOPAIDS Organization, Lagos, Isolo LGA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: STOPAIDS Organization, Lagos, Ikeja LGA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: STOPAIDS Organization, Lagos, Iba LGA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: STOPAIDS Organization, Lagos, Ebute meta LGA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: STOPAIDS Organization, Lagos, A,iwp Pdpfom :GA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: STOPAIDS Organization, Lagos, Ajerumi Ifelodu LGA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: State Hospital Sokenu, Abeokuta, Ogun State
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ubonna Comprehensive Health Center, Edo State

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: University of Ilorin Teaching Hospital, Kwara State

Planned Funding: \$92,522

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Urban Maternity Clinic, Bauchi

Planned Funding: \$15,401

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Usman Danfodio University Teaching Hospital

Planned Funding: \$103,072

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Uyo University Teaching Hospital, UYO

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Young Mens Christian Association

Planned Funding: \$16,837

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: National Institute Pharmaceutical Research and Development, Idu, Abuja - FCT

Planned Funding: \$90,820

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Nassarawa
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: PHC Bukuru Center
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Dengi-Kanam
Planned Funding: \$15,401
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: General Hospital Tudun Wada Kano
Planned Funding: \$11,844
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: General Hospital Wamba
Planned Funding: \$11,844
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Cottage Hospital Wase
Planned Funding: \$11,844
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HMIN - Biomedical Prevention: Injection, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Society for Youth Awareness and Health Development, Kano

Planned Funding: \$16,837

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Anglican diocese of Nnewi Health and Community Development Services, Nnewi, Anambra State

Planned Funding: \$20,369

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Center for Research and Preventive Health Care, Benin

Planned Funding: \$60,683

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Center for Right to Health

Planned Funding: \$11,045

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Community Health and Development Service

Planned Funding: \$16,837

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Mechanism Name: USAID Track 2.0 Measure III

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 558.09

System ID: 10605

Planned Funding(\$): \$1,550,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: University of North Carolina

New Partner: No

Sub-Partner: John Snow, Inc.

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Constella Futures
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support

Mechanism Name: HHS/CDC Track 2.0 URC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9404.09
System ID: 10739
Planned Funding(\$): \$1,637,411
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Sub-Partner: Vision Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Crown Agents
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Mechanism Name: 09 PHE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11927.09
System ID: 11927
Planned Funding(\$): \$923,451
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Agency Funding

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1532.09
System ID: 10613
Planned Funding(\$): \$10,870,498
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 Agency Funding

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1561.09
System ID: 10911
Planned Funding(\$): \$12,327,536
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 CDC Agency

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1530.09
System ID: 10912
Planned Funding(\$): \$3,056,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: DoD Track 2.0 DoD Agency

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 554.09
System ID: 10718
Planned Funding(\$): \$3,731,354
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DoD Track 2.0 Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 554.09
System ID: 10717
Planned Funding(\$): \$6,691,922
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DoD Track 2.0 CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7227.09
System ID: 11657
Planned Funding(\$): \$114,737
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: DoD Track 2.0 ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7216.09
System ID: 11656
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7212.09
System ID: 11654
Planned Funding(\$): \$623,803
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC Track 2.0 ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6707.09
System ID: 11655
Planned Funding(\$): \$1,169,376
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: USAID Track 2.0 ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7215.09
System ID: 10614
Planned Funding(\$): \$504,987
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State Track 2.0

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1551.09
System ID: 11030
Planned Funding(\$): \$670,000
Procurement/Assistance Instrument: IAA
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: HHS/CDC Track 2.0 Vanderbilt

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9399.09
System ID: 10735
Planned Funding(\$): \$2,653,582
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Vanderbilt University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Track 2.0 Winrock AIM

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5268.09

System ID: 10615

Planned Funding(\$): \$3,345,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Winrock International

New Partner: No

Sub-Partner: Dorcas Eunice Foundation, Ibadan

Planned Funding: \$76,233

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Ummah Support Group

Planned Funding: \$208,451

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Redeemed Action Committee on AIDS, Lagos

Planned Funding: \$328,307

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Teens and Youth Capacity Enhancement and Education, Abuja

Planned Funding: \$108,592

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Women Trafficking and Child Labour Eradication

Planned Funding: \$214,278

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: USAID Track 2.0 YWCA

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 10898.09

System ID: 10898

Planned Funding(\$): \$360,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: YWCA

New Partner: No

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined

Planned Funding: [REDACTED]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: To Be Determined
Planned Funding: [REDACTED]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9407.09	10598	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	National Union of Chemical Footwear Rubber Leather and Non Metallic Products Employees	N	\$40,000
9407.09	10598	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	National Union of Petroleum and Natural Gas Workers	N	\$40,000
9407.09	10598	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers, Nigeria	N	\$40,000
9407.09	10598	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	National Union of TeOld Sitetile Garment and Tailoring Workers of Nigeria	N	\$40,000
9407.09	10598	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Nigerian Business Coalition Against AIDS	N	\$400,000
9407.09	10598	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Senior Staff Association of Nigerian Universities	N	\$40,000
4133.09	10726	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Daughters of Charity, Eleme, Port Harcourt	N	\$36,824
4133.09	10726	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lazarus Care Mission International, Aba Road, Port Harcourt	N	\$29,459
4133.09	10726	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	People Against HIV/AIDS in the Barak	N	\$22,094
4133.09	10726	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Rhema Care Partners	N	\$34,369
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Agbongbon Maternity Centre, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Alafia Hospital, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Alhaja Sarat Adesina Health Centre, Ogbere Baba Nia, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Baptist Medical Centre, Ogbomosho	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Baptist Medical Centre, Saki, Oyo	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Fiditi	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Tede	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Iseke Maternity Centre, Oyo	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Jaja Clinic, UI, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lagos University Teaching Hospital, Lagos	N	\$3,159,925
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lam Adesina Health Centre, Iganna	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Maternity Center, Okeho	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Moniya Health Centre, Moniya	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mushin General Hospital	N	\$350,200
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muslim Hospital, Saki	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Institute for Medical Research	N	\$3,474,145
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nigerian Institute of Medical Research - Central Medical Stores	N	\$833,943
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Onikan Women's Hospital	N	\$337,829

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Our Lady of Apostles Catholic Hospital, Iseyin	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care Centre, Adifase, Apata, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care Centre, Agede, Kisi	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care Centre, Ago-Are	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care Centre, Alafara Oje, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care Centre, Igbeda	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care Centre, Ilora	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care Centre, SDP Secretariat, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Care, Victoria island, Iagos	N	\$181,690
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Anko Eruwa	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Apete, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Boomi, Igboho	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Igbeti	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Igbo -Ora	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Ijaye	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Ikereku	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Iwo Road, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Lagelu, Agugu, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Molete, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Ojaigbo, Ogbomoso	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Oja-Oba, Iseyin	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Olomi, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Omi -Adio	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Oniyanrin, Ibadan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Out	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Oyo	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Saki	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Primary Health Center, Yidi Agunpopo, Oyo	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sacred Heart Catholic Hospital, Lantoro, Ogun State	N	\$1,028,667

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	State Hospital, Oyo	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	University College Hospital, Ibandan	N	\$6,098
9692.09	10738	AIDS Prevention Initiative, LTD	HHS/Centers for Disease Control & Prevention	GHCS (State)	University College Hospital, Oyo State	N	\$63,771
7213.09	10731	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Federal School of Social Work	N	\$0
7213.09	10731	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Hunter College School of Social Work	N	\$0
7213.09	10731	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	University of Nigeria, Nsukka	N	\$0
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	To Be Determined	N	
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	To Be Determined	N	
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Ahmadiyyah Hospital, Kano City	N	\$268,016
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Al-Noury, Kano City	N	\$323,206
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Annunciation Specialist Hospital, Emene, Enugu	N	\$270,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bishop Murray Medical Center, Makurdi	N	\$295,987
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bishop's House Oturkpo	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Christian Hospital, Onicha Ngwa	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Community Support and Development Initiative	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Comprehensive Health Center Ugba Logo	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures	N	\$1,000,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Cottage Hospital Odo Ere Kogi	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Daughters of Divine Love, Enugu	N	\$50,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	DHU Ogaminana Okene	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Ebonyi State University Teaching Hospital, Abakaliki	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	ECWA Evangel Community Outreach Center	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	ECWA Hospital Kagoro	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Enugu State University Teaching Hospital	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Evangel Hospital, Jos	N	\$727,288
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Evangelic Reform Church of Christ Alushi, Nasarrawa	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Faith Alive, Jos	N	\$800,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Faith Mediplex, Benin City	N	\$187,880
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Gembu Center for AIDS Advocacy, Nigeria	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Akwanga	N	\$20,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Bambur	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Garkida	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Igueben	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Ikin-Ukwu	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Kauru Kaduna	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Tse-Agbragba	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Tudun Wada Kano	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Wamba	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Grimard Catholic Hospital, Ayingba	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Health Center Obollo Affor	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Health Center Osisioma Abia	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Holy Rosary Hospital Emekuku, Imo	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Holy Rosary Hospital, Onitsha	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Holy Rosary Ogor, Nguru Aboh	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Ika Mission Hospital	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Immaculate Heart Hospital, Umunze	N	\$50,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Immaculate Heart, Agueri	N	\$50,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Institute of Human Virology, Nigeria	N	\$9,000,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Joint Hospital Ozubulu, Ekwusigo	N	\$50,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mater Mesericodie, Afikpo	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mbano Joint Hospital, Mbano	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Medical Mission of Mary, Ondo	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mile 4 Catholic Hospital, Abakaliki	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mission Hospital Ebenebe, Akwa North LGA	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mission Hospital PHC in Ayamelum LGA	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mission Hospital Umunze, Orumba South	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mother of Christ Hospital Specialist, Enugu	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Nsukka Health Center, Nsukka	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Our Lady Health of the Sick, Uzo Uwani	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Our Lady of Apostles, Akwanga	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Our Lady of Lourdes Hosp. Ihiala	N	\$100,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	PHC Filin Ball	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	PHC Kwall, Bassa	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	PHC Tundun Wada (GH)	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Plateau State Specialist Hospital, Jos	N	\$604,501
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Dogon Kurumi Kaduna	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Isa Kaduna	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Rural Health Center Owukpa	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sabon Sarki PHC, Kachia LGA	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Santa maria Catholic Hospital Uzairrue	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Shuwa Health Center & Maternity	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Anthony Catholic Hospital, Zaki-biam	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Camillus Hospital, Uromi	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Catherine's Hospital	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Damian's Hospital, Okporo, Orlu	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Francis Jambutu Hospital, Yola	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Gerard's Hospital, Kaduna	N	\$660,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. John's Catholic Hospital, Kabba	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Joseph Hospital Adazi	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Joseph Ogobia	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Joseph's Catholic, Hospital Ohabiam	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Louis Hospital Owo	N	\$50,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Louis Hospital, Zonkwa	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. martin's Ugwuagba, Obosi	N	\$50,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Mary's Hospital	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Mary's Hospital, Orsumughu	N	\$50,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Monica Hospital, Adikpo	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Thomas Hospital, Ihugh	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Vincent De Paul Hospital, Kubwa	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Vincent's Hospital, Aliade	N	\$100,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sudan Mission Hospital Anuenyin	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	TB & Leprosy Referral hospital Uzuakoli	N	\$20,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	TBL Clinic Akwa, Akwa South	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Thomas Clinic & Maternity Kipwe Lissam	N	\$20,000
3688.09	10724	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Visitation Hospital, Umuchu	N	\$50,000
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Adoka Maternity, Adoka	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Anthony Cardinal Okogie Clinic, Lagos	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Abuja	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Benin City	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Jos	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Kaduna	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Idah, Nigeria	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Kafanchan, Nigeria	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Lafia, Nigeria	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Makurdi, Nigeria	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Minna, Nigeria	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Otukpo, Nigeria	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Shendam	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Secretariat of Nigeria	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Divine Mercy, Minna	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Father Mathias, Benue	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Irruan Antenatal Clinic, Bankpor	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Sisters of Nativity Jikwoyi, Abuja	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Elizabeth, Vandekiya	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Kizito Clinic, Lekki Idi-Araba	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Kizito, Lekki	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Thomas Hospital, Ihugh	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Timothy Clinic, Ojodu, Lagos	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Zeno Clinic, Iwo	N	\$0
3689.09	10591	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Virgilius Memorial Health Centre, Namu	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Abuja	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Benin City	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Jos	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Kaduna	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Idah, Nigeria	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Kafanchan, Nigeria	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Lafia, Nigeria	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Makurdi, Nigeria	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Minna, Nigeria	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Otukpo, Nigeria	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Shendam	N	\$0
3713.09	10592	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Catholic Secretariat of Nigeria	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Archdiocese of Abuja	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Archdiocese of Calabar	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Archdiocese of Kano	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Archdiocese of Lagos	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Archdiocese of Onitsha	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Abakaliki	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Awka	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Bauchi	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Enugu	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Ijebu-Ode	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Jalingo	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Newi	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Diocese of Ogoja	N	\$0
10893.09	10893	Catholic Secretariat of Nigeria	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	AIDS Program for Muslim Ummah	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Amana Association	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Communion Diocese - Minna, Niger State	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Communion HIV/AIDS Program, Abuja	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Anglican Diocese of Gwagwalada	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Association for Positive Care	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Awka Diocese Action Committee on AIDS, Awka	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Bauchi Diocese Action Committee on AIDS	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Benue Network of PLA's	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Center for Family Management International	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Christian Reform Church of Nigeria AIDS Action Committee, Wukari, Taraba State	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Church of Nigerian Anglican Communion , Lagos West Diocese	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	COCIN Bauchi	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Community and Youth Development Initiative	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Community Care Center	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Community Reach (initiative)	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Conscientising Against Injustice & Violence	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Council of Positive People Support Group	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Global Health & Awareness Research Foundation	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Hope support group	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Hopegivers Organization, Anambra	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Humane Health Organization, Nigeria	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Imade Foundation, Edo	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Justice Peace Reconciliation & Movement	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Kauna support group, Gembu	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Keep Hope Alive, Edo	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Kubwa Anglican Diocese Action Committee on AIDS	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	LUTHERCARES	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Mediating for the Less Privileged & Women Development	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Mubi Youths Progressive Forum	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Muslim Action Guide Against AIDS, Poverty, Illiteracy and Conflict	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	New Hope Agency	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Ohonyeta Care Givers	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	OSA Foundation, Makurdi	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Physicians for Social Justice	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Positive Development Foundation	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Presbycom, Ikom	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Raham Bauchi	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Society for Future Health	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Society for Women & AIDS in Africa, Enugu	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Africa, Edo, Nigeria	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Africa, Lagos	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	StopAIDS	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	SWATCH, Kano	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	SWODEN, Kano	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Taimako Support Group, Kano	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Ummah Support Group	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Unity Support Group	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Women and Children of Hope	N	\$0
5267.09	10593	Centre for Development and Population Activities	U.S. Agency for International Development	GHCS (State)	Youth and Women Health Empowerment Project, Lokoja	N	\$0
8295.09	10600	Chemonics International	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
8295.09	10600	Chemonics International	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
8295.09	10600	Chemonics International	U.S. Agency for International Development	GHCS (State)	Making Cents International	N	\$40,000
3714.09	10582	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Anglican Diocesan Development Services	N	\$73,200
3714.09	10582	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Gospel Health and Development Services	N	\$73,200
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Aguata Diocesan Community Humane Services, Ekwulobia, Anambra State	N	\$65,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Akoko-Edo Diocesan Development Services, Akoko-Edo, Edo State	N	\$65,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Anglican Communion Church of Nigeria Development Project, Awka, Anambra State	N	\$65,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Anglican diocese of Nnewi Health and Community Development Services, Nnewi, Anambra State	N	\$68,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Association of Women with HIV/AIDS in Nigeria	N	\$160,777

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Care for the Child Organization, Onitsha, Anambra State	N	\$61,700
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Council of Positive People Support Group	N	\$35,385
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Formative Alliance Against AIDS, Onitsha, Anambra State	N	\$27,435
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Hopegivers Organization, Awka	N	\$38,460
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Kubwa Diocesan Development Welfare Services, Kubwa, Abuja	N	\$65,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Niger Women Against AIDS, Suleja	N	\$17,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Owan East Support Group	N	\$23,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	People Against HIV/AIDS in the Barak	N	\$17,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Positive Media Support Group, Makurdi	N	\$17,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Positive Women and Children of Dignity	N	\$17,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Rural Infrastructural Development Association, Urhomi, Edo State	N	\$45,950
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Save the World Organization, Onitsha	N	\$49,485
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Africa, Edo, Nigeria	N	\$38,075
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Tabitha Support Group, Oturkpo, Benue State	N	\$17,000
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Unique AIDS Foundation, FCT, Abuja	N	\$35,385
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Voice of the Hopeful, Kano, Kano State	N	\$35,385
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Wazobia Support Group	N	\$35,385
5266.09	10594	Christian Aid	U.S. Agency for International Development	GHCS (State)	Women Enhancement Organization	N	\$36,500
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	Civil Society on HIV/AIDS in Nigeria (CiSHAN), Gombe	N	\$15,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$15,000
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$870,000
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	Network of People Living with HIV/AIDS in Nigeria, Gombe	N	\$15,000
9408.09	10595	Christian Health Association of Nigeria	U.S. Agency for International Development	GHCS (State)	Partnership for Supply Chain Management	N	\$508,135
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ark Foundation	N	\$32,768
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	ASCO Medical Centre	N	\$111,195
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ashaka Cement Clinic	N	\$81,375
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association for Reproductive and Family Health	N	\$130,051
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Care for Life, Gombe	N	\$107,633
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Maternity Hospital - Monaiyi, Ogoja	N	\$92,072
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Citizen Empowerment Project, Kogi	N	\$26,786
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Doka General Hospital, Kaduna	N	\$54,633
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	DOMSOJ, OGOJA	N	\$33,561
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fantsuam Foundation	N	\$33,828
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	GADDS, Gombe	N	\$25,313
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	GAGH, Kaduna	N	\$55,814
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ganty's AIDS for Widows, Orphans, and Needy Foundation, Manchok	N	\$39,165
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Adikpo	N	\$85,916
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Akpabuyo	N	\$70,298
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Bajoga	N	\$118,020
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Etim Ekpo	N	\$81,559
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gambo Sawaba Zaria	N	\$84,079
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gwantu	N	\$86,898
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Idah	N	\$81,296
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ikot Ekpene	N	\$120,645
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kafanchan	N	\$52,550
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kaltungo	N	\$118,020
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Makarfi	N	\$79,669

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital North Bank, Benue	N	\$48,792
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ogoja	N	\$90,475
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Okene, Kogi State	N	\$119,700
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Saminaka	N	\$55,289
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Sankara	N	\$84,919
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Vandekya	N	\$87,071
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Zambuk	N	\$79,354
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Grace and Light, Ogoja	N	\$29,597
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Care Awareness Group, Bajoga	N	\$32,768
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Holley Memorial Hospital Ochadamu	N	\$116,025
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	KWHO, Kaltungo	N	\$30,490
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pastoral Care Program, Vandekya	N	\$32,768
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Positive Hope Support and Care, Ugare, saminaka	N	\$32,768
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Positive Media Support Group, Makurdi	N	\$32,721
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Rekindle Hope	N	\$29,024
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	State Specialist Hospital, Gombe	N	\$53,130
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Still Waters, Ochadamu	N	\$32,768
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Support Health and Education for Development	N	\$32,768
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tulsi Chanrai Foundation	N	\$70,298
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Women Alive Foundation in Nigeria, Etinan	N	\$32,768
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	YDMH KADUNA	N	\$51,614
2768.09	11668	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Youth Challenge, Kaduna	N	\$28,214
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Abia State University Teaching Hospital	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Abuja Municipal Area Council, Federal Capital Territory	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Agbani District Hospital	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Ajeromi Ifelodun Local Government	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	All Saints Clinic, Abuja	N	\$1,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Amaufuru Health Centre	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Armed Forces PMTCT Project	N	\$9,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Axios Foundation	N	\$3,500,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Bauchi LGA, Bauchi State	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Bokkos Cottage Hospital	N	\$25,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Action Committee on AIDS Hospitals	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Hospital Auchi, Edo	N	\$23,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Hospital Benin	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Hospital Sapele	N	\$10,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Hospital Uromi, Edo	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Central Hospital Warri	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Childrens Specialist Hospital	N	\$10,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Civil Service Hospital	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Comprehensive Health Centre Ikom, Cross River	N	\$9,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Cottage Hospital Akpet Central	N	\$25,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Cottage Hospital Bassa	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Crusade for Greater Nigeria	N	\$1,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	District Hospital, Enugu Ezike	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	District Hospital, Udi	N	\$25,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Dr. Lawrence Henshaw Memorial Hospital	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Ebute Meta Health Center	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	ECWA Clinic and Maternity	N	\$10,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Edel Trant Community Hospital Nkpologu	N	\$2,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Eja Memorial Joint Hospital, Itigidi	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Ezza South PHC, Onueke	N	\$24,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Capital Territory Action Committee on AIDS	N	\$1,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center Gusau	N	\$24,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center Owerri, Imo State	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center Owo	N	\$24,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center Yenagoa	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center, B/Kebbi	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center, Jalingo	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Medical Center, Yola	N	\$24,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Federal Polytechnic Oko Medical Center	N	\$1,300

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	First Referral Hospital, Mutum-Biyu	N	\$24,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Fortress for Women	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Abaji	N	\$8,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Abraka	N	\$8,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ahoada	N	\$23,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ajeromi, Lagos	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Akampa	N	\$24,700
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Alkaleri, Bauchi	N	\$24,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ankpa	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Anyingba	N	\$7,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Apapa	N	\$9,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Awe	N	\$10,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Awka, Anambra	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Awo-omama	N	\$25,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Badagry, Lagos	N	\$24,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Billiri	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Birnin Gwari	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Bwari	N	\$8,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Calabar	N	\$25,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Damagun	N	\$8,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Danbatta, Kano	N	\$7,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Daura	N	\$25,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Dukku	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Dutsin ma	N	\$25,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ekwulobia, Anambra	N	\$10,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Enugwe Ukwu	N	\$24,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Epe, Lagos	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Erema	N	\$8,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Fika	N	\$8,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Funtua	N	\$24,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gamawa, Bauchi State	N	\$23,200

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gbagada, Lagos	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gboko	N	\$25,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Gwarzo, Kano	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Iboko	N	\$9,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ikara	N	\$24,700
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ikole	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ikorodu, Lagos	N	\$24,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ikot Abasi	N	\$24,620
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ikpe Annang	N	\$25,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Illela	N	\$24,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Iruokpen	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Isolo, Lagos	N	\$23,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kachia	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Katsina	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Katsina-Ala	N	\$24,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kauran Namoda	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Keana	N	\$9,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kontagora	N	\$23,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kubwa	N	\$8,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kuje	N	\$9,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kumo	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kura, Kano	N	\$7,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Kwali	N	\$1,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Lagos	N	\$24,700
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Langtang	N	\$25,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Minna	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Misau, Bauchi	N	\$24,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Monguno	N	\$9,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Mubi	N	\$25,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Nassarawa	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Ningi, Bauchi State	N	\$25,600

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Numan	N	\$23,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Nyanya	N	\$8,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Oban	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Obi	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Obubra	N	\$24,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Oju	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Okigwe	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Okolobiri	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Omoaran	N	\$9,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Onitsha	N	\$25,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Oron	N	\$25,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Owerri	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Potiskum	N	\$24,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Suleja	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Talatan Mafara	N	\$23,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Tambawal	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Terabor	N	\$25,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Wukari	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Wuse	N	\$25,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Yauri	N	\$25,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Zango Kataf	N	\$23,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital Zing	N	\$23,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Bali	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Bama	N	\$23,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Biu	N	\$24,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Ekpan	N	\$8,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Obanliku	N	\$23,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Oji River	N	\$7,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	General Hospital, Ugep, Yakurr L.G.A	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	German Leprosy and TB Relief Association	N	\$120,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Hasiya Bayero Pediatric Hospital	N	\$9,100

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Health Office Aba, Aba South	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Holy Family Catholic Hospital Ikom	N	\$25,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Howard University	N	\$3,500,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Idia Renaissance, Benin City	N	\$1,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Illela LGA Sokoto	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Immaculate Heart Hospital and Maternity Nkpor	N	\$10,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Immune! General Hospital, Eket	N	\$25,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Infectious Disease Hospital, Bayara	N	\$25,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Infectious Disease Hospital, Kano	N	\$25,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Initiative for Peoples Good Health (People Arise!)	N	\$2,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Iyi Enu Hospital	N	\$7,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Jalingo LGA, Taraba State	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Lagos Island Maternity Hospital, Lagos	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Lagos Mainland General Hospital, Lagos	N	\$23,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Life Link Organization	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Lutheran Hospital Yahe, Yala	N	\$9,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Maitama District Hospital	N	\$24,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Mambilla Baptist Hospital, Gembu	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Martha Bamaiyi Hospital Zuru	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Massey St. Children's Hospital, Lagos	N	\$2,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Matage Health Center, Kano State	N	\$1,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Mohammed Abdullahi Wase Specialist Hospital	N	\$10,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Murtala Mohammed Specialist Hospital	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nasarawa LGA Kano State	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers Edo	N	\$1,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers FCT	N	\$2,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers Lagos	N	\$1,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers, Anambra	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	National Union of Road Transport Workers, Kano	N	\$1,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Network of People Living with HIV/AIDS in Nigeria, Gombe	N	\$1,500

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nigeria Customs Medical Center Karu	N	\$9,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nigeria Navy Reference Hospital	N	\$1,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nigerian Airforce Hospital	N	\$1,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nka Iban Uko	N	\$1,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nnewi Diocesan Hospital, Nnewi	N	\$8,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nuhu Bamalli Hospital	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nursing and Midwifery Council of Nigeria	N	\$1,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Nwafor Orizu College of Education Medical Center Nsugbe	N	\$1,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Obudu Ranch Medical Center	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Oko Community Hospital	N	\$9,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Orhionmwon LGA Edo State	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Oriade Primary Health Centre	N	\$2,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Orile Agege General Hospital	N	\$8,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Oshodi Primary Health Care Clinic, Lagos	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Palm Avenue PHC	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Planned Parenthood Federation of Nigeria	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Poly Clinic Ikot Omin	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Presbyterian Tuberculosis and Leprosy Hospital Mbembe	N	\$9,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Care Centre, Afaga	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Care, Boki	N	\$1,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Efraya, Etung	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Ikot Okpora, Biase	N	\$1,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Obudu Ranch, Obaniku	N	\$1,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center Utanga, Obanliku	N	\$1,400
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center, Igando Ikotun	N	\$1,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center, Mbembe	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Center, Ukana East	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Primary Health Centre, Ikot Omin	N	\$1,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Redeemed Christian Church of God - Lagos, Nigeria	N	\$9,800

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Regina Caeli Maternity Hospital Awka	N	\$8,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Regina Mundi Catholic Hospital, Mushin	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Sabo Bakin Zuwo Hospital	N	\$7,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Salvation Army	N	\$2,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Sani Abacha Specialist Hospital Damaturu	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Sheikh Mohammed Jidda Hospital	N	\$7,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Sir Mohammed Sanusi Hospital	N	\$25,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Sir Yahya Memorial Hospital Birnin Kebbi	N	\$25,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Society Against the Spread of AIDS	N	\$1,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Society for Women And AIDS in Africa	N	\$1,300
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Nigeria, Kano	N	\$1,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Nigeria, Lagos VCT Center	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Specialist Hospital Ossiomo	N	\$1,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Specialist Hospital Sokoto	N	\$25,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Specialist Hospital Yola	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Benedict Tuberculosis and Leprosy Hospital Moniaya-Ogoja	N	\$9,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Boromeo Hospital, Onitsha	N	\$23,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Louis Catholic Clinic and Maternity, Kano	N	\$1,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Mary's Catholic Hosp. Gwagwalada	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	St. Philomena Catholic Hospital, Benin	N	\$8,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	State Hospital Sokenu, Abeokuta, Ogun State	N	\$23,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	State Hospital, Asubiaro	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	State Hospital, Otta	N	\$24,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	State Hospital, Oyo	N	\$23,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	State Hospital, Saki	N	\$25,100
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Surulere General Hospital	N	\$8,800
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Tiga General Hospital	N	\$8,900
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Udi LGA Enugu State	N	\$100,000
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Umaru Shehu Ultramodern Hospital Maiduguri	N	\$24,600
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	University of Calabar Medical Centre	N	\$1,400

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	UNIZIK Medical Center, Awka	N	\$1,200
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Wudil General Hospital	N	\$24,500
552.09	10601	Family Health International	U.S. Agency for International Development	GHCS (State)	Yakurr LGA Cross River	N	\$100,000
3690.09	10584	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	N	\$196,580
3690.09	10584	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	N	\$24,601
3690.09	10584	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Operation Blessing International	N	\$93,720
3690.09	10584	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Salvation Army	N	\$41,237
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	68 Military Hospital, Lagos	N	\$1,541,937
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Abnira Medical Centre	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Adeoyo Specialist Hospital	N	\$953,046
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Ahmadu Bello Teaching Hospital	N	\$2,274,376
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	AIDS Alliance Nigeria	N	\$90,000
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Association for Reproductive and Family Health	N	\$282,575
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Barkin Ladi General Hospital	N	\$246,419
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Central Public Health Laboratories	N	\$243,520
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Community Health Clinic Zamko	N	\$189,554
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Cottage Hospital Wase	N	\$189,554
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Cottage Hospital, Kwalla	N	\$189,554
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Development Communications Network	N	\$100,000
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Eleta Hospital	N	\$89,757
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	FCE Clinic	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Federal Medical Center, Nguru	N	\$339,682
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Angware	N	\$189,554
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Dengi-Kanam	N	\$189,554
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Ijebu Ode, Ogun State	N	\$284,230
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Ogbomoso	N	\$373,987
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital Shendam	N	\$189,554
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	General Hospital, Tunkus	N	\$189,554

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	HaltAIDS VCT	N	\$210,353
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Jenvak Hospital Undun Wada	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Jos University Teaching Hospital, Plateau	N	\$6,124,918
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Makurdi Federal Medical Center	N	\$3,286,799
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Mashiah Foundation	N	\$251,959
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	May Clinic	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Nassarawa Medical Centre, Jos	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	National Military Hospital "Creek"	N	\$440,554
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Nursing Home Maiduguri, Maiduguri	N	\$168,029
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Our Lady of Apostles, Jos	N	\$953,939
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Pankshin General Hospital	N	\$246,419
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Panyam Cottage Hospital	N	\$246,419
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Ganawuri	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Kurgwi	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	PHC Riyom, Tahoss, Rahoss	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Care Centre, Tunkus/Piapung	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Care, Garkawa	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Care, Jengre	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Amo Katako	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Amper	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Angware	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Bashar	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Chugwi	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Dengi	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Dorowa Babuje	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Gindiri	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Jarmi	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Kabwir	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Kerang	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Kwa	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Kwande	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Mabudi	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Maijuju	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Maikatako	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Mangu	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Sabon Fobur	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Sho	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Wase	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Zabolo	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Primary Health Center, Zomo	N	\$0
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Seventh Day Adventist Hospital	N	\$246,419
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Solat Women Hospital	N	\$246,419
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	State Specialist Hospital, Maiduguri	N	\$468,571
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University College Hospital, Ibandan	N	\$3,695,091
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University College Hospital, Saki	N	\$154,325
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University of Maiduguri Teaching Hospital	N	\$3,963,177
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	University of Nigeria Teaching Hospital, Enugu	N	\$2,340,050
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Vom Christian Hospital	N	\$246,419
544.09	10719	Harvard University School of Public Health	HHS/Health Resources Services Administration	GHCS (State)	Widowcare, Abakaliki, Ebonyin	N	\$220,277
555.09	10720	International Foundation for Education and Self-Help	HHS/Centers for Disease Control & Prevention	GHCS (State)	Abundant Life Positive Health Alliance	N	\$12,000
555.09	10720	International Foundation for Education and Self-Help	HHS/Centers for Disease Control & Prevention	GHCS (State)	Creative Interventions for Development	N	\$8,000
555.09	10720	International Foundation for Education and Self-Help	HHS/Centers for Disease Control & Prevention	GHCS (State)	Maranatha	N	\$16,000
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Adamawa Development Association	N	\$10,710
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Community Life Advancement Program	N	\$8,624
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Community Reach (initiative)	N	\$13,498
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Family Health Care Foundation	N	\$10,710
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$8,624
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Kebbi	N	\$8,624
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	First Step Foundation	N	\$13,498
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Girls' Power Initiative	N	\$8,624
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Hope Initiative	N	\$10,710
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Ife Starfish support group	N	\$10,710
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Jamatu Nasil Islam	N	\$13,498
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Koyenum Immalar Foundation	N	\$13,498
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Methodist Care Organization	N	\$13,498
9409.09	10604	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	U.S. Agency for International Development	GHCS (State)	Society for Women & AIDS in Nigeria, Borno	N	\$8,624

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9401.09	11131	Partners for Development	HHS/Centers for Disease Control & Prevention	GHCS (State)	Daughters of Charity, Warri South	N	\$215,085
9405.09	10740	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	■
9405.09	10740	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	■
3691.09	10609	Population Council	U.S. Agency for International Development	GHCS (State)	Adolescent Health and Information Projects	N	\$25,000
3691.09	10609	Population Council	U.S. Agency for International Development	GHCS (State)	African Health Project	N	\$25,000
3691.09	10609	Population Council	U.S. Agency for International Development	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$25,000
3691.09	10609	Population Council	U.S. Agency for International Development	GHCS (State)	Islamic Education Trust	N	\$25,000
9406.09	10734	Population Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	African Health Project	N	\$25,000
9406.09	10734	Population Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	Alliance Rights Nigeria	N	\$25,000
9406.09	10734	Population Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tertiary Institution Project	N	\$25,000
10895.09	10895	PROHEALTH	U.S. Agency for International Development	GHCS (State)	Excellence Community Education Welfare Scheme (ECEWS)	N	\$0
10895.09	10895	PROHEALTH	U.S. Agency for International Development	GHCS (State)	Neighbor Care Outreach	N	\$0
5329.09	10588	Safe Blood for Africa Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	John Snow, Inc.	N	\$0
5329.09	10588	Safe Blood for Africa Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Society for Family Health-Nigeria	N	\$0
10897.09	10897	Sesame Street Workshop	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	■
10897.09	10897	Sesame Street Workshop	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	■
10897.09	10897	Sesame Street Workshop	U.S. Agency for International Development	GHCS (State)	Abuja Education Resource Center	N	\$4,000
10897.09	10897	Sesame Street Workshop	U.S. Agency for International Development	GHCS (State)	Storm Vision Media	N	\$95,107
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Action Youth, Abakpa, Enugu	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Adolescent Action Pact Abuja	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	AID FOUNDATION, Kaduna	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	AIDS & Pregnancy Prevention for Adolescents Lagos	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Canopy of Care and Concerns Initiative, Makurdi	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Center for Research and Preventive Health Care, Benin	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Center for Right to Health Owerri	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Centre for Health Education and Development Communication, Lagos	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Clear View Integrity Foundation, Yola	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Communications and Theater Arts for Development, Ibadan	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Community Reach (initiative)	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Development Initiative and Processes Enugu	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Divine Emission Initiative, Ibadan	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	D'SETE Support Initiative, Sokoto	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Faltimta Women and Youth Development Initiative, Bauchi	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Fortress for Women	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Future Hope Foundation (Sokoto)	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Ganzaki Development Association, Kano	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Gender Initiative for Women and Children (Kaduna)	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Global Agenda for Total Emancipation, Abuja	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Glomy Movement Organization Calabar	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Health and Life International, Port Harcourt	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Health Awareness and Gender Advocacy Initiative, Lagos	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Humanity for Family Foundation for Peace and Development, Lagos 2	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Imade Foundation, Edo	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Living Faith Foundation, Kaduna	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	'Make We Talk'	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Marina Youth Foundation, Calabar	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Movement Against AIDS & Poverty, Ibadan	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Nasrul Lahi Il Fathi (Nasfat) Health & HIV/AIDS Initiative	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Natural Resources Development Motivators Owerri	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Nigeria Prison Services	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	OSA Foundation, Makurdi	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Redeemed Christian Church of God - Lagos, Nigeria	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Renewed Action Group Against HIV/AIDS & Sexually Transmitted Infections	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Rumucholu Youth Organization for Positive Health, Port Harcourt	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Society for the Preservation and Registration of Women's Honor and Dignity, Kaduna	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	The Church of Nigeria Anglican Communion Badagry	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	The Good Neighbour, Lagos	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Volunteer for Sustainable Development, Jos	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Women Youth and Children (WYCUT), Calabar	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Women Youth and Children Upliftment Foundation, Calabar	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Young Mens Christian Association	N	\$0
3682.09	10611	Society for Family Health-Nigeria	U.S. Agency for International Development	GHCS (State)	Youth Empowerment & Development Initiative, Jos	N	\$0
3681.09	10607	To Be Determined	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	N	■
3681.09	10607	To Be Determined	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	■
6171.09	10612	Tuberculosis Control Assistance Program, KNCV Foundation	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	■
6171.09	10612	Tuberculosis Control Assistance Program, KNCV Foundation	U.S. Agency for International Development	GHCS (State)	German Leprosy and TB Relief Association	N	\$200,000
6171.09	10612	Tuberculosis Control Assistance Program, KNCV Foundation	U.S. Agency for International Development	GHCS (State)	Leprosy Mission Nigeria	N	\$200,000
6171.09	10612	Tuberculosis Control Assistance Program, KNCV Foundation	U.S. Agency for International Development	GHCS (State)	Netherlands Leprosy and Relief Association	N	\$200,000
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Akwanga General Hospital	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Amino Kano Teaching Hospital	N	\$191,688
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	ANAWIM Home, Gwagwalada, Abuja	N	\$17,040
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Anglican diocese of Newwi Health and Community Development Services, Newwi, Anambra State	N	\$20,369
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Asokoro Hospital	N	\$101,097
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Axios Foundation	N	\$2,500,000
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Babcock University Hospital, Ilasan, Ogun State	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bauchi Specialist Hospital	N	\$115,962
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Diocese of Newwi	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Center for Research and Preventive Health Care, Benin	N	\$60,683
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Center for Right to Health	N	\$11,045
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Development and Population Activities	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Church of Christ in Nigeria TB Rehabilitation Hospital	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Community Health and Development Service	N	\$16,837
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center Oturkpo	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Nneni	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Udo, Edo State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Ukpo	N	\$154,010
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Comprehensive Health Center, Umunya (Anambra)	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cottage Hospital Wase	N	\$11,844
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dalhatu Araf Specialist Hospital	N	\$119,400
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federa Medical Centre Asaba	N	\$61,712
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center Abeokuta, Ogun State	N	\$83,588
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center Katsina, Katsina State	N	\$70,170
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center Owerri, Imo State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Center, Azare	N	\$86,800
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal medical Center, Birnin Kudu, Jigawa State	N	\$75,175
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	federal Medical Center, Keffi	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal medical Centre, Bida, Niger State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federal Medical Centre, Gombe, Gombe State	N	\$158,122
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Federation of Muslim Women Association in Nigeria, Adamawa	N	\$12,500
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Agbor, Delta State	N	\$100,570
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Alkaleri, Bauchi	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Babura, Jigawa State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Bayara, Bauchi State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Bebeji, Kano State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Dass, Bauchi State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Dawakin Tofa, Kano State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Dengi-Kanam	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Doguwa, Kano State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gamawa, Bauchi	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gezawa, Kano State	N	\$11,844

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Gumel, Jigawa State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Hadejia, Jigawa State	N	\$105,381
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ijebu Ode, Ogun State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kafin Madaki, Bauchi Stae	N	\$11,844
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kazaure, Jigawa State	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Kumbotso, Kano	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Misau, Bauchi State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Nassarawa	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ningi, Bauchi State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Okene, Kogi State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Okpoga, Benue State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Ringim, Jigawa State	N	\$12,488
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Sapele, Delta State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Shirayana, Bauchi State	N	\$13,407
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Tafawa Balewa, Bauchi State	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Tudun Wada Kano	N	\$11,844
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Wamba	N	\$11,844
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital Wanune, Tarka, Benue State	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Dutse	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Mararaba	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Otukpo	N	\$108,567
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	General Hospital, Toro	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Goal of a Woman Association, Dutse	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gwagwalada Specialist Hospital	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Help International, Mangu	N	\$14,017
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hope Worldwide Nigeria	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Idoma Imeli Support Group, Otukpo	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	International Dispensary Association Foundation	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ladoke Akintola University Teaching Hospital, Osogbo	N	\$97,502
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lagos University Teaching Hospital, Lagos	N	\$123,557
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mariya Sanusi Maternity Hospital, Kano State	N	\$11,844

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mothers Welfare Group	N	\$113,335
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Hospital Abuja	N	\$167,688
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Insitute Pharmaceutical Research and Development, Idu, Abuja - FCT	N	\$90,820
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Tuberculosis and Leprosy Training Centre	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nigerian Institute of Pharmaceutical Research & Development	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nmamdi Azikiwe Teaching Hospital	N	\$153,903
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Olabisi Onabanjo University Teaching Hospital, Shagamu, Ogun State	N	\$8,205
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Oluku Primary Health Center	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	PHC Bukuru Center	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Plateau State Virology Institute	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Put Them Right Reproductive health Needs, Jos	N	\$12,717
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Reach Project Mobile HCT, FCT Abuja	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Safe Environmental Watch, Nasarawa State	N	\$12,222
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Shagamu Community Centre, Ogun State	N	\$68,376
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Society for Youth Awareness and Health Development, Kano	N	\$16,837
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Specialist Teaching Hospital, Irua	N	\$87,977
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	State Hospital Sokenu, Abeokuta, Ogun State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, A,iwp Pdpfom :GA	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ajerumi Ifelodu LGA	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ebute meta LGA	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Iba LGA	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ikeja LGA	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Isolo LGA	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	STOPAIDS Organization, Lagos, Ojo LGA	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Trauma Center, Oba	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ubonna Comprehensive Health Center, Edo State	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Benin Teaching Hospital	N	\$189,582
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Calabar Teaching Hospital	N	\$96,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Ilorin Teaching Hospital, Kwara State	N	\$92,522
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Urban Maternity Clinic, Bauchi	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Usman Danfodio University Teaching Hospital	N	\$103,072
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Uyo University Teaching Hospital, UYO	N	\$0
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Waziri Shehu Gidado Maternity Hospital	N	\$15,401
632.09	10722	University of Maryland	HHS/Centers for Disease Control & Prevention	GHCS (State)	Young Mens Christian Association	N	\$16,837
558.09	10605	University of North Carolina	U.S. Agency for International Development	GHCS (State)	Constella Futures	N	\$0
558.09	10605	University of North Carolina	U.S. Agency for International Development	GHCS (State)	John Snow, Inc.	N	\$0
9404.09	10739	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Crown Agents	N	\$0
9404.09	10739	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Vision Africa	N	\$0
5268.09	10615	Winrock International	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
5268.09	10615	Winrock International	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
5268.09	10615	Winrock International	U.S. Agency for International Development	GHCS (State)	Dorcas Eunice Foundation, Ibadan	N	\$76,233
5268.09	10615	Winrock International	U.S. Agency for International Development	GHCS (State)	Redeemed Action Committee on AIDS, Lagos	N	\$328,307
5268.09	10615	Winrock International	U.S. Agency for International Development	GHCS (State)	Teens and Youth Capacity Enhancement and Education, Abuja	N	\$108,592
5268.09	10615	Winrock International	U.S. Agency for International Development	GHCS (State)	Ummah Support Group	N	\$208,451
5268.09	10615	Winrock International	U.S. Agency for International Development	GHCS (State)	Women Trafficking and Child Labour Eradication	N	\$214,278
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████
10898.09	10898	YWCA	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	████████

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$17,837,942

Program Area Narrative:

USG Nigeria's strategy for COP09 PMTCT activities will build on COP08 activities and strategically increase the geographic spread and availability of PMTCT services in Nigeria through a population targeted approach. HIV prevalence among antenatal clinic attendees was estimated to be 4.4% in the 2005 National HIV Antenatal Serosurvey (ANC) in Nigeria; the 2008 ANC results will be released before the start of COP09 and will be utilized to guide any strategic changes in targeting based on changes in prevalence rates seen. Since 2004, PMTCT coverage in ANC attendees is estimated to have increased from 0.1% to 10%.

PMTCT service provision will emphasize strengthening of diagnostic services for exposed infants, linkages to family planning services, referral networks to reduce loss to follow-up, and infant feeding counseling to support appropriate feeding choices. With the shift in emphasis from a rapid scale-up emergency response to a sustainability response, USG Nigeria made critical programmatic decisions in line with the overall desire to maintain all current clients in care (including OVC) and treatment services, the need to ensure the financial integrity to do so, and therefore the need to make strategic decisions regarding the decreased ability to incorporate significant numbers of new clients into the system under FY 2009. USG determined that counseling and testing efforts should be prioritized first to pregnant women and their exposed infants, secondly to TB/HIV co-infected clients, and thirdly to the general population with a focus on MARPs. In keeping in line with the USG/Nigeria 5-year plan, the areas of strategic focus for COP09 are:

- a) to tactically increase coverage of services by supporting states and Local Government Areas (LGAs) at the governance level (with special focus on high prevalence states) to adopt an expansion strategy;
- b) to continue sustaining a reduction in cost per direct targets while equally ensuring quality of services across partners;
- c) to strengthen the development of secondary and primary level facilities that are closer to communities with linkages to services like Family Planning;
- d) to strengthen networks of care that increase ARV service access to women who receive PMTCT services at community sites;
- e) to strengthen diagnostic services to serve as an entry point to care and treatment for HIV exposed infants;
- f) to strengthen Infant Feeding counseling and support the mothers choice in the community and;
- g) to strengthen community based PMTCT programming.

For COP08, PEPFAR is supporting PMTCT services at 264 sites in 22 Nigerian states. In COP09, this will increase to provide direct PMTCT services at 743 sites in all 36 states, including the Federal Capital Territory (FCT). 498,176 pregnant women will be counseled, tested and receive results at these facilities. An estimated 21,864 of those tested will require and receive a complete course of ARV prophylaxis. In COP09, it is estimated that HIV infection will be averted in 4,701 children assuming a transmission rate of 30% without prophylaxis versus 8.5% (EID National average). To achieve this, 2,754 Health Care Workers (HCW) including clinicians, pharmacists, laboratory & medical records personnel, lay counselors, community health workers and traditional birth attendants (TBAs) will be trained to provide quality PMTCT services using the revised National PMTCT guidelines and the National PMTCT training package.

In COP09, PEPFAR will support states and LGAs to rapidly increase coverage of PMTCT in high prevalence states while improving on the gains of the LGA coverage strategy. PEPFAR will provide indirect support to strengthen states and LGA PMTCT systems to provide PMTCT services for their citizens and will actively track these activities. Six states were reached with the LGA coverage strategy in COP08; 6 additional states (Nassarawa, Benue, Taraba, Enugu, Niger, and Kogi) will be reached in COP09. Under the LGA coverage strategy, IP expansion will be regional, with a lead partner for each of the LGA strategy focus states. This facilitates efficiency in service delivery and ease of exiting at the end of PEPFAR II. The capacity of states, LGAs, sites and select indigenous partners will be built both in program management (including financial management) and PMTCT core services to ensure ease of handing over. In the SI program area, USG will support the mapping of service delivery points and begin the development of a fully populated geographical information system (GIS) relational database for in-depth analysis of the nature and trends of the HIV epidemic in Nigeria. In addition to basing expansion on the high prevalence states in the LGA coverage strategy, other communities/populations will be targeted based on GIS mapping outcomes.

The downward reduction in cost per target will be sustained in COP09. This will be \$32 (previously in the range of \$37-\$70) for women counseled, tested and receiving results. The reduction has facilitated the use of funds to improve on geographic spread and resulted in increasing targets with fewer resources while maintaining optimal quality of services.

The National guidelines are now better aligned with the WHO guidelines: women who qualify for HAART based on their health and CD4 count will receive triple therapy. An estimated 20% of women will receive HAART. Partners will prioritize CD4 testing for pregnant women and fast track them to treatment if their CD4 count is <350. Those who do not qualify will get AZT from 28 weeks or Combivir from 34 -36 weeks, single-dose NVP during labor and a 7 day tail of AZT and 3TC. Women presenting in labor will receive sdNVP and the 7 day tail of AZT and 3TC. Infants will receive sdNVP at birth and AZT for 6 weeks. Cotrimoxazole (CTX) prophylaxis for all HIV exposed children from the age of six weeks until proven HIV negative is now routine across sites.

Routine group counseling and testing (HCT) with opt-out at the point of service and rapid same-day results will be strengthened in COP09. A national couple counseling training tool has been rolled out to address disclosure, discordance, and support for infant feeding choices. Routinely offering HCT at labor & delivery and during the postpartum period as well as the use of lay counselors, especially PLWHA will continue to be further strengthened.

The uptake of HCT is about 90% in most sites but uptake of ARV prophylaxis has not been optimal largely due to deliveries outside of health facilities. In COP08, activities have commenced to strengthen the training and involvement of TBAs and other CHWs to support the utilization of PMTCT services, including use of ARV prophylaxis and support for Infant Feeding Choices. To ensure this, the USG will support a PHE working with TBA's using a modified and piloted curriculum. A training manual for Primary Health Care (PHC) centers will be developed in COP08 to advance the scale-up of PMTCT in lower levels of care. USG (including all PMTCT IPs) is working with the GON to develop this training manual for PHC. This will further support scale-up and acceptability of PMTCT.

COP09 will see a focus on strengthening prevention, care, and treatment networks that employ appropriate referral systems for clients to access care and treatment services. Particular focus will be on increasing community-based activities including the establishment of more secondary and primary health care facilities offering services. There will be strengthening of linkages to higher tiered facilities in the network for medical complications and clinical assessment of pregnant HIV positive women who may require ART for their HIV disease. In addition to receiving PMTCT services, each woman and her family's needs will be considered, and referrals to OVC services upon positive diagnosis will be made, in order to facilitate care to all of her affected children. The woman will also be referred to a support group and ART services for linkages to care and wraparound family planning services.

In COP08, the USG supported the National scale-up of Early Infant Diagnosis (EID) in Nigeria using Dried Blood Spots (DBS). With the support of PEPFAR laboratories, EID is being scaled-up across the country following a national plan. HIV-exposed infants across the country are now diagnosed from 6 weeks of age and actively linked to treatment, care, and support. This program will be strengthened in COP09 with a view to providing all PEPFAR-supported PMTCT sites with access to this technology.

Issues on Infant Feeding Counseling have been a challenge. In COP08, PEPFAR supported the adaptation of the National Infant Feeding Training Manual, and associated education sessions for obstetricians/gynecologists, pediatricians, and other health workers. It has also conducted a series of zonal TOTs and facilitated formal training sessions across all sites. Sessions targeting IP's were held, facilitated by The National infant feeding technical team. This support will be enhanced in COP09 with more training across sites and monitoring of services. Facilities will be supported to offer counseling in accordance with current national guidelines which support exclusive breastfeeding for six months with early weaning or exclusive replacement feeding only when the AFASS criteria are met. Replacement feeding is not provided by the USG but has been provided in the past by the GON. In keeping with the latest WHO recommendation, weaning foods can be introduced with breastfeeding until foods are adequate to meet the baby's nutritional needs. The use of peer groups to provide community support for mother's infant feeding choices will be ensured by all partners.

COP09 will also see a significant focus on follow-up of mother-infant pairs to ensure continuity of care and to strengthen the linkages between PMTCT and OVC programs. In COP09, linkages to wraparound family planning services leveraging various USAID reproductive health projects and other UN agencies will also be developed and strengthened. Although Nigeria is not a focus country for the President's Malaria Initiative (PMI), HIV-positive pregnant women at PEPFAR-supported sites are linked to care and receive insecticide-treated nets (ITNs) for malaria prevention. PMTCT clients will also receive CTX in the second and third trimesters for OI prophylaxis including malaria.

Strategies for involving men include couples counseling and use of 'love letters' amongst others. This will be facilitated by the recent roll out of a national couple counseling training tool. A key service in COP09 will be the integration of Prevention with Positives (PwP) into care and treatment settings. This will be extended to positive pregnant women. In COP08 the PwP curriculum will be adapted for Nigeria and scaled-up across programs. Partners will address gender-based violence through counseling and awareness campaigns. Partners will continue to use personnel from the 'mothers to mothers' support groups as models (i.e., positive women who had previously received PMTCT services) and a mechanism for retaining women in care and increasing use of facilities during childbirth.

The USG will introduce a baby friendly package in COP09 to further enhance retention in care and treatment. This will link services from PMTCT, OVC, and pediatric care, and will include PMTCT Enrollment Package, Delivery Package (aka "Mamma Pack"), Newborn Package (Day one Pack), Infant Package (6 Weeks Pack) and an information brochure.

The USG will continue to support the National PMTCT task team, which meets quarterly. It will provide support to GON to print national registers and to ensure proper data flow and usage. Such information will be used to improve programming at sites. USG will continue to engage GON on the importance of putting the HIV exposure status on the mother and child's health card. In COP09, there will be greater involvement of the SI team in strengthening record keeping at facilities including data quality assessments, and strengthening state ministry of health involvement in data collection and management.

In COP08, PEPFAR is building the capacity of the GON through an RFA on PMTCT. This new opportunity will enhance the internal capacity of the HIV/AIDS Division (HAD) as well as facilitate monitoring of the National PMTCT program. This program will be sustained in COP09.

USG/Nigeria will strengthen its collaboration with the GON on expansion plans, training, and policy development. It will increase partnerships with other donors supporting PMTCT and pediatric care programs in Nigeria, including the Global Fund, The Clinton

Foundation (CHAI) (procurement of sample collection and test kits for EID and support for transportation network for EID), and UNICEF (training of HCWs). The cost savings from CHAI ranges around \$193,249.

Beginning in COP07 and continuing into COP09, the USG will continue to play an active role in the Nigerian Inter-Agency Task Team (NIATT), made up of various USG and UN agencies including UNICEF, WHO and UNFPA. The USG will provide technical assistance to complete current initial efforts at mapping PMTCT services in high prevalence states to plan scale-up and improve facility and community-based linkages.

The USG will continue its upstream support on key areas such as enabling access to essential PMTCT commodities in states, roll-out of HIV and infant feeding support tools, assistance in implementing the Nigerian national PMTCT monitoring systems, zonal trainings on PMTCT and infant feeding, strengthening the integration of PMTCT into MCH services and periodic site visits for supportive supervision. Various partners are supporting the national and state government responses to achieve these goals.

The USG currently has 3 full-time staff on PMTCT and plans to expand the staffing to strengthen scale-up. The USG PMTCT team will continue to hold quarterly working group meetings which serve as a forum to ensure best practices. It will also continue consultations with the HQ TWG particularly around food and nutrition issues. PMTCT clients will be linked to nutrition/food sources based on the outcome of the nutrition concept paper in COP09.

USG Nigeria has participated in efforts to update the monitoring and evaluation of PMTCT internationally. It has since facilitated GON to engage in such discussions nationally. USG will continue to participate in OGAC's effort to integrate PMTCT into MCH services.

These activities, when taken together, will significantly strengthen both the quality and geographic coverage of PMTCT services in Nigeria during the COP08 year.

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4133.09	Mechanism: HHS/CDC Track 2.0 Africare
Prime Partner: Africare	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 21665.25289.09	Planned Funds: \$80,000
Activity System ID: 25289	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED AS FOLLOWS:

Early Infant diagnosis has been added in this narrative, targets have been reviewed upwards from 1500 to 2500

ACTIVITY DESCRIPTION

This activity is linked to HCT, basic care, OVC services, SI, and sexual prevention.

In COP08 Africare initiated PMTCT services with the establishment of two PMTCT sites in Lagos state with a target of 1,500 pregnant women counseled, tested and receiving their results. In COP09, one additional PMTCT site will be set up at a primary health center with a high volume antenatal clinic (ANC) in Lagos. Work will involve regular outreaches to the traditional birth attendants in the three local government areas to ensure more pregnant women receive testing and counseling services; 2,500 pregnant women will be counseled and tested and will receive their results at the three sites. 125 mothers will receive HAART or ARV prophylaxis onsite.

Africare will continue programming during the COP09 year to emphasize provider initiated opt out testing with group pre test counseling, individual post test counseling with provision of results at ANC, labor and post partum wards. Whole blood samples for women who test positive will be collected and sent for CD4+ count and Hb estimation to ensure HAART eligible mothers are identified, contacted by telephone and actively referred into linked treatment programs at nearby treatment facilities. In accordance with National guidelines, non-HAART eligible HIV-positive pregnant women will receive combivir or zidovudine prophylaxis depending on gestational age. Single dose nevirapine (SD-NVP) will be dispensed on first contact to all positive clients to take home with instructions for use at the onset of labor. Sample logging would be done for blood samples from sites where CD4 estimations are not performed onsite. All HIV-exposed infants at birth will receive SD-NVP and a 6-week course of AZT to take home, which will be dispensed at the labor and delivery. All three PMTCT sites will be linked into the National Early Infant Diagnosis (EID) scale up plan to ensure diagnosis at 6 weeks using dried blood spots, and early referral to care and treatment.

In addition, testing of partners and children of the index client, TB screening of HIV-infected pregnant women with referral for treatment where needed, ARV prophylaxis for HIV infected women and newborns, maternal nutrition and infant feeding counseling and infant follow-up will be supported. HIV positive pregnant mothers will be given unbiased counseling on infant feeding with emphasis on AFASS in accordance with the National PMTCT guidelines. Infant follow-up will continue to be optimized through the co-location and co-scheduling of mother support group activities with infant follow-up clinics, immunization/post natal clinic days, and provision of maternal care and support services at all times onsite. Mother support groups will be formed in the new facility and strengthened in the old facilities to provide support from more experienced "Champion Mothers" to newer mothers around appropriate options for delivery, infant feeding, maternal nutritional counseling and disclosure, to reduce the effects of stigmatization. These champion mothers will also receive training and onsite supervision. Mothers will also be strongly discouraged from engaging in mixed feeding.

These support activities will be actively linked into existing OVC and pediatric care and support programs and young kids clubs to optimize sustainable infant follow-up. Cotrimoxazole prophylaxis will be provided onsite as part of the OVC basic care and support continuum from age 6 weeks until final HIV status is known, and for all HIV-infected children. The three PMTCT sites will also have care and support services for families. These sites will be actively linked into a care network with a treatment facility where HAART-eligible pregnant women will be referred.

The program will also continue to support identification of fathers for participation in PMTCT through the support of couples counseling, increasing male involvement through the use of "love invitation letters", and formation of male support groups integrated into existing community support groups. Women and their partners will receive educational materials, brochures, pamphlets, and other materials during ANC visits. In partnership with Gospel Communications, movies focusing on PMTCT will be aired during the visits. They will also focus on promoting early identification of HIV and early initiation of antiretroviral drugs for HAART-eligible HIV-infected pregnant women and their newborns.

Africare will build capacity at the new facility to provide and strengthen integrated PMTCT and family planning services linked with onsite care services. 26 health care workers will be trained this year to provide PMTCT services, including refresher trainings at the two facilities started under COP08. On-site training will be provided at all three primary health centers for all staff. Laboratory staff will receive training on manual CD4 estimation and a transport mechanism will be set up to ensure CD4 samples can be collected and sent to nearby partner-supported labs with the results transported back to the PHCs to determine HAART eligibility for mothers. All health care workers at the PHC will be trained using the National PMTCT curriculum to provide the full complement of PMTCT services. Other trainings will include HIV and infant feeding, making medical injections safer, MIS and early infant diagnosis training. Champion Mother counselors will also be trained on an ongoing basis to provide mother support group leadership.

The PMTCT advisor and other project staff will provide onsite mentorship and supervision of staff at the sites to ensure quality of PMTCT care. The project will provide training and onsite mentorship of counselors to increase skills in couple counseling and integration of partners into PMTCT related decision-making. Nigerian National PMTCT manuals, guidelines, SOPs, registers and job aids will be provided throughout the facilities and will be available for referral and use in the ANC, labor wards and post natal clinics.

Particular emphasis will continue to be laid on data collection and reporting. Staff capacity to work with data around collection, compilation and evaluation will be strengthened through training and follow-up at all points of service delivery, with regular hands-on onsite mentoring and supportive supervision on capturing National PMTCT indicators, completion of registers and proper data entry. Staff will be taught how to interpret and integrate data from all the onsite HCT, OVC, care and support and PMTCT services, ensuring

Activity Narrative: smooth referrals into other onsite programs. Staff will be further trained to use data to improve quality of care and to highlight areas for improvement.

Partnering with the NYSC, Africare will support the employment of an additional youth corps member in the new facility, a physician who will provide support for the PMTCT clinics as well as develop and strengthen the linkages between program components, working alongside the facility based staff. Africare will also partner with already identified traditional birth attendants (TBAs) in the communities where HCT outreach is already taking place and whose pregnant HIV-positive patients will be referred to the primary or secondary health facilities for delivery.

Delivery kits will be provided at the facilities. Each kit will contain gloves, sanitary pads, cotton wool, cord clamp, delivery mat, gentian violet, methylated spirits and clean surgical blades. Defaulter mothers who do not return for subsequent visits will be followed up by the TBAs in the communities who will work alongside the mother support groups and referral network coordinators.

PMTCT services will be strengthened within the framework of a decentralized and integrated HIV care program. All protocols followed will be in line with the National PMTCT guidelines, and outcomes of the program will be reported to the health facilities, local government areas (LGAs), State Action Committee on AIDS (SACA) and state PMTCT programs. Attendance at all state PMTCT meetings by community and LGA PMTCT representatives will be facilitated by Africare.

A patient management team and a project monitoring team will be established at the new facility in keeping with the model of care. The responsibilities of these teams will be separate but have some overlap. The project team will consist of leadership from all units of the hospital who will provide support for the entire hospital-wide project including the administrative support and supervision of the other program areas. The patient management team consisting of direct patient care providers will focus on clinical issues as they arise in the PMTCT clinic, and the provision of continuing medical education. Strong referral networks will be established, aimed at strengthening linkages between the PMTCT services and other care services within the facility, and between separate facilities and the communities they serve. The referral network coordinators will meet monthly and the members will include management and clinical staff responsible for the ANC and PMTCT clinics, support group leadership, referral treatment clinics, local and international NGOs, and other donor projects. It is envisaged that these networks will also encourage rapid testing for syphilis and, if possible, gonorrhoea, along with single dose, directly observed treatment as appropriate.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Africare will contribute to the overall PEPFAR goals of preventing further new infections and reducing HIV incidence and prevalence rates in Nigeria. It will also contribute to the National plan of scaling up PMTCT services across all levels of care. It will help to lay the foundation for a more sustainable HIV intervention program in Nigeria through a focus on community-based responses.

LINKS TO OTHER ACTIVITIES

This activity relates to ongoing activities in care and support (mothers are linked into C&S services once they are diagnosed and initially will receive these through the support groups) care of OVC, early infant diagnosis (infants are immediately enrolled upon delivery as well as their older siblings as applicable), adult and pediatric care and treatment, HCT, sexual prevention, and SI. Health systems strengthening with human capacity development will be emphasized. Gender issues are addressed ensuring both males and females are reached through this program.

POPULATIONS BEING TARGETED

Pregnant women, post partum mothers and their partners and household members including young children – HIV-exposed, infected children and non-infected OVC – will be targeted to ensure they have access to HCT services at entry points to care. HIV-infected women will be provided care, prophylaxis and treatment as indicated, and other family members will receive care and treatment. The non infected women will also receive counseling with their HIV testing to support them to stay negative. Men, support groups, and community and faith based organizations will be targeted to ensure their participation in community PMTCT activities. 26 Health care providers will be trained for service provision. Capacity of local government and state leaders will be built to support prevention activities, particularly PMTCT.

KEY LEGISLATIVE ISSUES ADDRESSED

These include gender equity in HIV and AIDS programming and increasing access of vulnerable groups to services. It also will address health related wraparound programs with safe motherhood, child survival, family planning and malaria prevention initiatives. Gender will be addressed through this project by optimizing the number of pregnant women who receive care, support and prophylaxis, as well as increasing male involvement by involving partners of pregnant women in the decision making and actively engaging them in the issues around PMTCT and infant health. Partners will be encouraged to test for HIV using "invitation love letters", an activity that seeks to actively engage prospective fathers. Infected partners or family members will be integrated into the HIV care and support and ARV service program areas.

EMPHASIS AREAS

Emphasis areas are strengthening of referral networks between PMTCT and other vertical programs and increasing male involvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21665

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21665	21665.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,990

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7830.09	Mechanism: HHS/CDC RFA TBD/FMOH
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 17733.25306.09	Planned Funds: ██████████
Activity System ID: 25306	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Under COP08, the USG through CDC began a process to identify key programmatic areas for direct funding to the Federal Ministry of Health's HIV/AIDS Division (HAD) through a sole source mechanism. In COP09, this process will continue with the development and implementation of specific work plans for this activity. With this funding, HAD will build the capacity of its staff at the National, State and Local Government levels to lead an integrated health sector response. The capacity of HAD staff to provide integrated program management will be built and will ensure that PMTCT program related trainings, supervision, service provision and quality assurance activities are carried out in line with nationally and internationally acceptable standards. Through this grant, HAD will also ensure that the National PMTCT Technical Working Group (TWG) meets as scheduled in their operational plans. HAD will also facilitate the distribution and dissemination of the PMTCT Standard Operation Procedures (SOP) and Guidelines to ensure they are understood and adhered to by PMTCT service providers across the nation. HAD will develop a mechanism for feedback on both documents from the end users.

The expected outcomes of this technical approach will include: improved technical performance in conducting site visits by HAD staff at all levels; improved performance by thematic Technical Working Groups in their advisory functions; and improved adherence by service providers to National standards for PMTCT services provision.

As a result of the Nigerian Federal Ministry of Health (FMOH) and HIV/AIDS Division (HAD)'s mandate which is national in scope, the funded activities will be implemented in a way that covers the entire country in COP09. However, HAD will focus most of the activities on underserved populations across the nation.

HAD will achieve these through a three-pronged approach as follows:

- a. Training of HAD staff at the National, State and Local Government Levels on supervisory and monitoring skills following a gap analysis and development of appropriate training programs. This will be followed by adaptation of existing supervisory and monitoring tools.
- b. Enabling and facilitating the meetings of the National PMTCT TWG. HAD will work in collaboration with the TWG to visit service delivery sites and collate and analyze supervision reports to serve as a basis for advisory functions of the TWG. The inactive National HIV/AIDS partners' forum will be reactivated to meet on a biannual basis.
- c. Development of SOPs, guidelines, training curriculum and manuals for program areas that currently do not have such manuals. HAD will also disseminate and distribute these materials to end users (service providers) through National and State level workshops. HAD will ensure that feedback is received from the end-users, articulated and forwarded to the appropriate TWG to enhance their coordination function.

CONTRIBUTIONS TO OVERALL PROGRAM GOAL:

Through improved capacity at the federal government level, this will contribute to the GON goal of increasing access to PMTCT services nationwide.

LINKS TO OTHER ACTIVITIES:

This activity is related to activities in other program areas as the FMOH/HAD develop skills in program management and oversight that can be applied across the broader HIV/AIDS response.

EMPHASIS AREAS:

Emphasis in this activity will be on training, human capacity development, health system strengthening and SI.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17733

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17733	17733.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7830	7830.08	HHS/CDC RFA TBD/FMOH	

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9399.09

Prime Partner: Vanderbilt University

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 21671.25312.09

Activity System ID: 25312

Mechanism: HHS/CDC Track 2.0 Vanderbilt

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$192,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY NARRATIVE

This activity is linked to ART drugs, OVC and pediatric care and treatment, TB/HIV, lab, HCT, adult care and treatment, and SI. In COP08 Vanderbilt counseled, tested, and provided results to 5,800 pregnant women in 5 sites (2 comprehensive and 3 satellites). In COP09, Vanderbilt will build on the successes achieved in COP08 by supporting the government of Nigeria in providing PMTCT services to a total of 6,000 pregnant women in a total of 7 sites (2 comprehensive and 5 satellite sites) and will provide antiretroviral prophylaxis to 300 HIV-infected pregnant women. To achieve this goal Vanderbilt anticipates training and re-training 20 health care workers (HCWs) to provide PMTCT using the National PMTCT Training Curriculum.

PMTCT services will be offered at the two comprehensive and five satellite sites in line with the National PMTCT Guidelines. Group health information will be provided to ANC clients during the morning health talk and opt-out HIV testing will be offered to all attendees according to the current Nigerian HIV-testing algorithm. Same day HIV test results will be provided to clients during individual posttest counseling. Women who test positive for HIV will be sent for onsite CD4 testing (if available) or referred to one of the comprehensive centers for CD4 testing. Those eligible for treatment will be offered HAART and those eligible for prophylaxis will be provided with ARV prophylaxis consistent with the recommendations of the National PMTCT Guidelines. Currently, the standard ARV prophylactic regimen for PMTCT consists of: antenatal zidovudine (ZDV) beginning at 28 weeks gestation or ZDV/lamivudine (3TC) beginning at 34 - 36 weeks; intrapartum ZDV/3TC/NVP and; postpartum ZDV/3TC to mother for seven days. All HIV-exposed infants will receive single dose NVP within 72 hours of birth and ZDV for the first six weeks of life. Replacement doses of NVP will be available in the labor wards of project-supported facilities for women who forget to take their NVP prior to admission.

Considering that an anticipated 20% - 40% of pregnant women will present to the labor ward "unbooked", Vanderbilt will train the labor ward midwives to provide point-of-care, opt-out, intrapartum HIV testing and to provide NVP prophylaxis to HIV-infected women. These mothers will also receive the postpartum regimen (ZDV/3TC for seven days) and their infants will be given single dose NVP and ZDV for six weeks. Women who present postpartum, or do not receive their test result until after delivery, will be offered HIV testing in the postpartum ward. If the woman tests positive, her infant will receive the standard postpartum infant regimen of single dose NVP and six weeks of ZDV. The mother will be referred to a treatment program for evaluation.

Vanderbilt will support the training of 20 health care workers on PMTCT using current National guidelines. All of the Vanderbilt-supported sites will be enrolled into the National Early Infant Diagnosis (EID) Program by the end of COP09. HIV-exposed infants will initially be tested for HIV infection from 6 weeks of life using DNA PCR. Repeat testing will be performed according to the national EID testing algorithm taking into consideration the child's breast-feeding status. Vanderbilt will provide EID training using the current national EID training curriculum. Vanderbilt-supported sites will make use of the existing PCR labs as well as the National EID collection supplies and transport support to carry out EID at supported sites. The sites are aware that getting infants back for follow-up and HIV testing is often challenging and will consult with the in-country PEPFAR team regarding effective strategies. One approach may be to use lay counselors for follow-up. Healthcare workers will also be trained using the National Infant Feeding Training curriculum and will provide unbiased information on infant feeding following the AFASS criteria.

Community outreach activities will raise awareness of the program, encourage pregnant women to receive HCT, and encourage women and their family members to be tested for HIV. Vanderbilt will partner with other groups participating in the national network of care and treatment, government institutions and community-based NGOs in the project area in order to ensure that mechanisms are in place to effectively respond to the treatment needs of HIV positive pregnant women attending our ANCs. Vanderbilt will continue to support and expand community outreach programs aimed at increasing community and patient education about PMTCT, encouraging clients to adhere to medication through understanding of treatment, follow-up visits, etc. In collaboration with community-based organizations (CBOs) appropriate follow-up of clients and continuum of care will be ensured. Contracts with local CBOs in the vicinity of project sites will be put into place to provide home-based care including medication administration, as needed. The project will also strengthen the capacity of community institutions to provide quality health-related wrap-around services including family planning, safe motherhood, nutritional support and other services as appropriate.

CONTRIBUTION TO PROGRAM

The Vanderbilt PMTCT program activities are consistent with the PEPFAR goal of providing high-quality PMTCT services aimed at preventing mother-to-child HIV transmission including counseling and testing for pregnant women, ARV prophylaxis for HIV-infected pregnant women and newborns, counseling and support for maternal nutrition and safe infant feeding practices. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC and pediatric care and treatment, TB/HIV to provide ART to clients with TB, lab to provide ART diagnostics, HCT as an entry point to ART, adult care and support for HIV infected adults and their children, and SI. The activities will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens.

POPULATIONS BEING TARGETED

The counseling, testing and clinical care component of these activities will target pregnant women seeking ANC and their babies. The operational elements of these activities (M&E, personnel training, infrastructural supports, technical assistance and quality assurance) target program managers, doctors, nurses, pharmacists and lab workers at PEPFAR-supported sites. The expansion of PMTCT services to satellite rural health facilities will increase access to necessary services in poor communities.

Activity Narrative: KEY LEGISLATIVE AREAS:

Vanderbilt-supported activities will promote gender equity in PMTCT programs and increase access to services by the vulnerable groups of women and children. It will help increase service uptake and promote positive male norms and behaviors. This program will also help reduce stigma and discrimination through its community-based programming.

EMPHASIS AREAS

This program seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable pregnant women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families. Vanderbilt will strengthen the capacity of community institutions to provide quality health-related wraparound interventions including family planning, safe motherhood, nutritional support, malaria, and other wraparound services as appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21671

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21671	21671.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$450,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9403.09

Prime Partner: Johns Hopkins University

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 21683.25332.09

Activity System ID: 25332

Mechanism: HHS/CDC Track 2.0 Johns Hopkins

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$240,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The project will be scaled-up in Zamfara state with replication of activities in other local government areas (LGAs).

Activity Description

The Zamfara Akwa Ibom HIV/AIDS project (ZAIHAP) will use evidence-based technical and programmatic approaches to improve access to quality PMTCT services in the target states. In the first two years of the project (COP08, COP09), the focus will be on Zamfara state where three sites will be supported to provide PMTCT services in COP08 and another three sites in COP09, making a total of 6 sites.

The overall goal of the proposed project is to establish sustainable approaches for the reduction of morbidity and mortality due to HIV/AIDS among vulnerable populations. By using platforms of integrated health services and community outreach to scale-up PMTCT and HIV counseling and testing (HCT) programs, ZAIHAP will strengthen the capacity and expansion of primary prevention of HIV infection.

Jhpiego is currently working in Zamfara state to implement the ACCESS program, which focuses on strengthening primary and secondary health facilities to provide emergency obstetric and newborn care (EmONC) services as well as increasing demand for these services through community mobilization activities.

In COP09, ZAIHAP will continue to work with the State Ministry of Health (SMOH) and State Agency for Control of AIDS (SACA) to increase access to and use of high quality PMTCT services at facility and community levels in Zamfara state. Using a network approach with basic PMTCT secondary health care centers linked to primary health care centers, ZAIHAP will provide a hub and spoke model of PMTCT services across all supported sites.

Group health information will be provided to all antenatal clients. Individual pre-test and post-test counseling will be offered and HIV testing and counseling using the opt-out approach will be provided to all pregnant women at the time of antenatal booking. All points of service will provide same-day results. An estimated 7,500 pregnant women will be counseled, tested and receive their test results. Partner testing will be offered as part of counseling using onsite facility or referral to an HCT site. Women who are HIV-negative will be counseled on how to remain negative, safer sexual practices, and safe motherhood. Healthcare providers from these sites will participate in the national couple counseling training.

An estimated 300 HIV-positive pregnant women will be provided with a complete course of ARV prophylaxis. Pregnant women who are infected with HIV will also receive other services at PMTCT sites including medical evaluation, laboratory analysis including CD4 count (onsite or within network through specimen transportation), and treatment of opportunistic infections (OIs). Pregnant women requiring HAART for their own health will be placed on therapy (based on the national guidelines) at the secondary health centers or through referral from the primary health centers. For women not requiring HAART, the national PMTCT guideline that prescribes ZDV from 28 weeks or ZDV/3TC from 34/36 weeks will be followed. They will also be placed on intrapartum NVP and a 7-day ZDV/3TC postpartum tail. Infant prophylaxis will consist of single dose NVP at birth and ZDV for 6 weeks. Cotrimoxazole will be provided to all HIV-exposed infants from 6 weeks of age until a definite diagnosis is made.

The project will ensure that after delivery, all HIV-positive women are properly referred to the nearest ART center for care and treatment and directed to wraparound services such as health and psychosocial support, gender-based violence prevention and response, support for formal and informal education, skills and vocational training and income generation. All HIV-positive women will be counseled on appropriate infant feeding options. This counseling will be done using the national PMTCT guidelines where unbiased counseling will be offered and informed choice made between exclusive breastfeeding (EBF) and formula feeding if AFASS. HIV-positive women will also be linked to support groups within the network, which will provide both education and ongoing support around infant feeding choices.

Jhpiego will participate in the national early infant diagnosis program where all six sites will be linked. These services will be provided using dried blood spots (DBS) technology. All HIV-exposed infants will be linked postpartum to the nearest OVC services.

Jhpiego will train 20 health workers in three sites on the provision of PMTCT services using the national PMTCT training curriculum. ZAIHAP will apply the Community Action Cycle (CAC) and Partnership Defined Quality (PDQ) methodologies, which will bring service providers and community members together to define quality of care, identify and prioritize problems and create solutions. This will empower and mobilize local communities to support and increase demand for uptake of PMTCT services. Support groups for mothers will be established/ strengthened to promote uptake of PMTCT and other maternity services and adherence to treatment protocols, using the Mothers-2-Mothers model.

Jhpiego will use national PMTCT registers across all sites and train three M&E officers using the national PMTCT MIS system. These M&E officers will play a critical role in building the capacity of the LGAs and will also send monthly reports to the SASCP.

Contribution to Overall Program Area

Jhpiego's work at these six sites will contribute to achieving the PEPFAR 2-7-10 goals of preventing more than 1.1 million new HIV infections, providing care to 1.75 million people and providing ART to 350,000 people. To measure and report on progress toward achieving program objectives, Jhpiego will implement a detailed monitoring and evaluation (M&E) plan that acknowledges the critical importance of collecting and reporting on the PEPFAR program-level indicators. Program-level indicators will be collected quarterly during site visits through available project records, client registers, and the Nigerian National Response Information Monitoring System (NNRIMS), as appropriate. Jhpiego's Training Information Monitoring System (TIMS) will also be used to track persons trained and facilitate follow-up.

Activity Narrative: While recognizing that data from the Jhpiego-supported sites will be reported to the Ministry of Health to calculate the outcome indicators on a national level, Jhpiego will also calculate these indicators on a project level to ensure proper project implementation and management.

Links to Other Activities

The ZAIHAP project will build onto and link closely with Jhpiego's ongoing ACCESS program in Zamfara state which has strong community mobilization and demand generation interventions. ZAIHAP will take advantage of this existing network and add messages on the benefits of PMTCT, the existence of PMTCT services to reduce the likelihood of HIV transmission to infants, and appropriate infant feeding choices. The PMTCT activities can serve as a platform through which other family members are targeted for HCT services. ZAIHAP activities will be linked to other important services such as HIV care and treatment, OVC services, and other services including psychosocial support and economic empowerment schemes, through referral to nearby services. Understanding the importance of the 'Three Ones', Jhpiego will work with the Ministry of Health, UNAIDS, and other donors to implement the National M&E Plan and support the National HIV/AIDS Strategy.

Target Population

The target population is pregnant women and their infants. These women will be reached through both facility based (antenatal clinic) and community-based activities. Women reached through community activities will be encouraged to utilize antenatal care services in the health facilities.

Key Legislative Issues

This activity addresses the key legislative issue of gender, as pregnant women will be provided with ARV prophylaxis and treatment. Data will be collected from our female clients to demonstrate this.

Emphasis Areas

The activity includes a major emphasis on local organization capacity building and minor emphases on quality assurance, quality improvement and supportive supervision, commodity procurement and infrastructure.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21683

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21683	21683.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University	9403	9403.08		\$1,138,250

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,851

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9692.09

Mechanism: HHS/CDC Track 2.0 APIN

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 22510.25334.09

Planned Funds: \$585,800

Activity System ID: 25334

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard University plans to move over 4 of its PEPFAR supported sites to APIN, Ltd (APIN). The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Women's Hospital, and Mushin General Hospital. The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University.

NARRATIVE:

In COP08 APIN supported PMTCT in 2 sites. In COP09 funding will support 4 additional sites, providing a comprehensive PMTCT program in line with the revised National PMTCT Guidelines (2007), for a total of 6 service outlets in 3 states (Lagos, Ogun and Oyo). This consists of 2 tertiary, 3 secondary and 1 primary (PHC) sites. "Opt-out" testing and counseling with same-day test results will be provided to all pregnant women presenting for antenatal care (ANC) and labor and delivery (L&D). The current level of PMTCT counseling and testing uptake from women presenting for ANC or L&D is 90%. All women are provided post-test counseling services on prevention of HIV infection, including the risks of MTCT. They are encouraged to bring partners and family members for onsite HCT. The program has a target of providing HCT to pregnant women with 14,200 receiving results. PMTCT prophylaxis will be provided to approximately 852 women in line with the national guidelines. In addition, APIN will provide basic care and ARV prophylaxis to 852 HIV-exposed infants. Infant follow-up care linked with PMTCT activities includes nutritional counseling and support, growth monitoring, cotrimoxazole prophylaxis and other preventative care services. Early Infant Diagnosis (EID) will be carried out using dried blood spots (DBS) in line with the national EID scale up plan.

Through this program area, APIN will provide linkages to other prevention, care and treatment services. All ART-ineligible women will be placed on zidovudine from 28 weeks and or zidovudine and lamivudine from 34/36 weeks until delivery and will be enrolled into basic care services at the time they access PMTCT services. Following delivery, mothers will be monitored in the care and treatment program, where services include onsite enrollment or referrals for family planning and other reproductive health services. In addition, PMTCT services are integrated into a system of maternal and child services designed to promote maternal and child health for all women. All ART-eligible pregnant women will be provided with ART through the adult care and treatment program area in line with national guidelines. Children who become HIV-infected during the time they are being monitored as part of the PMTCT program will be linked to the pediatric care and treatment program. Those HIV-exposed children placed on single dose nevirapine at birth and zidovudine for 6 weeks and who remain uninfected at 18-months following the completion of ARV prophylaxis will be linked to the OVC program for continued services.

Counseling on infant feeding options occurs during the antenatal period, at L&D, and throughout infant follow-up and is done according to the National PMTCT and Infant Feeding Guidelines. Infant feeding counseling will be performed in an unbiased manner and women will be supported in their choice of method. Clients will also be counseled on the beneficial effect of couple/partner HCT/disclosure on adherence to infant feeding choice. A follow-up team consisting of counselors and a home-based care (HBC) support group of PLWHAs will assist in home and community tracking of positive mothers to provide nutritional support and ascertain infant diagnosis. This funding will support the ANC, labs, ARV prophylaxis intervention to mothers and babies (not ART), and training of personnel involved in PMTCT.

A regular training program will be established at all sites to train and retrain 111 personnel involved in the PMTCT program using the National PMTCT Guidelines. This includes non-laboratory personnel who will be trained in HIV counseling and testing and traditional birth attendants (TBAs) using an adapted curriculum in local areas near sites in PMTCT counseling. PMTCT counselors in the National PMTCT Program will also be trained. APIN Ltd will provide technical assistance for the development of the National Infant Feeding Counseling Manual and will subsequently conduct a zonal training of trainers with this manual.

During COP09, APIN will scale up the Harvard initiated quality assurance/quality improvement (QA/QI) activities to the APIN-supported PMTCT sites. The program will also continue to monitor and utilize electronic data captured through SI activities to measure the quality of services provided as well as the associated patient outcomes.

APIN will partner with Harvard and other implementing partners (IPs) in the implementation of the PEPFAR-Nigeria local government area (LGA) coverage strategy in the program areas of PMTCT, OVC and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in each LGA of Oyo state. Under the coverage strategy, these facilities are all linked with primary health facilities, which provide HCT and referrals for PMTCT services for HIV-infected mothers.

EMPHASIS AREAS

This activity will place emphasis on the development of networks through expansion into more local areas through a network of secondary or primary PMTCT clinics, with rural outreach to community healthcare workers and TBAs involved in home delivery. All community workers and TBAs with whom APIN works are linked to tertiary health care facilities. In addition, major emphasis will be placed on building organizational capacity in order to work towards sustainability of PMTCT centers. These system strengthening activities are led by local investigators at current PMTCT sites who participate in new site assessments, overseeing QA/QI, capacity development and training for new PMTCT centers. Emphasis is also placed on performing targeted evaluations of PMTCT interventions in line with National guidelines to estimate the rate of transmission with each of the ARV prophylaxis regimens used.

POPULATIONS BEING TARGETED

In addition to providing PMTCT services to pregnant women that know their HIV infection status, this program also targets women who may not know their HIV status and may be at greater risk for MTCT. Furthermore, it targets infants who are most at risk of becoming infected from an HIV positive mother during the antepartum, intrapartum and postpartum periods. Through the counseling and testing program area,

Activity Narrative: APIN seeks to target a broader group of adults by encouraging women to bring their partners and family members in for HCT. Furthermore, training activities will train public and private health care workers on the implementation of PMTCT protocols and HIV-related laboratory testing.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through the PMTCT program, APIN will provide counseling and testing with test results to 14,200 pregnant women. Additionally, treatment and prophylaxis will be provided to 852 pregnant women. Implementation of the National PMTCT Guidelines in 6 sites contributes to the PEPFAR goal of expanding ART and PMTCT services. Counseling will encourage mothers to bring their partners and family members for testing to reach discordant couples and expand the reach of HCT. This program is implemented in geographically networked sites to optimize training efforts and provide collaborative clinic/lab services as needed. APIN will train and retrain 111 health care personnel from the PMTCT sites, including doctors, nurses, pharmacists and counselors. Training will build capacity at local sites to implement PMTCT programs and provide essential treatment support to pregnant women with HIV/AIDS. Capacity building efforts are aimed at future expansions of PMTCT programs. QA/QI will be carried out through personnel training, data collection from sites for monitoring and evaluation and supervisory visits from key program management staff, which may include representatives from the USG and government of Nigeria (GON).

The program will increase gender equity by specifically targeting pregnant females for HCT and PMTCT prophylaxis and their male partners for HCT. Data collection on PMTCT regimens in line with the National guidelines provides a basis for developing strategies to ensure that all pregnant women have access to needed and optimally effective PMTCT services. This program addresses stigma and male norms and behaviors through the encouragement of partner notification and bringing other family members in for HCT. Infant feeding counseling, including on the appropriate use of exclusive breastfeeding or exclusive use of breast milk substitute (BMS) where AFASS is available, will be in line with the National PMTCT Guidelines. Referrals to income generating activities (IGAs) will also be provided to women as a part of palliative care and counseling activities.

LINKS TO OTHER ACTIVITIES

This activity is also linked to counseling and testing, OVC, adult and pediatric care and treatment, sexual prevention, biomedical prevention, SI and gender. Pregnant women who present for HCT services will be provided with information about the PMTCT program and referred to the PMTCT program if they are eligible for these services. ART services for HIV-infected infants and mothers will be provided through adult and pediatric treatment services. Basic pediatric care and support, including support for chosen feeding option and TB care, is provided for all infants and children through pediatric care and treatment and OVC activities; all exposed infants identified through PMTCT services will be linked to these OVC services. Pregnant women are at high risk for requiring blood transfusion. Personnel involved in patient care will be trained in universal precautions as a part of injection safety activities. Additionally, these activities are linked to SI, which provides support for monitoring and evaluation of the PMTCT activities and QA/QI initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22510

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22510	22510.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$225,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9404.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 21684.25347.09

Activity System ID: 25347

Mechanism: HHS/CDC Track 2.0 URC

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$55,930

Activity Narrative: ACTIVITY DESCRIPTION

This activity is related to activities in ARV services, Basic Care and Support, OVC, counseling and testing, SI, and Lab.

In COP08, URC is providing PMTCT services to 2,000 women in Enugu State through work at 12 sites. This was implemented in coordination with the government of Enugu and the state SASCP. In COP09, URC will continue to support and strengthen PMTCT services in all 12 sites and expand services to 3 additional sites making a total of 15 PMTCT supported sites. URC will help set up and improve linkages between comprehensive ART sites at the primary and secondary facility. Following the national PMTCT guidelines, the hub and spoke model will be utilized. The comprehensive sites will form the hub and the primary care sites will be the spokes. This will allow for increased access to diagnostic and monitoring tests for PMTCT. Stand alone PMTCT points of service at the primary care level will be linked to adult and pediatric care as part of a comprehensive PMTCT network.

At URC supported PMTCT service points 2,500 pregnant clients will be provided opt-out provider initiated HIV testing, counseling and results. URC will train 12 healthcare workers to provide couple counseling using current national training manuals. The prevention with positives package will be utilized in all sites. This will provide an opportunity to interrupt heterosexual transmission, especially in discordant couples. HIV testing and counselling will be provided during labor and delivery by facility supported staff. HIV rapid tests will be used for women who present at delivery without antenatal care.

URC will support facilities to provide highly active antiretroviral therapy (HAART) to pregnant women if their CD4 is less than 350 in accordance with the National PMTCT guidelines. For the women not requiring HAART, the current national guidelines recommended short course ARV option will be provided which includes ZDV from 28 weeks, ZDV/3TC from 34-36 weeks and intrapartum NVP, and a 7 day ZDV/3TC postpartum tail. This will result in the provision of ARV prophylaxis to 125 pregnant women. All HIV-positive women will be linked post-partum to an HIV/ARV point of service, which will utilize a family centered care delivery model whenever feasible, co-locating adult and pediatric care and providing a linkage to family planning services this approach will involve providing the services at the points most appropriate and convenient including maternal and child services.

URC will ensure that all HIV-positive pregnant women gain access to the basic care package of insecticide treated nets, water vessels, water guard and soap. URC will support the training of 12 health workers on infant feeding using the National Infant feeding training manual. HIV-positive women will be counselled on infant feeding practices pre and postnatally. The options will include early cessation of breast feeding, exclusive breastfeeding or breast milk substitute feeding if acceptable, affordable, available, safe and feasible. Couples counselling will help support and sustain the infant feeding choices. Mothers will be linked to peer support groups within the community.

HIV-exposed infants will be provided with single dose NVP at birth and ZDV for 6 weeks in accordance with Nigerian National PMTCT Guidelines. Cotrimoxazole suspension for all exposed infants will also be provided from 6 weeks until definitive HIV diagnosis. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. URC will actively participate in the national early infant diagnosis initiative by providing infants for DBS testing from 6 weeks of age.

All capacity development undertaken by URC for its PMTCT program will adhere to the Nationally approved training curriculum and will utilize the existing trainer of trainers (TOT) in Enugu to support the training and retraining of 40 health workers on PMTCT across all sites.

URC notes the importance of ensuring postpartum follow up for completion of prophylaxis, early infant diagnosis, cotrimoxazole prophylaxis and referral of mothers for ongoing care, support and treatment if indicated. URC with its partner, Vision Africa, will work with community health workers to prevent losses outside the health facility. Within the health facility, URC will encourage the formation of multidisciplinary teams to adapt national referral procedures and to oversee program implementation and improvement. URC will ensure the use of the national PMTCT registers across all supported sites and work to strengthen data collection and transmission and encourage the use of this data at the site level to improve implementation.

The PMTCT program will work closely with the care and support program to ensure no mothers are lost to follow-up. Particular attention will be paid to community linkages through community health workers as many women obtain most of their pre and postpartum care from them. These workers will be trained and supported to improve referrals to hospitals for antenatal care and to help track and refer clients for delivery. Vision Africa will continue its work, supported by URC, in this area.

POPULATIONS BEING TARGETED

This activity targets pregnant women who will be offered HCT, HIV-positive pregnant women for ARV prophylaxis and infant feeding counseling, and exposed infants for prophylaxis and EID.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses gender since treatment will be provided to women and will focus on family centric issues including male involvement in PMTCT programming.

EMPHASIS AREAS

Major emphasis of this activity focuses on training and network/linkages. Minor emphasis includes other sectors and initiatives, commodity procurement, and community mobilization/participation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21684

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21684	21684.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$150,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,150

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 555.09	Mechanism: HHS/CDC Track 2.0 IFESH
Prime Partner: International Foundation for Education and Self-Help	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 3248.25227.09	Planned Funds: \$256,000
Activity System ID: 25227	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION:

In COP08 IFESH supported PMTCT activities in 15 sites. In COP09 IFESH will continue to conduct activities at these 15 sites. IFESH will support the equipping of two of the health facilities that are in rural communities and will promote their utilization. All sites will be in Rivers and Imo states. IFESH will serve as lead PEPFAR IP in Rivers state and will support and provide technical assistance to the Rivers state government to improve the quality and coverage of PMTCT services in the state. A total of 8,000 pregnant women will be counseled, tested and receive their results in COP09. Of this number, 352 pregnant positive women will receive Antiretroviral (ARV) prophylaxis for PMTCT.

As in COP08, group health information and opt-out HIV testing and counseling (HCT) will be offered to all pregnant women at antenatal clinic. IFESH will promote task shifting and the use of lay counselors, particularly in facilities within hard-to-reach or underserved communities. Unbooked women presenting in labor will be offered HCT. Same day results will be provided at all points of service. Posttest counseling will be provided to all women. Couple counseling and partner testing will be offered on-site to increase disclosure, address issues around discordance and increase support for mother's infant feeding choices. HIV-positive pregnant women have access to laboratory services including CD4 counts. Samples for CD4 are collected and transported to the sites where CD4 machines are located. IFESH will strengthen this network of sample transportation. Women requiring HAART for their own health (CD4 count less than 350) will be referred to sites providing ART services with follow-up to ensure access to these services. PMTCT services will be provided based on the recently revised (2007) Nigerian National PMTCT Guidelines. HIV-infected women ineligible for HAART will receive zidovudine (AZT) from 28 weeks or AZT/3TC from 34 weeks and single dose nevirapine (sdNVP) at the onset of labor as well as the combivir tail for 7 days. IFESH will initiate the provision of 'take home' sdNVP at first contact. All HIV-positive women will be offered pCTX (cotrimoxazole) within the 2nd or 3rd trimester depending on booking date. Women presenting in labor will be offered HCT and if HIV-infected provided with sdNVP as well as the combivir tail for 7 days. All infants born to HIV-infected women will receive sdNVP at birth and AZT for 6 weeks.

In COP09, IFESH will conduct support groups to promote utilization of PMTCT services, follow-up mother/infant pairs to ensure uptake of ARV prophylaxis and provide support for infant feeding choices. IFESH will support the provision of unbiased infant feeding counseling starting from ANC and continuing through the postpartum period. Community-based workers will also ensure that infant feeding options are in accordance with the WHO and the newly adopted Nigerian infant feeding guidelines: exclusive breastfeeding for the first 6 months of life or exclusive breast milk substitute (BMS) if the AFASS criteria are met. IFESH will strengthen its collaboration with traditional birth attendants (TBAs) in order to improve uptake of PMTCT services. Cotrimoxazole prophylaxis will be provided to all exposed infants from 6 weeks of age and continued pending definitive diagnosis of HIV status. IFESH will strengthen referrals of HIV-exposed infants to appropriate pediatric care and treatment services as well as OVC services. IFESH will support the provision of early infant diagnosis (EID) to HIV-exposed infants in line with the National EID Initiative. Dried blood spot (DBS) samples will be sent to a PEPFAR-supported DNA PCR laboratory. In addition to receiving PMTCT services, each HIV-positive woman will be referred to OVC services upon her HIV diagnosis in order to facilitate care to all of her affected children.

For pregnant women who test negative, IFESH will support the provision of prevention counseling and related support. In COP09, IFESH will initiate the provision of rapid testing in the existing family planning (FP) clinics and also create linkages between the FP clinics and care and support services.

IFESH will use supervisory teams to conduct quarterly visits to all sites to ensure optimal quality of care. All HIV-positive clients who are ART eligible will continue to be referred to the state ARV clinics and state pediatric HIV clinics for treatment. In COP09, 60 PMTCT service providers will be trained using the recently revised National PMTCT Training Manual. Step down trainings will also be carried out regularly to address problems of staff transfer and attrition and also to maintain human capacity.

Quality Assurance (QA) for both counseling and testing will be carried out at timely intervals in COP09 through submitting blood samples to a designated reference laboratory for testing and sending certified counselors for site assessments. All 15 sites will use the National PMTCT registers and data collection for monitoring and evaluation of all activities in line with the National PMTCT MIS.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Supporting 15 sites in rural areas of Rivers and Imo states is in line with the desire of the Government of Nigeria to have 1,200 PMTCT sites operational and with the USG's target of having 80% coverage for PMTCT across the country.

LINKS TO OTHER ACTIVITIES:

This activity is linked to activities in care and support, AB, other prevention, OVC, HCT, TB/HIV, and strategic information. Prevention with positives counseling will be integrated within PMTCT care for HIV-positive women. The basic package of care provided to all HIV-positive patients will be available to HIV-positive pregnant women. Women requiring HAART for their own health will be linked to within network ARV services. Laboratory staff will ensure that HIV testing provided within the PMTCT context is of high quality by incorporating PMTCT sites into the laboratory QA program.

POPULATIONS BEING TARGETED:

This activity targets men and women of reproductive age, family planning clinics, pregnant women, their spouses or partners, and the children of the index pregnancy and health care workers. Community and faith-based organizations (CBOs, FBOs), support groups, and men will also be targeted so that they participate fully in community-based PMTCT services.

EMPHASIS AREAS:

The PMTCT service has an emphasis on training, local organization capacity development and development of linkages/ referral networks. This activity addresses the issue of "Gender" since services are

Activity Narrative: primarily targeted at women. The activity also addresses the key legislative area of "Stigma and Discrimination" as issues of disclosure and discordance are addressed.

COVERAGE AREAS:

Sites are located in Rivers and Imo states, which were chosen based on high HIV prevalence and proximity to each other.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13065

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13065	3248.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self -Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$400,000
6725	3248.07	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self -Help	4172	555.07	Cooperative Agreement	\$345,000
3248	3248.06	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self -Help	2774	555.06	Cooperative Agreement	\$300,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$15,500

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$3,000

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9405.09

Mechanism: HHS/CDC Track 2.0 Pathfinder

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 21685.25356.09

Planned Funds: \$192,000

Activity System ID: 25356

Activity Narrative: Pathfinder (PI) in COP08 supported PMTCT activities in a total of eight facilities (two general hospitals and six primary health centers (PHCs)) in two local government areas (LGAs) of Edo state where the HIV prevalence is 4.6% (HSSS, 2005). In COP08 this program is providing HIV counseling, testing and results to 6,000 pregnant women. In COP09, PI will add on two new 'feeder' sites from among PHCs/private hospital facilities in the same LGAs (one in each LGA) as COP08. Therefore, PI will provide PMTCT services and community outreach activities throughout ten (10) hospital networks. These networks will provide HIV counseling and testing to 6,000 pregnant women, who will receive their results.

PI will train 8 health care workers (HCWs) using the National PMTCT training curriculum in addition to those trained under COP08. The program will also support infrastructure, purchase equipment and supplies, monitor, evaluate and provide supportive supervision to the sites. Active efforts will be made to facilitate the public health approach in taking PMTCT services to the primary (PHC) and community levels.

In COP09, PI will support comprehensive PMTCT services for communities, including marked expansion of HIV testing for pregnant women. PI will work to increase uptake of these services, including routine antenatal care and facility-based deliveries. Pregnant women, especially HIV-positive mothers, will be supported to deliver in health facilities through the provision of the national safe motherhood program delivery kits ("mama kits"). Post-delivery care and treatment for women and infants will be augmented. The use of ART for PMTCT will follow the National PMTCT guidelines. HIV-infected women who are not eligible for HAART for their own disease will be offered a combination of zidovudine (AZT) from 28 weeks (when feasible) or combivir from 34-36 weeks, cotrimoxazole prophylaxis (pCTX) and single dose nevirapine (SD-NVP) at onset of labor. Women presenting at labor will be offered rapid testing and if HIV-infected provided with SD-NVP. All positive women ineligible for HAART will receive a combivir tail as their postpartum regimen.

All infants born to HIV-infected women will be provided with SD-NVP at birth and AZT for 6 weeks. 276 mother-baby pairs will receive ARV prophylaxis. PI will provide support for a mother's infant feeding choice through appropriate infant feeding counseling as well as provide ongoing psychosocial and adherence support. Health facilities will be supported to provide basic laboratory services and will be linked to a laboratory network model in which CD4 testing can be performed via specimen transport systems. In addition, linking with family planning (FP) counseling and service provision and effective condom promotion (including post-partum FP) will be done. Exposed infants will be actively linked to pediatric care and treatment through under-5 cards issued in labor and delivery. Other activities are enhanced pediatric care including prophylactic cotrimoxazole (pCTX) from 6 weeks of age and promotion of best practices for infant feeding, nutritional support and linkages to family planning services.

The project will strengthen the capacity of the additional two (2) facilities to provide quality PMTCT services through providing management and PMTCT technical training for key managers and service providers. Training will include HCT, PMTCT, infant feeding counseling, infection prevention, pediatric follow-up, supervision, monitoring and evaluation and training on laboratory safety skills. Training will again be conducted by selected members of the PMTCT core trainers and supported by staff trained in COP08 of the project using the national curricula as appropriate. An on-site training approach will be used to train laboratory scientists and technicians.

PI will identify and provide orientation for heads of other facilities in the LGA (nurses/midwives) from surrounding local hospitals and provide copies of the referral charts, which will include PMTCT services available at the intervention facilities. PI will strengthen the LGA HIV/AIDS program.

All HIV-exposed infants will be provided with infant diagnosis testing using dried blood spots (DBS) in line with the National Early Infant Diagnosis (EID) Initiative from 6 weeks of age. HIV-positive infants will be linked to appropriate care and treatment services. NGOs (one per LGA) will be sub-granted funds to create demand for PMTCT and implement a number of activities to achieve this objective.

Project staff will visit project facilities on a weekly basis to provide supervision and technical assistance in record keeping and hands-on training on the use of data to improve program quality. There will be on-going technical assistance and oversight of NGO/community-based activities to ensure that activities are carried out as planned. TA will be provided as needed and formal discussions will be held to understand the intervention's contributions to community needs and to elicit proposed solutions to challenges faced. Visits will carry out quality of service checks, using checklists based on national policy to ensure constant quality service delivery.

The M&E system established in COP08 and led by the M&E officer will be expanded to additional facilities to ensure consistent and continuous reporting and monitoring. Data information and analysis will be shared with facility managers, the PMTCT state team and NASCP. PI will use nationally approved registers and forms across all existing sites.

CONTRIBUTIONS TO OVERALL PROGRAM GOAL

PI, by providing services at the primary and secondary levels, will assist the GON in achieving its goal of decentralizing PMTCT services beyond the tertiary care level and will significantly contribute to an increase in PMTCT services by supporting ten health facilities and also indirectly supporting GON ministries/programs in their rapid scale-up plans for PMTCT. PI will partner with local institutions with appropriate expertise and capacity to reach out to primary facilities in line with national PMTCT scale-up plans.

The targets of 6,000 pregnant women counseled and tested and 276 mother-infant pairs for ARV prophylaxis will be reached by the end of COP09. This will significantly contribute to the emergency scale up plan targets of 2010. PI will strengthen national and state PMTCT programs by: support of capacity building of healthcare staff for PMTCT services; printing of national PMTCT registers; and support of regular coordination meetings in collaboration with other partners at national and state levels. PI will also strengthen

Activity Narrative: the programmatic skills of partner CBOs/FBOs in line with GON sustainability plans.

LINKS TO OTHER ACTIVITIES

This activity is related to activities in HCT. HCT will be offered to all pregnant women at ANC, and to their partners. Women presenting in labor will have rapid HIV tests and receive single dose NVP if positive. Infants born to HIV-infected women will access ART (single dose NVP and ZDV) and CTX prophylaxis. Infants will be referred for DBS and linked to appropriate OVC care and treatment services. Community linkages will enable HIV-positive women and family members access to support groups. All pregnant women will be linked into FP services. Partner counseling/communication will be promoted through other prevention with positive activities. M&E activities at PMTCT sites will contribute to the national PMTCT program's M&E efforts using national PMTCT MIS.

POPULATIONS BEING ADDRESSED

Pregnant women, postpartum mothers, their partners and families, including HIV-exposed infants and HIV-infected children, will be targeted and supported so that they have full access to HCT at multiple entry points of care. HIV infected women will be provided with PMTCT services, while HIV infected infants and children, and infected partners, will access care and treatment services, including OVC services. Uninfected women will be supported to remain HIV negative. CBOs, FBOs, support groups, and men will also be targeted so that they participate fully in community based PMTCT services. Healthcare providers will be trained on providing services while the management skills of GON policy makers and implementers at all levels will be improved to enable them to manage programs effectively.

KEY LEGISLATIVE AREAS

This activity will promote gender equity in HIV/AIDS programs and increase access to services by the vulnerable groups of women and children. It will help increase service uptake, promote positive male norms and behaviors, especially as it relates to discordant couples, and help reduce stigma and discrimination through its community based activities.

EMPHASIS AREAS

Major emphasis of this activity focuses on training, network/linkages and community mobilization/participation. Minor emphasis includes other sectors and initiatives, commodity procurement, IEC, supportive supervision, quality assurance and improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21685

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21685	21685.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	9405	9405.08		\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$46,848

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3688.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 6485.25267.09

Activity System ID: 25267

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$928,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- ? Extension of local government coverage to Enugu State
- ? Extension of EID activities to all sites

The PMTCT services will be linked to HCT, adult and pediatric care and treatment, ARV drugs, OVC, TB/HIV, laboratory services and SI.

ACTIVITY DESCRIPTION:

In COP08, CRS AIDSRelief (AR) supported PMTCT services in 30 Local Partner Treatment Facilities (LPTF) and 2 PMTCT satellite sites (An additional one LPTF and 2 satellites were supported as part of the local government coverage strategy in Anambra state). In COP 09 AR will increase the PMTCT sites it supports to an additional 3 LPTF sites and 13 satellites providing PMTCT services in an effort to decentralize services and increase coverage. This will make it a total of 51 sites providing PMTCT services in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau and Taraba). AR, with other IPs, will complete the implementation of the PEPFAR-Nigeria Local Government Area (LGA) coverage strategy in Anambra, ensuring the provision of PMTCT services in at least one health facility in every LGA of the state. This is a critical step toward universal access to PMTCT services. AR will work to extend the local government coverage strategy to Enugu State. This will involve the support of the Enugu state SASCP to establish PMTCT committees.

Through its PMTCT services AR will provide testing, counseling and received results to 29,000 pregnant women. Antiretroviral (ARV) prophylaxis will be provided to 740 women and an additional 246 clients will be placed on HAART for their own disease for a total of 986 women receiving antiretrovirals (4% positivity rate and 85% retention in care based on historical data at AR supported LPTFs). In setting and achieving COP09 targets, consideration has been given to strengthening the quality of service delivery in order to promote the best outcomes.

This activity will include, as a part of the standard package of care, routine provider initiated opt-out HIV counseling and testing (HCT) in antenatal clinics (ANC) for all presenting women and in labor and delivery wards (L&D) and the immediate post-delivery setting for women of unknown HIV status. Same day results will be provided to clients. AR will use group health information, individual pre test and posttest strategies and rapid testing based on the National testing algorithm. Partner testing and couple counseling will be offered as part of PMTCT services to enhance disclosure. AR, through its community and faith-based linkages, will utilize community and home based care services to promote partner testing. Clients will have access to free laboratory services including CD4 counts and STI screening. Free medications including those for OIs as needed and hematinics will also be provided. In addition to receiving PMTCT services, children of HIV positive clients will be linked to OVC services and, for those who are HIV positive, to pediatric care and treatment services.

Pregnant women requiring HAART will be placed on such during pregnancy and referred to HIV comprehensive care centers after delivery. Referral coordinators will be identified in all AR-supported sites and the communities, with their capacities built in collaboration with other IPs. Consideration may also be given depending on LPTF acceptability to provide ART services within ANC clinics in order to increase acceptability of initiating care and treatment.

For the anticipated number of women not requiring HAART for their own health, the current National guidelines recommended short course two drug ARV option will be provided. This includes ZDV from 28 weeks with intrapartum single dose nevirapine (sdNVP) and a 7-day ZDV/3TC postpartum tail or ZDV/3TC from 34-36 weeks with intrapartum sdNVP and a 7-day ZDV/3TC postpartum tail. Infant prophylaxis will consist of single dose NVP and ZDV for 6 weeks. Single dose nevirapine will be given to all women at first contact. AR will use its community linkages and mother-to-mother support groups to encourage HIV+ pregnant women to deliver in a health facility. For those HIV+ women who choose not to do so and deliver at home, the same community volunteers will follow-up and identify them for needed postpartum services.

AR will explore the training and utilization of traditional birth attendants (TBAs) in addition to the mother-to-mother support groups to reach HIV+ women who choose to deliver outside of the health facility. A focal person at each LPTF will be responsible for tracing HIV+ mothers and their infants in the community and linking them back to care. The HIV+ mothers and their infants will be linked postpartum to ART care and support services which will utilize a family-centered care model.

AR, through its pediatric care and support program, will offer HIV early infant diagnosis (EID) in line with the National Early Infant Diagnosis scale-up plan from 6 weeks of age using dried blood spots (DBS). Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. AR will collaborate with GoN as appropriate for commodities and logistics support of the EID program. Exposed infants will be actively linked to pediatric care and treatment, while their families will be referred to age-appropriate OVC services. In COP09, AR will work to implement EID with a view to activating all AR LPTFs and their satellites. PMTCT focal persons at all AR LPTFs will keep records of all exposed infants at enrollment soon after birth, informing HIV+ mothers of the 6 weeks exact date for DBS collection. AR will encourage hub LPTFs to step down DBS collection at affiliate PMTCT satellite sites and thus decentralize EID activities at these sites. AR will train members of PMTCT support groups in HCT skills. AR will engage PMTCT support groups and the larger support group (s) in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT. AR will establish linkages with other non-AR providers, public and private, proximal to AR LPTFs, with full-fledged ANC activities. This will encourage two-way referrals of HIV+ mothers and their infants from these providers to AR LPTFs and thus benefit from EID/ART activities at AR sites. Throughout these linkages there were be a strong focus on ensuring confidentiality at all levels.

HIV+ women will be counseled in the pre and postnatal periods regarding exclusive breastfeeding with early cessation or exclusive breast milk substitute if AFASS criteria are met using the National Infant Feeding Curriculum. AR will support couples counseling and family disclosure that will enhance adherence to infant

Activity Narrative: feeding choices. Full and accurate information will be provided on family planning and prevention services. Women accessing family planning services will be offered/referred for HIV Counseling and Testing. Infants of positive mothers will be linked to immunization services and well childcare. Cotrimoxazole prophylaxis will be provided to infants from 6 weeks of age until definitive HIV status can be ascertained.

In COP09, AR will strengthen its program for Continuous Quality Improvement (CQI) in order to improve and institutionalize quality interventions. Monitoring and evaluation of the AIDSRelief PMTCT program will be consistent with the national plan for patient monitoring. Within each regional TA team AR will have a PMTCT specialist assisted by a team of nurses and counselors to offer technical assistance to LPTFs and take the lead on training and supervisory activities. AR PMTCT specialists will work in conjunction with regional CQI specialists, program managers, clinical associates, and LPTF PMTCT coordinators as well as counterparts from other IPs. AR regional PMTCT specialists will join the CQI-led team in conducting site visits at least quarterly during which they will evaluate PMTCT clinical services, HCT done in the PMTCT setting, the utilization of National PMM tools and guidelines/SOPs, proper medical record keeping, referral coordination, and use of standard operating procedures in PMTCT. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits.

AR will provide training on PMTCT service delivery to 45 healthcare workers and retraining of an additional 45 staff according to the national curriculum. Trained staff will be required to step down trainings to other Health Care Workers in their facilities and in nearby government health facilities as a human capacity development activity. AR will collaborate with UNICEF-supported PMTCT sites and the CRS 7D programs for community and home based PMTCT initiatives in its scale-up plans.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support; therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will provide counseling and testing services to 29,000 pregnant women, and provide ARV prophylaxis to 740 clients. This will contribute to the PEPFAR and GON prevention goals. With 44 operational sites in 18 states, AR PMTCT program supports the rapid scale up of PMTCT services desired by the FMOH.

LINKS TO OTHER ACTIVITIES:

The PMTCT services will be linked to HCT, adult and pediatric care and treatment, ARV drugs, OVC, TB/HIV, laboratory services and SI. Pregnant women who present for HCT services will be provided with information about the PMTCT program and referred accordingly. ARV treatment services for infants and mothers will be provided through ART services. Basic pediatric care, including TB care, is provided for infants and children through pediatric care and treatment. All HIV+ women will be registered for adult care and treatment services.

AR PMTCT activities will focus on strengthening community and home-based care services to pregnant women where appropriate and in collaboration with the CRS 7-Diocese program and other family-centered care services provided by UNICEF, GON and the Catholic Secretariat of Nigeria. The AR senior PMTCT specialist will offer technical assistance to 7-Diocese facilities. AR will collaborate with other IPs, particularly IHV-ACTION, working at tertiary institutions for early infant diagnosis using DBS technology.

POPULATIONS BEING TARGETED:

This activity targets women of reproductive age and their partners, infants and PLWHAs. This activity also targets training of health care providers, TBAs and mothers who will work as peer educators.

EMPHASIS AREAS:

This activity has an emphasis on training, supportive supervision, quality assurance/improvement and commodity procurement. Emphasis is also placed on development of networks/linkages/referral systems. In addition, integrating PMTCT with ANC and other family-centered services while ensuring linkages to Maternal-Child-Health (MCH) and reproductive health services will ensure gender equity in access to HIV/AIDS services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12994

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12994	6485.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$1,425,000
6683	6485.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,150,000
6485	6485.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$222,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10807.09

Prime Partner: To Be Determined

Mechanism: USAID Track 2.0 NEPWHAN TBD

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 25896.09

Activity System ID: 25896

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: [REDACTED]

Activity Narrative: ACTIVITY DESCRIPTION

NEPWHAN will implement PMTCT activities in six states consisting of 18 sites, with 3 sites located in each state, to provide comprehensive HIV and AIDS prevention, treatment and care. Capacity of sites will be improved to provide PMTCT services in COP09 serving as the hub to other PHCs providing PMTCT services. This activity will provide counseling, testing and referral services to 2,920 pregnant women who will receive their test results. 128 HIV-positive pregnant women will be placed on antiretroviral (ARV) prophylaxis and HAART for their own health. The national prevalence rate of 4.4% was used in setting and achieving COP09 targets. Consideration will be given to strengthening the quality of service delivery in order to promote the best outcomes.

This activity will include, as a part of the standard package of care, routine provider initiated opt-out HIV counseling and testing (HCT) in antenatal clinics (ANC) for all presenting pregnant women, in labor and delivery wards (L&D), and in the immediate post-delivery setting for women of unknown HIV status. Same day results will be provided to clients. This activity will use group and individual pre- and posttest counseling strategies and rapid testing based on the national testing algorithm. Partner testing and couple counseling will be offered as part of PMTCT services to enhance disclosure. NEPWHAN will also establish community and faith-based linkages and will utilize community and home-based care services to promote partner testing. Clients will have access to free laboratory services including CD4 counts and STI screening. Free medications including those for OIs as needed and hematinics will also be provided. In addition to receiving PMTCT services, each woman will be referred to the ART clinic for further follow-up treatment and care. Her children will be eligible to access OVC services.

Referral systems that incorporate active follow-up will be put in place to ensure that women requiring HAART are not lost during referral for ARV services. Referral coordinators will be identified at sites and in the communities with their capacities built to carry out needed services. This activity will explore the training and utilization of traditional birth attendants (TBAs) in addition to the mother-to-mother support groups to reach HIV-positive women who choose to deliver outside of the health facility. A focal person at each site will be responsible for coordinating the tracing of HIV-positive mothers and their infants in the community and linking them back to care. The HIV-positive mothers and their infants will be linked postpartum to ART care and support services which will utilize a family centered care model.

For the anticipated number of women not requiring HAART for their own health, the current WHO recommended short course two drug ARV option will be provided. This includes ZDV from 28 weeks with intra-partum single dose nevirapine (sdNVP) and a 7-day ZDV/3TC post-partum tail or ZDV/3TC from 34-36 weeks with intra-partum sdNVP and a 7-day ZDV/3TC post-partum tail. Infant prophylaxis will consist of sdNVP and ZDV for 6 weeks. NEPWHAN will use established community linkages and mother-to-mother support groups to encourage HIV-positive pregnant women to deliver in health facilities. For those HIV-positive women who choose not to do so and deliver at home, the same community volunteers will follow-up and identify them for needed postpartum services.

HIV exposed infants will be referred for early infant diagnosis (EID) to the pediatric clinic of the sites for testing in line with the National Early Infant Diagnosis scale-up plan from six weeks of age using DBS. Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. NEPWHAN will collaborate with Clinton Foundation as appropriate for commodities and logistics support of the EID program. Exposed infants will be actively linked to pediatric care and treatment, while their families will be referred to age-appropriate OVC services. In COP09, PMTCT focal persons at the sites will keep records of all exposed infants at enrollment soon after birth; informing HIV-positive mothers of the six weeks exact date for DBS collection.

Support groups consisting of HIV-positive individuals will be established in communities including identified HIV-positive pregnant women and mothers and will train five members from six communities where the sites are located in HCT skills. These 30 trained members of the PMTCT support groups will be engaged in tracking un-booked pregnant women and infants in the community, and linking them to sites where they can access HCT, PMTCT, EID/DBS collection for their exposed infants and pediatric care and treatment. Linkages with other providers, public and private, who provide full-fledged ANC activities will be established. This will encourage two-way referrals of HIV-positive mothers and their infants from these providers to supported hospitals. Throughout these linkages, there will be a strong focus on ensuring confidentiality at all levels.

HIV-positive women will be counseled in the pre- and postnatal periods regarding exclusive breastfeeding with early cessation or exclusive breast milk substitute (BMS) if AFASS criteria can be met using the WHO UNICEF curriculum adapted for Nigeria. This activity will support couples counseling and family disclosure that will enhance adherence to infant feeding choices and also record issues of violence surrounding disclosure especially among discordant couples. Full and accurate information will be provided on family planning and prevention services. Women accessing family planning services will be offered or referred for HIV counseling and testing. Infants of positive mothers will be linked to immunization services and well childcare. Cotrimoxazole prophylaxis will be provided to infants from six weeks of age until definitive HIV status can be ascertained.

In COP09, NEPWHAN will initiate its program for Continuous Quality Improvement (CQI) in order to strengthen and institutionalize quality interventions. Monitoring and evaluation of the activity's PMTCT program will be consistent with the national plan for patient monitoring. Identified and trained activity-supported PMTCT specialists will work in conjunction with CQI specialists, program managers, clinical associates as well as counterparts at other IPs. PMTCT specialists will join the CQI-led team in conducting site visits at least quarterly, during which they will evaluate PMTCT clinical services, HCT done in the PMTCT setting, the utilization of national PMM tools and guidelines/SOPs, proper medical record keeping, referral coordination, and the use of standard operating procedures in PMTCT. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. State agency representatives and the USG will be included in quarterly monitoring and

Activity Narrative: supportive supervision visits and submit reports of visits accordingly.

The activity will collaborate with UNICEF-supported PMTCT sites to provide training on PMTCT service delivery to 36 healthcare workers according to the national curriculum. Trained staff will be used as facilitators to step down trainings to other health care workers in their facilities and in nearby government health facilities as a human capacity development activity.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will provide counseling and testing services to 2,920 pregnant women, and provide ARV prophylaxis to 128 clients. This will contribute to the PEPFAR goal of preventing 1,145,545 new HIV infections in Nigeria by 2009.

LINKS TO OTHER ACTIVITIES:

The PMTCT services will be linked to HCT, basic care and support, ARV services, ARV drugs, OVC, TB/HIV, laboratory services, and SI. All identified pregnant women who present at every point of service will be provided with information about the PMTCT program and referred accordingly. ARV treatment services for infants and mothers will be provided through ART services. Basic pediatric care, including TB care, is provided for infants and children through OVC activities. All HIV-positive women will be registered for adult care and support services.

POPULATIONS BEING TARGETED:

This activity targets women of reproductive age and their partners, infants and PLWHAs. This activity also targets training of health care providers, TBAs, and mothers who will work as peer educators and referral persons.

EMPHASIS AREAS:

This activity includes major emphasis on training, supportive supervision, quality assurance/improvement and commodity procurement. Emphasis is also placed on development of networks/linkages/referral systems. In addition, integrating PMTCT with ANC and other family-centered services while ensuring linkages to Mother-Child-Health (MCH) and reproductive health services will ensure gender equity in access to HIV/AIDS services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7215.09

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 16928.24948.09

Planned Funds: \$3,060

Activity System ID: 24948

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency PMTCT ICASS budget for FY09 is to provide necessary ICASS support for the one USAID employee under the PMTCT program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16928

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16928	16928.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$1,640

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3246.25189.09

Planned Funds: \$253,200

Activity System ID: 25189

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

- Targets revised for COP09

ACTIVITY DESCRIPTION

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). The Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will provide free comprehensive PMTCT services, which will follow the revised national guidelines (2007), to 20 existing sites in COP09. 12,600 pregnant women will receive HIV counseling and testing for PMTCT and receive their test result. 554 women will receive a complete course of antiretroviral prophylaxis in a PMTCT setting. 50 individuals will be trained to provide these services.

A family-centered network approach will be adopted and group health information with routine "opt out" counseling and testing will be provided to pregnant women presenting for antenatal services. Testing will be done following the National testing algorithm with same day results. Post-test counseling will include prevention counseling and education for both HIV+ and HIV- women. A total of 12,600 women will be counseled, tested and receive their results. Partner testing will be promoted. DOD will promote couples counseling and testing to promote disclosure, address discordance and to increase support for infant feeding choices. Staff will counsel clients on their disclosure of HIV status and partner/family notification with an emphasis on client safety. Partner referrals for HCT (individual and/or couple) will be provided. Also, referrals to community-based and barracks-based support groups will be provided to HIV+ clients. Linkages will also be enhanced by counselors who are members of PLWHA support groups.

HIV testing will be offered to all women of unknown HIV status presenting for labor and delivery and in the postpartum period. In accordance with National guidelines, a full course of ARV prophylaxis will be provided to approximately 554 women. ARV prophylaxis will include ZDV at 28 weeks or 3TC/ZDV at 34/36 wks and single dose Nevirapine (sdNVP) in labor with a 7 day 3TC/ZDV tail. All infants born to HIV+ women will be provided with sdNVP at birth and ZDV for 6 weeks. HIV-exposed infants will be provided with cotrimoxazole (CTX) prophylaxis from 6 weeks and will be discontinued once confirmed HIV- and no longer breastfeeding. Post partum women who are clinically eligible for ART will be referred for ARV services at the sites. Family planning and other reproductive health best practices will be promoted while linkages to OVC activities will be enhanced.

Infant feeding education and counseling will begin in the antenatal period in accordance with National guidelines, accompanied by appropriate prevention messages and education to all pregnant women and family members. After delivery, mothers and infants will be followed up to monitor the mother's health and to support the mother's compliance of her infant feeding option as well as to provide nutritional support for both. DOD will actively participate in Early Infant Diagnosis (EID) as a component of its pediatric care and treatment program, using revised national guidelines (2007).

In support of DOD's commitment to build capacity and long-term sustainability in the NMOD, formal training for an additional 50 staff from the existing 20 sites, covering physicians, nurses, midwives and others involved in PMTCT services will be conducted. Trainings will be done in line with the revised National PMTCT training curriculum (2007). By training uniformed members and civilian employees that are in a career track in the Government of Nigeria, this program fosters a generation of skilled workers who are more likely to remain in the military. This contributes to fulfilling PEPFAR goals for independent and sustainable programs.

In addition, commodities and equipment that are required in PMTCT services will be procured via SCMS (\$150,000). Depending on site inventories and needs, commodities may include gloves, soap or other disinfectant and other medical consumables. Commodities will be provided to all 20 military sites.

By the end of COP09, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra and the FCT (15 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

The DOD PMTCT program will providing HIV counseling and, testing to 12,600 pregnant women and provide ARV prophylaxis to 554 women. This contributes to the goal of preventing new HIV infections in Nigeria. The PMTCT services identify HIV+ women who may need HAART for their own health, thus contributing to PEPFAR Nigeria's care and treatment goals.

LINKS TO OTHER ACTIVITIES

This activity relates to activities in adult and pediatric care and treatment, laboratory infrastructure, safe blood, TB/HIV and strategic information. Pregnant women who present for counseling and testing services will be provided with information about the PMTCT program and referred accordingly. ART treatment services for infants and mothers will be provided through ART services. Basic pediatric care support, including TB care, is provided for infants and children through pediatric care and treatment activities.

POPULATIONS BEING TARGETED

This activity targets pregnant women and their family members. Activities also target military personnel, civilian employees, dependents and the general population in the communities surrounding the 20 sites.

EMPHASIS AREAS

This activity will address gender equity in HIV/AIDS programs by specifically targeting pregnant women and girls for counseling, testing and treatment. This activity also addresses military populations.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13149	3246.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$200,000
6801	3246.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$295,000
3246	3246.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$400,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9403.09	Mechanism: HHS/CDC Track 2.0 Johns Hopkins
Prime Partner: Johns Hopkins University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 29219.09	Planned Funds: \$220,500
Activity System ID: 29219	
Activity Narrative: FY08 Collaborative Nigeria NG.08.0203 Multi-country PMTCT How to Optimize PMTCT Effectiveness (HOPE) Project	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 544.09	Mechanism: HHS/HRSA Track 2.0 Harvard SPH
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 3227.25213.09	Planned Funds: \$1,965,822
Activity System ID: 25213	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The USG Nigeria team and the implementing partner Harvard University (APIN+ Program) have split the APIN+/Harvard activities between Harvard University and the indigenous partner APIN, Ltd. Therefore, the activity narrative for Harvard that follows has been modified to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN, Ltd (which is submitting as a separate narrative under the name APIN). The narrative has also been updated to reflect COP09 goals and targets. In addition, APIN Ltd will be taking over all activities for the following sites previously supported by Harvard: Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH). In accordance, those sites, their activities and their respective patients are reflected in the APIN Ltd narratives. This transition to building the capacity of the indigenous partner APIN Ltd will promote the long term sustainability of the program.

NARRATIVE:

COP09 funding will support a comprehensive PMTCT program in line with the revised National PMTCT Guidelines (2007) at 64 service outlets in 9 states (Benue, Borno, Ebonyi Enugu, Kaduna, Lagos, Oyo, Plateau, and Yobe). This consists of 10 tertiary, 21 secondary and 33 primary sites. Opt-out testing and counseling with same-day test results will be provided to all pregnant women presenting at antenatal care (ANC) or labor and delivery (L&D). The current level of PMTCT testing and counseling uptake from women presenting for ANC or L&D is 90%. All women are provided post-test counseling services on prevention of HIV infection, including the risks of MTCT. They are encouraged to bring partners and family members for on-site HCT. The program has a target of providing counseling and testing results to 65,500 women. PMTCT prophylaxis will be provided to approximately 3,275 women in line with the national guidelines. Infant follow-up care linked with PMTCT activities includes nutritional counseling and support, growth monitoring, cotrimoxazole prophylaxis, HIV testing, and other preventative care services. It is estimated that, of the infants tested for HIV infection, 131 will be HIV-positive; these infants will be referred to the pediatric care and treatment program. Early infant diagnosis (EID) will be carried out using dried blood spots (DBS) in line with the national EID scale up plan. This funding will support the ANC, lab, ARV prophylaxis intervention to mothers and babies (not HAART), and personnel involved in PMTCT.

Through this program area, Harvard will provide linkages to other prevention, care and treatment services. All ART-ineligible women will be placed on zidovudine from 28 weeks and or zidovudine and lamivudine from 34 weeks until delivery and will be enrolled into palliative care services at the time they access PMTCT services. Following delivery, mothers will be monitored in the care program, where services include on-site enrollment or referrals for family planning and other reproductive health services. In addition, PMTCT services are integrated into a system of maternal and child health services designed to promote maternal and child health for all women. All ART-eligible pregnant women will be provided with ART through the adult treatment program in line with the PMTCT guidelines. Children who become HIV-infected during the time they are being monitored as part of the PMTCT program will be linked to the pediatric care and treatment program. Those HIV-exposed children placed on single dose nevirapine at birth and zidovudine for 6 weeks that remain uninfected at 18-months following the completion of ARV prophylaxis will be linked to the OVC program for continued care services.

Counseling on infant feeding options will be conducted during the antenatal period, at L&D and/or at infant follow-up visits using the National PMTCT and Infant Feeding Guidelines. Infant feeding counseling will be performed in an unbiased manner and women will be supported in their choice of method. Clients will also be counseled on the beneficial effect of couple/partner HCT/disclosure on adherence to infant feeding choice. A follow-up team consisting of counselors and a home-based care (HBC) support group of PLWHAs will assist in home and community tracking of HIV-positive mothers to provide nutritional support and ascertain infant diagnosis.

A regular training program will be established at all sites to train and retrain 363 healthcare personnel involved in the PMTCT program using the National PMTCT Guidelines. This includes non-laboratory personnel who will be trained in HIV counseling and testing and traditional birth attendants (TBAs) using an adapted curriculum in local areas near sites in PMTCT counseling. PMTCT counselors in the National PMTCT Program will also be trained. Harvard will provide technical assistance for the development of the National Infant Feeding Counseling Manual and will subsequently conduct a zonal training of trainers with this manual.

During COP08, Harvard piloted a clinical quality assessment (QA) for PMTCT activities at 3 supported sites. During COP09, Harvard will continue to conduct QA activities to improve quality of care in the PMTCT program. The program will also continue to monitor and utilize electronic data captured through SI activities to measure the quality of services provided as well as the associated patient outcomes and transmission rates.

Harvard will partner with other implementing partners (IPs) in the implementation of the PEPFAR-Nigeria local government area (LGA) coverage strategy in the program areas of PMTCT, OVC and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every LGA of 6 identified states. In COP09, this will be expanded to Benue state. Per patient costs reflect the expansion to at least 33 new sites and scale up as a part of this LGA coverage strategy. Under the coverage strategy, these facilities are all linked with primary health facilities which provide HCT and referrals for PMTCT services for HIV-infected mothers. Harvard will leverage FMOH, UNICEF and other IP support in capacity building/training in identifying new PMTCT sites in its scale-up plans. Harvard will strengthen the Benue state PMTCT committee as part of the LGA coverage strategy. Harvard will support one quarterly PMTCT task team meeting as part of the support to the GON.

EMPHASIS AREAS

This activity will place major emphasis on the development of networks through expansion into more local areas through a network of secondary or primary PMTCT clinics, with rural outreach to community healthcare workers and TBAs involved in home delivery. All community workers and TBAs with whom

Activity Narrative: Harvard works are linked to tertiary health care facilities. In addition, major emphasis will be placed on building organizational capacity in order to work towards sustainability of PMTCT centers and further expansion of the Nigeria PMTCT program in conjunction with the Federal Ministry of Health and USG. These system strengthening activities are led by local investigators at current PMTCT sites who participate in new site assessments, overseeing QA/QI, capacity development and training for new PMTCT centers. Minor emphasis is placed on performing targeted evaluations of PMTCT interventions to estimate the rate of transmission with each of the ARV prophylaxis regimen used. Emphasis areas also include military populations through support for PMTCT activities staff at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

POPULATIONS BEING TARGETED

In addition to providing PMTCT services for pregnant women that know their HIV infection status, this program also targets women who may not know their HIV status and may be at greater risk for MTCT. Furthermore, it seeks to target infants who are most at risk of becoming infected from an HIV-positive mother during the antepartum, intrapartum and postpartum periods. Through the HCT program area, Harvard seeks to target a broader group of adults by encouraging women to bring their partners and family members in for HCT. Furthermore, training activities will train public and private health care workers on the implementation of PMTCT protocols and HIV-related laboratory testing.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through the PMTCT program, Harvard will provide HCT with test results to 65,500 pregnant women. Additionally, treatment and prophylaxis will be provided to 3,275 pregnant women. Implementation of the National PMTCT guidelines in 64 sites (new and continuing) contributes to the PEPFAR goal of expanding ART and PMTCT services. Harvard is increasing the number of sites by adding secondary and primary level sites in the radius of Harvard-supported tertiary care institutions. The tertiary centers will continue building the network capacity and coverage in of target states. Counseling will encourage mothers to bring their partners and family members for testing to reach discordant couples and in focused HCT programming. This program is implemented in geographically networked sites to optimize training efforts and provide collaborative clinic/lab services as needed. Harvard will train and retrain 363 health care personnel from the PMTCT sites, including doctors, nurses, pharmacists and counselors. Training will build capacity at local sites to implement PMTCT programs and provide essential treatment support to pregnant women with HIV/AIDS. Capacity building efforts are aimed at future expansions of PMTCT programs. QA/QI will be carried out through personnel training, data collection from sites for monitoring and evaluation and supervisory visits from key program management staff, which may include representatives from the USG and GON.

The program will increase gender equity by specifically targeting pregnant females for HCT and PMTCT prophylaxis and their male partners for HCT. Data collection on PMTCT regimens provides a basis for developing strategies to ensure that all pregnant women have access to needed and optimally effective PMTCT services. This program addresses stigma and male norms and behaviors through the encouragement of partner notification and bringing other family members in for HCT. Infant feeding counseling, including on the appropriate use of exclusive breastfeeding or exclusive use of breast milk substitute (BMS) where AFASS is available, will be in line with the National PMTCT Guidelines. Referrals to income generating activities (IGAs) will also be provided to women as a part of palliative care and counseling activities.

Additionally, as part of the PEPFAR sustainability building efforts, Harvard will provide technical assistance and support for APIN Ltd. to assume program management responsibility for PMTCT activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES

This activity is linked to counseling and testing , OVC, adult and pediatric care and treatment, sexual prevention, biomedical prevention, SI, human capacity development, health system strengthening, and gender. Pregnant women who present for HCT services will be provided with information about the PMTCT program and referred to the PMTCT program if they are eligible for these services. ART services for HIV-infected infants and mothers will be provided through adult and pediatric treatment services. Basic pediatric care and support, including support for chosen feeding option and TB care, is provided for all infants and children through OVC activities. All exposed infants identified through PMTCT services will be linked to these OVC services. Pregnant women are at high risk for requiring blood transfusions. Personnel involved in patient care will be trained in universal precautions as a part of injection safety activities. Additionally, these activities are linked to SI, which provides support for monitoring and evaluation of the PMTCT activities and QA/QI initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13051

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13051	3227.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$2,850,000
6718	3227.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$3,625,000
3227	3227.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$1,331,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$86,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$186,675

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 632.09

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3257.25237.09

Planned Funds: \$3,890,494

Activity System ID: 25237

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: 30 new points of service added. Early infant diagnosis (EID) is referenced and reader is referred to Pediatric Care and Treatment narrative.

ACTIVITY DESCRIPTION:

Utilizing a network model with PMTCT care centers linked to secondary and tertiary "hub sites" that provide more complex PMTCT care and lab testing, in COP09 125,000 pregnant women will receive PMTCT counseling & testing and receive their results. A total of 136 PMTCT sites will be supported (106 sites established by the end of COP08 and 30 sites added by the end of COP09). Sites are located in 23 states: Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, and Sokoto. ACTION will pay particular attention in Nasarawa state as the Lead IP to support the development and implementation of the PMTCT LGA (local government area) coverage strategy that ensures there is at least one PMTCT point of service in each LGA. The scale up of ACTION-supported PMTCT services in COP09 will be focused at ANC sentinel sites including the primary health center level.

PMTCT stand alone points of service in the network are linked to adult and pediatric ARV care through utilization of a PMTCT consultant coordinator in each network based at the hub site, network referral standard operating procedures (SOPs), monthly PMTCT network meetings, and incorporation of team approaches to care in all training and site monitoring. Through this SOP, HIV-positive pregnant women who require HAART are linked to an ARV point of service. Particular emphasis is placed on the involvement of community health workers who are the primary source of care for women in the pre and post-partum period and are integral to a program that seeks to engage women where they seek care. This program will work closely with the care and support team to maximally engage community based PMTCT and ARV linkages. In addition to receiving PMTCT services, each HIV-positive pregnant woman will be referred to OVC services in order to facilitate care for all of her affected children.

Opt-out testing and counseling with same day test results will be provided to all women presenting for ANC and untested women presenting for labor and delivery. All women are provided pre-test counseling services on prevention of HIV infection including the risks of MTCT. Partner testing is offered as part of PMTCT services or through referral to on-site HCT centers where available. A step down training of couple counseling and a prevention with positives (PwP) package will be utilized in all sites. This will provide an opportunity to interrupt heterosexual transmission, especially in discordant couples and will facilitate partner involvement in care, treatment and support. Master trainers for HCT will train labor and delivery staff in the use of HIV rapid tests for women who present at delivery without antenatal care.

An anticipated 6,625 HIV-positive pregnant women will be identified and provided with a complete course of ARV prophylaxis (based on ACTION's current program prevalence of 4.5% and loss to follow up). HIV-positive women will have access to lab services including CD4 counts without charge. This will be available on-site or within the network through specimen transport. Women requiring HAART for their own health care are linked to a network ARV center. For the anticipated 2/3 of women not requiring HAART, the current Nigerian PMTCT guidelines recommended short course ARV option will be provided which includes ZDV from 28 weeks or ZDV/3TC from 34/36wks, intra-partum NVP, and a 7-day ZDV/3TC post-partum tail. Women presenting in labor will receive SDNVP and a 7-day ZDV/3TC post-partum tail. All HIV-positive women will be linked post-partum to an HIV/ARV point of service, which will utilize a family centered care delivery model whenever feasible, co-locating adult and pediatric care and providing a linkage to family planning services. Women frequently face barriers to facility-based treatment access as a result of demands on them for childcare and to contribute to the family economic capacity. To address this, mobile clinic outreach as described in the adult care and treatment narrative will be integrated at the community level to bring PMTCT services to women who otherwise will opt-out of care and treatment.

HIV-positive women will be counseled pre- and post-natally regarding exclusive breast feeding with early cessation or exclusive breast milk substitute (BMS) if AFASS using the WHO UNICEF curriculum adapted for Nigeria. Couples counseling or family member disclosure will be utilized to facilitate support for infant feeding choices. Consistent with national policies on importation of infant formula and recent concerns regarding appropriate use of BMS, ACTION will not utilize EP funds to purchase BMS. As part of OVC programming ACTION will provide safe nutritional supplements including safe weaning for exposed infants as well as water guard, bed nets and other home based care items. HIV-positive women will be linked to support groups in their communities, which will provide both education and ongoing support around infant feeding choices, early infant diagnosis (EID), ART, adherence and PwP. PLWHA are currently employed at ACTION-supported ARV points of service as treatment support specialists. The use of dedicated treatment support specialists for PMTCT in the clinic and community will be expanded based upon the successful "Mothers to Mothers" model in Southern and East Africa. This will ensure that HIV-positive women remain in care throughout pregnancy and receive appropriate services for herself and her infant.

Infant prophylaxis will consist of single dose NVP with ZDV for 6 weeks in accordance with Nigerian National PMTCT Guidelines. Cotrimoxazole suspension is provided to all exposed infants pending a negative virologic diagnosis. Ten regional laboratory centers for DNA PCR have been established by ACTION. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. ACTION will actively participate in the national early infant diagnosis initiative by providing DNA PCR testing of dried blood spots (DBS) at ACTION-supported labs. The source of DBS samples will include ACTION and non-ACTION supported PMTCT sites. A systematic coordinated approach to program linkages will be operationalized at the site level and program level including linkages to adult and pediatric ART services, OVC services and basic care and support. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators.

ACTION will train an average of 10 HCWs from each of the 30 new sites in COP09 sites including community-based health workers in the provision of PMTCT services and infant feeding counseling. The revised and updated national PMTCT training curriculum and the infant feeding curriculum will be utilized. Under COP08, ACTION has adapted and piloted a modified version of the PMTCT National Curriculum for traditional birth attendants (TBA), which focuses on HCT and referral of HIV-positive women. ACTION

Activity Narrative: piloted this with 20 TBA in COP07 and 50 in COP08. ACTION will expand this to additional an 100 in COP09, targeting TBAs based on a community needs assessment that has been carried out in COP08 identifying points of deliveries for women in the community. Site-based step down trainings will be carried out in conjunction with the Ministry of Health (MOH) utilizing Master Trainers that were trained on infant feeding in COP08. There will be a minimum of 10 trainees per new site for a total of 300. Thus, the total direct training target is 400. ACTION will continue to collaborate with the government of Nigeria (GON) and the Clinton Foundation to increasing access to early diagnostic services for infants. This activity is described under Pediatric Care and Treatment.

In addition to routine monitoring and evaluation activities, ACTION will contribute to a Multicountry PHE that will evaluate best practices and document best program models for increasing the number of HIV-positive pregnant women who receive HAART. The aim is to identify which models of ART service delivery to pregnant women result in the best uptake for PMTCT and maternal treatment interventions.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will provide counseling & testing services to 125,000 pregnant women, and provide ARV prophylaxis to 6,250 mother and infants pairs. This will contribute to Nigeria's goal of increasing PMTCT coverage by 80% by 2010 and the EP goal of supporting this effort.

LINKS TO OTHER ACTIVITIES:

This activity is linked to adult and pediatric care and treatment, OVC, laboratory infrastructure, condoms & other prevention, AB, and SI where action will continue to provide TA for the National PMTCT MIS. PwP counseling will be integrated within PMTCT care for HIV-positive women. The basic package of care provided to all HIV-positive patients will be available to HIV-positive pregnant women. ACTION lab staff will ensure that HIV testing provided within the PMTCT context is of high quality by incorporating PMTCT sites into the laboratory QA program. ACTION will collaborate with UNICEF in the support of PMTCT services at some sites, leveraging resources without duplication and creating a more sustainable service support structure.

POPULATIONS BEING TARGETED:

This activity targets pregnant women who will be offered HCT, HIV-positive pregnant women for ARV prophylaxis, infant feeding counseling and family planning. The exposed infants will be offered prophylaxis and early infant diagnosis services. Family members will have access to prevention, care and support services.

EMPHASIS AREAS

The key emphasis area is training, as most supported personnel are technical experts. A secondary emphasis area is commodity procurement as ARVs for prophylaxis and laboratory reagents for infant diagnosis will be procured. Another secondary emphasis area is network/ referral systems as networks of care will be supported, which are critical to ensuring quality of care at the PHC level, identifying women in need of HAART, and ensuring access to HAART within the network. In addition, partners and PABAs will be identified for linkage to care and support services. This activity also addresses gender since treatment will be provided to women and will focus on family centric issues including male involvement in PMTCT programming.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13106

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13106	3257.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$3,550,000
6768	3257.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$4,545,798
3257	3257.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$1,165,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$253,125

Economic Strengthening**Education****Water****Table 3.3.01: Activities by Funding Mechanism****Mechanism ID:** 552.09**Mechanism:** USAID Track 2.0 GHAIN**Prime Partner:** Family Health International**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Prevention: PMTCT**Budget Code:** MTCT**Program Budget Code:** 01**Activity ID:** 3234.24888.09**Planned Funds:** \$3,840,000**Activity System ID:** 24888

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

By the end of COP08, the Global HIV/AIDS Initiative Nigeria (GHAIN), through collaboration with the Government of Nigeria (GON) and Faith Based Organizations (FBOs), provided prevention of mother to child transmission (PMTCT) services at a total of 168 PMTCT sites in all 36 states and the FCT, exceeding the USG-PEPFAR target of 88. This was accomplished through the PEPFAR funding to support 88 sites together with resources leveraged from Global Fund (GF).

In COP 09, GHAIN will maintain its PMTCT coverage in all 168 existing PEPFAR and GF supported sites. The leveraged support from the Global Fund is expected to continue throughout the COP09 timeframe, allowing for a sustained support of PMTCT services at all the sites. In COP09, GHAIN will reach 120,000 clients with PMTCT counseling and testing services (including results) with 4,000 receiving ARV prophylaxis. PMTCT services will continue to be integrated into antenatal care (ANC) at the primary health care (PHC) level which serves as an entry point to HIV/AIDS prevention, care and support services for mothers, their infants, family members and the community. This is in line with the minimum package stipulated by the Government of Nigeria (GON) and the USG strategy to provide PMTCT service coverage at the LGA level; initially in states with high prevalence and in facilities with a high volume of ANC clients. In addition to the over 400 health facility staff trained in COP08, 325 health care workers (HCWs) will be trained and re-trained in COP09 in collaboration with other stakeholders (especially UNICEF) using the National PMTCT training curriculum with additional modules on RH and infant feeding counseling (IFC). To ensure effective decentralization and increase in coverage at the LGA level, the experience and lessons learned from piloting the HAST (HIV/AIDS, sexually transmitted infections/reproductive health and TB) model of providing integrated services at the LGA level in Kano and Cross Rivers states will be utilized. Community volunteers identified by CBOs and NGOs will be trained using a specially modified national PMTCT curriculum that incorporates reproductive health (RH) modules to render minimum PMTCT services (linkages and referrals, awareness and demand creation for PMTCT) appropriate to their level of care. Referral from the PHC level to secondary facilities will be provided when the need arises for higher quality care and treatment.

GHAIN will lay emphasis on strategic prevention activities to promote options such as partner notification and testing, treatment support and community outreach activities to cluster ANC clinics and delivery facilities. Emphasis will also be laid on the counseling on infant feeding options (exclusive breast-feeding for six months or breast milk substitute if Affordable, Feasible, Acceptable, Safe and Sustainable - AFASS). Additional emphasis will be laid on the sensitization and training of traditional birth attendants (TBAs) using the national TBA training curriculum to develop skills in conducting safe delivery practices and recognizing early signs of obstetric complications. They will be supervised and monitored by trained health workers in order to ensure that they refer all potential complications and HIV-positive pregnant women to the hospital for quality and safe obstetric care/practices. They will also be used to raise awareness and create demand for PMTCT and be linked to facilities through the GHAIN referral network. TBAs will be linked to GHAIN-trained community pharmacists who will ensure increased access to prophylactic drugs for their HIV-positive clients and exposed babies. This will lead to the expansion of the GHAIN network of services through collaboration with these non-formal health service providers. Conversely, the formal health care providers in the 168 supported facilities will be trained in line with the national PMTCT training curriculum modified to include RH modules. This activity will strengthen the second prong of core PMTCT, which is aimed at preventing unwanted pregnancies amongst women/couples who are HIV-infected.

To address gender issues and generate greater male involvement in PMTCT services, couple counseling will continue to be included in the PMTCT/RH integrated trainings. This will lead to improved service delivery, and adherence to interventions. The introduction of this new strategy into the program will further bridge the gap of the challenges of partner disclosure and the negative consequences (domestic violence, divorce and abandonment) that have occasionally been noted in discordant couples. Using a family-centered approach, PMTCT service providers will promote partner testing as well as testing for any other children in the family. In addition, the family will be encouraged to enroll all their children into OVC services and, for those children who are HIV positive, into the facility-based pediatric care and treatment program.

Quality PMTCT service provision will be extended to clients in COP09 in line with updated recommendations and evidence-based best practices. Project activities will be tailored towards: improving the quality and use of Maternal Child Health (MCH) facilities; sensitizing and mobilizing communities to create demand for PMTCT services; ensuring that routine point of service HCT with 'opt out' option is offered to all women presenting in ANC, labor and delivery wards and the family planning units while encouraging male involvement; and ensuring that antiretroviral (ARV) drugs are offered to HIV-positive pregnant women. PMTCT prophylaxis or ARV treatment for the mother's own health will be provided according to the national guidelines. Postpartum interventions for exposed infants will be provided and include single dose nevirapine within 72 hours of birth and zidovudine syrup for 6 weeks. CTX prophylaxis is commenced from six weeks after birth until the child's HIV status is determined, utilizing the national guidelines as the basis for treatment decisions. HIV testing of all partners of pregnant women will be actively encouraged and women/couples counseled and linked to family planning services as needed. This will be ensured through the continuation of the GHAIN supported RH-HIV integrated services. All clients who are tested will receive results on the same day. Those who test negative to HIV will receive posttest counseling on how to remain negative. Positive and discordant couples will be given the prevention for positives package and provided information or referrals to address their future fertility desires (family planning services) as well as HIV care and treatment services. Furthermore, possible scale-out of the distribution of nevirapine pouches for exposed infants delivered outside supported facilities will improve access to prophylaxis to these exposed infants and also strengthen the link between PMTCT and MCH services by strengthening referrals. This will also provide opportunity for continuous counseling to couples including prevention strategies for positives and discordant couples. GHAIN will utilize lessons learned and best practices from other programs in ensuring that more HIV-positive mothers delivering outside health facilities have access to single dose nevirapine in labor.

Mothers' support groups will also be used to track and support mother-infant pairs and other family

Activity Narrative: members in the communities and link them to care. GHAIN will continue to train lay counselors to provide counseling services to pregnant mothers, thus reducing workload and burnout of regular counselors. Other activities will include encouraging male involvement by using trained community gate-keepers to sensitize the community with a special focus on men; encouraging men to accompany their wives to the clinic, and ensuring that holistic services are offered to HIV-positive pregnant women and their families. Positive pregnant women identified at the PHC level will have their CD4 done at a linked secondary facility through sample referral. Identified HIV-positive women will subsequently be followed up at an HIV comprehensive care center to ensure continuity of care. CD4 testing will be prioritized for pregnant women to identify those who require ART for their own health. In addition, CTX prophylactic therapy will be provided for HIV-positive pregnant women as indicated in the national guidelines. PMTCT services will also be geared towards ensuring that safe obstetrical practices and universal precautions are implemented in labor and delivery rooms.

Funding will address capacity building of health care workers on counseling, strengthening linkages with Early Infant Diagnosis services (EID, supported under pediatric care and treatment) and support to families on infant feeding options in accordance with the mother's choice and the national guidelines on infant feeding. GHAIN will train and re-train pharmacists on pharmaceutical care, pharmacy best practices and adherence counseling in PMTCT sites while collaborating with the community pharmacists to expand the reach and quality of services at the LGA and community levels.

Joint GON/USG/GHAIN supportive supervision will be carried out to all the sites on a quarterly basis, in addition to regular onsite mentoring and support of the sites by the FHI/GHAIN technical team. Appropriate tools for program monitoring including National PMTCT registers will be provided to all the sites while monthly DQA will be carried out in collaboration with the relevant state and national bodies. Feedback will be provided to the facilities and stakeholders through the monthly M&E meetings hosted at SACA offices. The quality of services will be assured through facilitative supervision, M&E, QA/QI analysis and QA checks using standardized national tools developed for this purpose. In line with the '3 ones', GHAIN will disseminate information through regular reporting to the GON via NACA and NASCP.

CONTRIBUTION TO OVERALL PROGRAM AREA

The scale-out of PMTCT services will significantly contribute to Nigeria's 5-year national strategic plan in response to HIV/AIDS. This plan encourages pregnant women and their spouses to know their HIV status with a view to reducing their risky behaviors and seek appropriate intervention and emphasizes referrals and necessary linkages.

LINKS TO OTHER ACTIVITIES

The GHAIN supported PMTCT services relate to activities such as HVTB, HVCT, adult and pediatric care and treatment and GHAIN supported RH-HIV integration program (supported by non-PEPFAR USAID funds). The pregnant women attending PMTCT services and their children will be appropriately linked to TB, ART, STIs, care and support, OVC, income generating activities, and other services according to their needs, at the LGA level through the HAST model. There will be close collaboration with the referral coordinators to ensure tracking of clients that are lost to follow-up.

POPULATIONS BEING TARGETED

This program will target pregnant women, ensuring that HCT (opt-out) is offered to all women presenting in ANC clinics and in labor and delivery wards and TB patients that are pregnant. The activities will ensure that ARV drugs are offered to HIV-positive pregnant women for PMTCT prophylaxis and/or for their own health, utilizing national guidelines as a basis for treatment decisions. Exposed infants will be followed-up to ensure referral for HIV early infant diagnosis testing using dried blood spots (DBS) in line with the National Early Infant Diagnosis scale-up plan.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will strive to increase gender equity in HIV/AIDS programs. Male involvement in PMTCT will be encouraged through sensitization, encouraging the male partners to know their HIV status and/or provide support to their spouse. Opportunities will be sought to identify and work with other USG projects to increase women's rights and increase women's access to income and productive resources.

EMPHASIS AREAS

Major emphasis will be placed on strengthening referral and patient tracking, while minor emphasis will be on quality assurance, quality improvement and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13034

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13034	3234.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$4,000,000
6706	3234.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$2,994,000
3234	3234.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$2,408,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7144.09	Mechanism: USAID Track 2.0 LMS Associate
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 15641.24907.09	Planned Funds: \$384,000
Activity System ID: 24907	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09 LMS will continue the activities initiated in 17 project-supported sites in Kogi, Niger, Adamawa, Taraba, Kebbi and Kwara States during COP07 and COP08. In addition, PMTCT services will be initiated at 2 secondary and 10 PHC health facilities in existing states. This makes a total of 29 PMTCT sites in COP09. Using the revised National PMTCT Guidelines, 12,000 pregnant women will be counseled, tested and receive their results and 560 HIV-positive pregnant women will receive ARV prophylaxis. In addition, LMS will provide food and nutritional supplementation to 50 HIV-positive pregnant women/lactating women and will train 175 health care workers to work in ANC clinics and delivery wards.

In Nigeria, PMTCT services were originally available only at the tertiary level, but are now being expanded to the secondary level. In COP09, PMTCT services will further be decentralized to the primary care and community levels to ensure increased access of PMTCT services to remote populations. All women tested including HIV-negative women will receive posttest counseling to encourage them to remain negative. Peer support coordinators will provide continuing support after testing and encourage pregnant women to adhere to their ART prophylaxis and safe infant feeding choices. Members of peer support groups will be trained and supported to provide ongoing counseling to newly recruited PMTCT mothers. LMS will emphasize and support the provision of PMTCT services at selected primary care level facilities that have capacity for providing minimum PMTCT services that include group health information, post test counseling, lab investigation, dispensing of NVP and client follow-up using PLWHA and PMTCT support groups.

During COP09, LMS will train health care workers in provider-initiated testing and counseling (PITC) to be offered during ANC, labor and the immediate post-delivery period. In order to reduce the workload on healthcare providers, lay counselors will be trained to carry out PMTCT counseling and support newly recruited PMTCT parents to adhere to prophylaxis and infant feeding practices. The project will offer same-day HIV counseling, testing and results to clients. Spouse/partner and family testing will be encouraged so that PMTCT becomes the entry point to family-centered HIV care, support and treatment (PMTCT plus). CD4 testing will be conducted on every positive pregnant woman. Those with CD4 count <350 will be referred for HAART for their own health while those with CD4 count of 350 and above will receive Zidovudine (AZT) from 28 weeks or (AZT/3TC) Combivir from 34 weeks. In labor, all positive pregnant women will receive sdNVP + Combivir with a 7-day Combivir tail. All HIV-positive pregnant women will be given sdNVP tablet to take home on their first antenatal visit, with instructions to swallow the tablet when labor begins and before they report to hospital for delivery. Women who receive no antenatal care during their pregnancy or who have had only limited antenatal care but presented to the facility with unknown HIV status will receive HCT during labor and if positive, will receive sdNVP and 7-day Combivir tail. LMS will ensure the mother's CD4 count results are available the same day to guide commencement of HAART if <350 or PMTCT prophylaxis if 350 and above. The mother will be counseled on infant feeding options and supported to adhere to her chosen option. Mothers will be encouraged to disclose their HIV sero status and the PMTCT services they are receiving to their spouses and to request the spouses to come with them to the clinic at the next visit for family counseling and testing.

Food and nutritional supplements will be leveraged from non-PEPFAR implementing partners to provide to malnourished pregnant and lactating positive women. Infants of HIV-positive women will receive NVP syrup at birth and AZT for six weeks. All HIV-exposed infants will be followed-up in the postnatal period and provided with cotrimoxazole prophylaxis from 6 weeks of age until their HIV status is confirmed negative and are no longer exposed to risk of HIV infection through breast milk. Cotrimoxazole prophylaxis will be continued if the children are confirmed HIV-positive. All HIV-exposed infants will be referred for early infant diagnosis (EID) at 6 weeks and followed-up with care and treatment depending on their HIV result.

All HIV-positive mothers receiving project-supported PMTCT services will be encouraged to exclusively breast feed their infants for six months as this strategy will reduce mother to child transmission of HIV while not stigmatizing HIV-positive mothers. HIV-positive mothers who meet the AFASS criteria will be supported and guided on safe infant feeding with breast milk substitute. Healthcare workers will be taught that recent research has demonstrated far better outcomes for exclusively breastfed infants of HIV-positive mothers even in more affluent situations. In addition to receiving PMTCT services, each mother-baby pair will be registered with the health facility referral coordinator for linkage and access to community HIV/AIDS services like follow-up and support of mother-baby pairs, OVC services, ongoing adherence counseling, home-based care (HBC) and others. This will enable the HBC volunteers to give psychosocial support and nutrition education, and leverage nutritious foods and conduct child growth monitoring.

LMS will train and support some of the women living with HIV to function as peer support coordinators in antenatal care (ANC) settings, helping newly recruited PMTCT families to understand and appreciate the benefits of PMTCT services and to adhere to the counseling and prophylaxis information given to them. The peer support coordinators will be positive role models to reduce stigma and act as champions for HIV-positive pregnant women to ensure that they are not discriminated against during their antenatal and maternity care. The peer support coordinators will share their own experience with newly diagnosed pregnant HIV-positive mothers and assess how they are coping. This will support the pregnant HIV-positive mothers to come to terms with their own HIV status and reduce "self-stigma". Through the work of peer support groups, traditional birth attendants (TBAs) and engagement of spiritual leaders, the project will reduce dropout rates from PMTCT services and increase adherence to ARV prophylaxis and safer infant feeding choices. The Nigerian-adapted curriculum for training TBAs will be used to equip TBAs with knowledge and skills to support PMTCT services in the community. Every pregnant HIV-positive mother at first antenatal visit will be given a tablet of nevirapine to take home for use at the onset of labor.

In COP09, LMS will support zonal training programs on infant feeding counseling in collaboration with the GON and will support cascade training for selected facility-based healthcare workers. Also, LMS will continue to support the Niger State PMTCT committee to develop a scale-up and implementation strategy to ensure that all local government areas (LGAs) in Niger state have at least one site with PMTCT services, hence reaching more underserved communities. LMS will further strengthen the partnership with Clinton Foundation for supply of antiretroviral drugs and dried blood spot (DBS) kits. The advocacy strategy with

Activity Narrative: National, State and LGA governments implemented in COP08 will be enhanced in COP09 to promote government ownership and increase their contributions to HIV/AIDS services in general and PMTCT services in particular.

Joint GON/USG/LMS supportive supervision will be carried out in all sites on a quarterly basis, in addition to regular onsite mentoring and support of the sites by the LMS technical team. Appropriate tools for program monitoring including National PMTCT registers will be provided to all the sites, while monthly data quality assurance (DQA) will be carried out in collaboration with the relevant state and national bodies. Feedback will be provided to the facilities and stakeholders through LMS's participation in monthly M&E meetings hosted at SACA offices. Quality of services will be assured through supervision, M&E, QA/QI analysis and QA checks using standardized national tools. LMS will disseminate information through regular reporting to the USG and the GON via NACA and NASCP.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities in this area will strengthen the capacity of facility and community-based resources to provide ARV prophylaxis, counseling and support for improved maternal nutrition and safe infant feeding and additional HCT and support as included in PMTCT plus activities. This will also contribute to the more general interest of improving the lives of children and families directly affected by HIV/AIDS.

LINKS TO OTHER ACTIVITIES:

This activity relates to the HCT where every effort will be made to counsel and test every pregnant woman that visits the project-supported health facilities through the PITC approach, and if positive enrolled into care to utilize the PMTCT services provided. Adult care and support will be provided in terms of basic investigation like CD4 count for women that are positive, diagnosis and treatment of OIs, malaria, urinary tract infection and provision of ITN and water guard, and ARV drugs for prophylaxis.

POPULATIONS BEING TARGETED

This activity focuses on pregnant women and their families from the communities served by project-supported sites.

EMPHASIS AREAS

This activity addresses gender concerns related to the specific HIV/AIDS-related care and treatment needs of pregnant women. Many gender issues have been reported in relation to PMTCT services ranging from rejection by spouses and families to gender-based violence. The project will train healthcare workers to appreciate gender issues and learn ways they can be mitigated. The activity emphasizes developing the capacity of a wide range of persons (healthcare personnel, mothers' peer support groups, PLWHA and TBAs) to increase testing, counseling and treatment and prophylaxis for pregnant women and their infants, to provide them and their families the appropriate protection and care to reduce the risk of HIV infection or mitigate transmission and negative health effects.

Male involvement will be encouraged through various strategies including partner testing together and sensitizing men through the fora that are appropriate to them. Pregnant women accessing PMTCT services will be counseled and referred to family planning (FP) services to enable them to make informed decisions on future pregnancies. HIV-exposed infants will be followed-up in young children clinics where they will receive routine immunizations, nutritional counselling and growth monitoring. Malnourished mothers and their children will receive nutritional supplementation leveraged from the Clinton Foundation and the community-food basket to be established through the peer support coordinators.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15641

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15641	15641.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$328,562

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$130,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$40,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3689.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5348.24868.09

Activity System ID: 24868

Mechanism: USAID Track 2.0 CRS 7D TBD

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$448,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, 7D PMTCT services expanded to 16 sites in Benue, FCT, Plateau, Cross River, Lagos, Kogi, Osun, Edo and Niger states. Given the reduced testing targets in COP09, 7D PMTCT will not expand to further sites and will instead focus on increasing access to PMTCT services for pregnant women by building community support for PMTCT and increasing the capacity of supported health facilities to provide PMTCT services. The 16 centers activated in COP07 and COP08 required extensive financial and technical investment for startup; therefore cost per beneficiary was comparatively higher. Overall PMTCT costs will be slightly reduced in COP09, as there will not be significant investment in expansion of sites. However, investments in PMTCT demand creation and establishment of referrals, ANC and HIV counseling and testing (HCT) networks will be undertaken more intensively in COP09 and there will be associated costs with this effort.

This project seeks to increase access to PMTCT services for pregnant women by building community support for PMTCT and increasing the capacity of health facilities to provide PMTCT services. 7D will use existing diocesan AIDS structures and Parish AIDS Volunteers (PAVs) to create demand for PMTCT services through social mobilization campaigns in two ways. Firstly, PMTCT Points of Service (POS) will establish a network of Primary Health Care Centers that will provide basic ANC and Counseling and Testing Services for everyone including pregnant women. Secondly, educational sessions on PMTCT followed with HCT will be done during outreach activities. The uniqueness of this structure is the linkage of community-based PMTCT with health facility-based PMTCT. This synergy will facilitate effective tracking of HIV-positive pregnant women throughout the course of their pregnancies and after delivery. This tracking is essential to support women to make informed infant feeding choices as well as early testing of exposed children and linkage to pediatric care and treatment (if needed), adult care and treatment, and OVC services.

Individual/group grants and the promotion of Savings and Internal Lending Communities (SILCs) – a CRS program that works with groups to leverage internal savings as a mechanism for raising loan capital for group members – is expected to be extended to PAVs in COP09. A key component of the SILC program is the training of participants in basic business management skills to ensure that beneficiaries who may not have strong educational backgrounds can fully participate in basic commercial activities. In COP09, CRS will expand this program and will seek to identify PAVs who can be trained to serve as SILC group leaders and thus act as agents to further promote PAV's access to credit through community-based internal/rotating savings.

The PMTCT package will include group counseling and testing using an opt-out strategy with same day results in ANC as well as labor and delivery. Services will also include partner counseling and testing, OI treatment and prophylaxis (like malaria, Pneumocystis Jiroveci and cotrimoxazole) and management of diarrhea. Free baseline hematology, STD screening, CD4 count to assist with determining need for immediate therapy and viral loads where needed for monitoring HIV progression will be conducted on all pregnant women accessing PMTCT in 7D-supported sites. Infant feeding counseling during first and subsequent ANC visits will be provided with key messages like exclusive breast feeding for the first 6 months or exclusive replacement feeding if Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS).

For clients with CD4 count >350 and not requiring ART, the nationally recommended prophylaxis course will be available. ART prophylaxis for pregnant women using zidovudine at 28 weeks or a combination of zidovudine/lamivudine at 34 weeks with single dose nevirapine at onset of labor will be given; this will be followed by a zidovudine/lamivudine tail as part of their regimen after delivery. The infant will receive single dose nevirapine and six weeks of zidovudine. All HIV-exposed infants will be provided cotrimoxazole from 6 weeks to 18 months or until HIV infection has been ruled out. ARV treatment when indicated during pregnancy improves the health of the woman and decreases the risk of HIV transmission to the infant; where these services are not available, they will be referred to facilities including AIDS Relief (AR) ART sites and other IP-supported ART sites.

7D-supported PMTCT sites are positioned within AIDS Relief, GON and other IP-supported ART networks to which women who need ART will be referred. Since 7D and AIDS Relief (AR) PMTCT teams function as a unit and are co-located in 90% of sites, seamless transition of patients between the two will be initiated. This will happen in two ways. The first way is through the existing co-location in facilities. Since 7D's PMTCT and AR's ART sites are already located in the same facilities in current 7D-supported PMTCT sites, women determined by a lower CD4 count (<350) to be eligible for ART in accordance with the national PMTCT guidelines will be referred to AR-supported ART for full HAART. Secondly, for co-location in geographic areas, 7D PMTCT attendants who qualify for HAART will be referred to nearby AR-supported treatment sites. This referral mechanism will function since 7D and AR PMTCT teams currently function as an integrated team that plans and executes tasks as one unit. To prevent double counting or loss of clients to AR, all clients from 7D that access services from AR sites are required to provide proper documentation (like a referral note) before the client is taken up by AR; the same will apply for AR clients seeking treatment at 7D-supported sites. 7D will also ensure that all supported PMTCT sites have the approved PMTCT registers.

7D will refer clients for HIV infant diagnosis testing in line with the nationally recommended early infant diagnosis (EID) initiative from 6 weeks of age using dried blood spots (DBS). Infants will also be linked to immunization services to access the WHO/UNICEF and GON recommended set of vaccines. This will be done in health facilities that provide immunization services in areas where 7D operates.

7D will continue to collaborate with traditional birth attendants (TBAs) through trainings using nationally recommended curricula and provision of PMTCT home-based care kits and information packs for effective support of pregnant women who choose to give birth outside health facilities. Trained TBAs are expected to work in partnership with the health center with back and forth linkages. Two TBAs from each PMTCT site will be trained and 1 TBA from 13 partner arch/dioceses will also be trained resulting in 45 trained TBAs. The expected outcome of the TBA training will be improved obstetric practices and awareness of key

Activity Narrative: PMTCT issues.

Counselors from 7D and supported PMTCT sites will be trained as Trainers of Trainers on infant feeding using the adapted WHO/UNICEF infant feeding tool for Nigeria. Two counselors per PMTCT site (32) and 1 per partner arch/diocese (13) will be retrained giving a total of 45 staff trained (not included in targets as this is infant feeding rather than PMTCT provision). Each of these trained people will reach about 14 mothers adequately targeting the 600 mothers that will be linked to services.

To ensure quality, supervisory visits will be made by diocesan staff monthly to each site. CRS staff will visit each site quarterly and visits with USG/GON/IP will occur bi-annually. These will continue in COP09. Monitoring tools will be improved and standardized with national tools and disseminated to all arch dioceses. Volunteers will continue to be sensitized on PMTCT, maternal nutrition and safe infant feeding practices for correct PMTCT service provision. Volunteers will support mothers' infant feeding choices through on-going counseling.

Support and capacity building given to Abuja, Ibadan and Makurdi provincial structures in COP08 will continue in COP09. This support has encompassed engagement of key points of staff including PMTCT and financial management specialists.

Targets for COP09 include HIV counseling and testing for 14,500 pregnant women with 14,000 receiving results, 600 pregnant women placed on ARV and retraining of 30 health care workers using national PMTCT curriculum in 16 sites. Test kits will be procured centrally through the USG supply chain management system.

COP07 Plus Up funds were used for hiring PMTCT specialists to respond to immediate and long term PMTCT needs. It also enabled 7D collaboration with AR in leveraging resources and expertise through forming a PMTCT team that plans and responds to 7D, AR and sub-partner PMTCT needs coherently. Sub-partner PMTCT capacities have been enhanced through training of POS staff and archdiocesan PMTCT coordinators. Site antenatal clinic refurbishment and laboratory support have also been done.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT services will continue to contribute to several of the PEPFAR goals. The goal of preventing new infections by offering HCT services to pregnant women, as well as providing PMTCT prophylaxis to prevent infecting in the newborn child is already contributing to prevention of new infections.

Issues of violence against women after disclosure of HIV status are a grim reality, which will be tackled during couple counseling sessions as a preemptive measure. It is the goal to reduce the incidence of acts of violence against women as their partners are engaged in these exercises.

PMTCT-specific home-based care is being provided to pregnant women by PAVs. Support groups provide participants with coping mechanisms for addressing stigma and discrimination towards PLHWA.

LINKS TO OTHER ACTIVITIES

PMTCT activities will be linked to HCT, adult and pediatric care and treatment services, TB/HIV and OVC services. 7D has established referral linkages with TB DOTs centers and other health care facilities to ensure that PMTCT clients are treated for TB, STIs and other opportunistic infections. However, there will also be STI and opportunistic infection treatment in 7D-supported health facilities. 7D will work closely with AR for ART services where project activity areas overlap. Referral coordinators have been employed to ensure timely referrals to services offered by other implementing partners. This area has been identified as a "best practice" that needs support both at state and national levels. 7D will continue linking with the GON by sending reports to them and attending PMTCT task team meetings on a regular basis. Also there are plans to link the sites to the GON drug program as it is strengthened for sustainability.

POPULATIONS BEING TARGETED

Pregnant women and HIV-positive pregnant women, HIV-exposed infants, caregivers, partners, religious leaders and all HIV exposed infants are the populations being targeted.

KEY LEGISLATIVE ISSUES ADDRESSED

Gender-based activities have been organized with the aim of addressing inequalities between men and women and subsequent behaviors that increase the vulnerability to and impact of HIV/AIDS. Women's legal rights and access to income and productive resources will be carried out through linking care and support programs to income generating activities within 7D SUN programs.

Work has been done to reduce the stigma associated with HIV status and discrimination faced by PMTCT mothers and their families through support group membership. This aspect will be enhanced in COP09.

EMPHASIS AREAS

The major emphasis area is developing the capacity of partners to effectively manage the PMTCT program with a focus on sustainability. The minor emphasis areas are: improving linkages /networks/referral systems between the communities and the 7D-supported PMTCT sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13005

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13005	5348.08	U.S. Agency for International Development	Catholic Relief Services	6366	3689.08	USAID Track 2.0 CRS 7D	\$1,200,000
6685	5348.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$1,200,000
5348	5348.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$805,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$164,771

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1561.09

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5350.25968.09

Planned Funds: \$178,789

Activity System ID: 25968

Activity Narrative: ACTIVITY DESCRIPTION:

This MTCT activity relates directly to all Nigeria PMTCT COP09 activities as part of the USG technical oversight role.

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria, has two full time staff positions (one Senior Program Specialist and one Program Specialist) for PMTCT, both of which were first approved in COP05. The budget includes funding for 2.25 FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Prevention Unit Manager partially funded under HHS/CDC PMTCT as noted above.

These HHS/CDC PMTCT staff members will work in close coordination with the USAID and DOD PMTCT staff and directly provide quality assurance and program monitoring to all HHS supported implementing partners including: University of Maryland-ACTION, Harvard, Columbia University SPH-ICAP, International Foundation for Education and Self-Help (IFESH), Catholic Relief Services-AIDSR relief, Africare, Vanderbilt University, Partners for Development, Johns Hopkins-Jhpeigo, APIN LLC, University Research Co., and Pathfinder International. HHS/CDC PMTCT staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN, Catholic Relief Services-7 Dioceses, LMS Associate and USAID APS awards for COP09. USAID and CDC PMTCT staff will provide assistance as needed to the U.S. Department of Defense program with the Nigerian Ministry of Defence.

HHS/CDC and USAID PMTCT staff will also provide technical support and capacity development to new partners undertaking PMTCT activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the national and state levels to promote Nigerian national PMTCT guidelines. Support to Global Fund activities will be also be provided as requested. It is estimated that the PMTCT staff under this activity will provide monitoring and support to approximately 700 PMTCT sites in COP09.

ICASS and CSCS charges related to these positions are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13132

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13132	5350.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$248,800
6784	5350.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$395,000
5350	5350.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$111,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9408.09

Mechanism: USAID Track 2.0 CHAN

Prime Partner: Christian Health Association of Nigeria

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 25482.09

Planned Funds: \$198,400

Activity System ID: 25482

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, the Christian Health Association of Nigeria (CHAN)'s Nigeria Indigenous Capacity Building (NICaB) project used drugs donated by the Clinton Foundation and leveraged training resources from other US government (USG) funded Implementing Partners (IPs) to provide PMTCT services at 12 facilities in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba. Services provided included HIV counseling and testing, early infant diagnosis (EID) and infant feeding counseling. Prophylaxis was given to pregnant mothers, while those who needed HAART for their own health were referred to the ART clinic. Community health workers promoted PMTCT and followed up mother/infant pairs within the community to provide support for infant feeding choices and provide referrals in case of complications. In COP09 this activity will be modified by conducting EID and infant feeding counseling components under the pediatrics care and support program area. Additionally, NICaB will participate in the USG local government area (LGA) coverage strategy and facilitate the formation of PMTCT committees in three of the six states where CHAN is working and committees do not already exist. NICaB will initiate and participate in their monthly meetings with the aim of supporting states to develop a scale-up and implementation plan.

The NICaB project will utilize a network model with PMTCT care centers linked to secondary level CHAN member institution health facilities - "hub sites" that provide more complex PMTCT care and lab testing to reach HIV-positive women with HIV-related services. In COP09, 6,200 women will receive PMTCT counseling & testing and receive their results through networks that include 12 hub and 12 spoke sites, giving a total of 24 PMTCT sites supported in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba. This activity will impact both HIV-negative and HIV-positive pregnant women – HIV-negative women to stay negative and HIV-positive women to avoid cross infection due to increased vulnerability during pregnancy.

As part of the USG LGA coverage strategy in PMTCT, CHAN NICaB will support PMTCT services at ANC sentinel survey sites in Abia state, with future expansion to primary health center level based on resources. PMTCT stand-alone points of service in the network will be linked to adult and pediatric ARV care through utilization of a PMTCT consultant coordinator and a health facility coordinator in each network based at the hub site. NICaB will utilize network referrals, SOPs, monthly PMTCT network meetings and incorporation of team approaches to care in all training, service provision and site monitoring activities. Meetings with the State Action Committees on AIDS (SACAs) will be facilitated and will lead to the formation of state PMTCT committees in order to strengthen the scale-up and implementation plans in 3 NICaB-supported states of Abia, Sokoto, and Delta. In line with the National PMTCT guideline, HIV-positive pregnant women with CD4 cell count of <350 require HAART for their own health and will be linked to an ARV point of service at CHAN member institutions (MIs). CHAN will facilitate linkages between HIV-exposed infants by stating this in the health card for mother/infant pairs. Particular emphasis will be placed on the involvement of community health workers who are the primary source of care for women in the pre and postpartum period and are integral to a program that seeks to engage women where they seek care. This program will work closely with the care and support team to maximally engage community based PMTCT and ARV linkages. In addition to receiving PMTCT services, each HIV-positive pregnant woman will be referred to OVC services in order to facilitate care for all of her affected children.

Provider initiated testing and counseling services with opt-out option and with same day test results will be provided to all women presenting for ANC and untested women presenting for labor and delivery. All women would be provided pre-test group health information services on prevention of HIV infection including the risks of MTCT using lay counselors who will be members of mother-to-mother support groups. Male involvement in PMTCT will be strengthened by promoting couples counseling and partner testing will be offered as part of counseling through referral to on-site HCT centers. A step down training of couples counseling and prevention for positives package will be utilized in all sites. This will provide an opportunity to prevent heterosexual transmission and reduce incidence of violence against positive partners, especially in discordant couples. Master trainers for HCT already trained in COP08 at CHAN-supported comprehensive sites will in turn train labor and delivery staff in the use of HIV rapid tests for women who present in labor without antenatal care.

An anticipated 248 HIV-positive pregnant women will be identified and provided with ARV prophylaxis (based on CHAN NICaB's current program utilizing 4% prevalence). HIV-positive women will have access to lab services including CD4 counts without charge. This will be available on-site or within the network through specimen transport. Women requiring HAART for their own health care will be linked to a network ARV center. For the anticipated 2/3 of women not requiring HAART, the current WHO recommended short course ARV option will be provided which includes ZDV from 28 weeks or ZDV/3TC from 34/36 weeks, intra-partum NVP, and a 7 day ZDV/3TC postpartum tail. Women presenting in labor will receive single dose nevirapine (sdNVP) and a 7-day ZDV/3TC postpartum tail. All HIV-positive women will be linked postpartum to an HIV/ARV point of service, which will utilize a family centered care delivery model whenever feasible, co-locating adult and pediatric care and providing linkages to family planning services. HIV-positive pregnant women with CD4 <350 will be placed on cotrimoxazole preventive therapy in the 2nd and 3rd trimesters.

Healthcare workers at the facility and community levels will be trained to counsel HIV-positive women pre- and postnatally regarding exclusive breast feeding during the first six months of life or exclusive breast milk supplements (BMS) if Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS) based on the WHO UNICEF curriculum adapted for Nigeria. Couples counseling or family member disclosure will be utilized to facilitate support for infant feeding choices. Consistent with national policies on importation of infant formula and recent concerns regarding appropriate use of breast milk substitute (BMS), CHAN NICaB will not utilize emergency program funds to purchase BMS. As part of OVC programming CHAN NICaB will provide safe nutritional supplements as well as water guard, bed nets and other home based care items. HIV-positive women will be linked to support groups in their communities, which will provide both education and ongoing support around infant feeding choices and prevention with positives. PLWHA are currently engaged at CHAN NICaB ARV points of service as treatment support specialists. The use of dedicated treatment support specialists for PMTCT in the clinic and community will be expanded based upon the successful "Mothers to Mothers" model. This will ensure that HIV-positive women remain in care throughout pregnancy and receive appropriate services for herself and her infant during follow up.

Activity Narrative: Infant prophylaxis will consist of single dose NVP with ZDV for 6 weeks in accordance with Nigerian National PMTCT guidelines. Cotrimoxazole suspension is provided to all exposed infants pending a negative virologic diagnosis. CHAN NICaB will refer all HIV-exposed infants to USG supported laboratories for DNA PCR. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. DBS specimens from PMTCT sites in the network will be pooled at the hub sites from where they will be taken to nearby USG-supported labs for testing by trained lab personnel using DNA PCR.

A systematic coordinated approach to program linkages will be operationalized at the site and program level including linkages to adult and pediatric care and treatment services as well as OVC services. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators. Hospital coordinators will supervise activities on a daily basis while the NICaB clinical coordinator will collaborate with the USG TWG and GON to conduct quarterly site visits. Reports of activities will be sent to the USG and copies to NACA and the HIV and AIDS Division (HAD) of the FMOH. The NICaB project will work with community based workers including traditional birth attendants to support the already widespread practice of male child circumcision.

The CHAN NICaB project will train an average of 2 healthcare workers (HCWs) from each of the 24 sites, including community-based health workers and traditional birth attendants (TBAs), in the provision of PMTCT services and infant feeding counseling. The national PMTCT training curriculum, national infant feeding curriculum and new national training tools currently under development will be utilized. TBAs will be trained using a version of the PMTCT National Curriculum that has been adapted and modified for TBAs which focuses on HCT and referral of HIV-positive women. Thus the total direct training target is 72.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will provide counseling & testing services to 6,200 pregnant women and provide ARV prophylaxis to 248 mother and infants pairs. This will contribute to the PEPFAR goal of preventing new HIV infections. With 24 operational sites, the PMTCT activity is in line with the desire of the GON to have 1,200 PMTCT sites operational by 2009 and the USG's target of having 80% PMTCT coverage.

LINKS TO OTHER ACTIVITIES:

This activity is linked to adult and pediatric care and treatment, OVC, laboratory infrastructure, condoms & other prevention, AB, and SI. Prevention with positives counseling will be integrated within PMTCT care for HIV-positive women. The basic package of care provided to all HIV-positive patients will be available to HIV-positive pregnant women. Positive pregnant women will be linked with nutritional support programs where they exist. CHAN NICaB lab staff will ensure that HIV testing provided within the PMTCT context is of high quality by incorporating PMTCT sites into the laboratory QA program. CHAN NICaB will collaborate with UNICEF in the support of PMTCT services at some sites, leveraging their training expertise and other resources without duplication and creating a more sustainable service support structure.

POPULATIONS BEING TARGETED:

This activity targets pregnant women who will be offered HCT, HIV-positive pregnant women for ARV prophylaxis and infant feeding counseling and exposed infants for prophylaxis and referral to EID. Couple counseling will be used to reach partners of pregnant women so as to reduce instances of violence following disclosure. Family members will be counseled to provide support to pregnant and breast feeding mothers.

EMPHASIS AREAS

The key emphasis area is training, as most supported personnel are technical experts. A secondary emphasis area is network/referral systems as networks of care will be supported which are critical to ensuring quality of care at the PHC level, identifying women in need of HAART and ensuring access to HAART within the network. In addition, partners and people affected by HIV/AIDS will be identified for linkage to care and support services. This activity addresses gender since treatment will be provided to women and will focus on family centric issues including male involvement in PMTCT programming.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$72,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7405.09

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 25668.09

Activity System ID: 25668

Mechanism: USAID Track 2.0 FS AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$64,000

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in human capacity development and health system strengthening.

AIDSTAR commences activities in COP09 by building staff capacity in three teaching hospitals to implement PMTCT services. The AIDSTAR project will work with three hospitals in the south-south zone of Nigeria (Abia, Akwa Ibom and Rivers states) to design interventions aimed at preventing HIV transmission of mother to child, including targeting STI and HIV infections in women of reproductive age. This is in accordance with the 2005 Abuja Call for Action in order to ensure universal access to PMTCT Plus interventions by 2010 and increase uptake of services.

AIDSTAR will build capacity of these hospitals to provide comprehensive HIV and AIDS prevention, care and treatment to women of reproductive age and their families, and will work to integrate HIV intervention activities into existing maternal child health (MCH) and reproductive health (RH) services being provided in the facilities to provide the minimum service requirements. AIDSTAR will provide counseling and testing services to 1,600 pregnant women with same day results. Based on the 2005 ANC prevalence of 4.4% it is expected that 70 women who are counseled, tested, and receive their results will be found to be HIV-positive and will be placed on ARV prophylaxis. All HIV-positive women identified will be linked to further care and support services regardless of their eligibility for treatment for their own disease.

For the HIV-positive women not requiring HAART, the current WHO recommended short course two drug ARV option will be provided. This includes zidovudine (ZDV) from 28 weeks with intrapartum single dose nevirapine (sdNVP) and a 7-day ZDV/3TC postpartum tail or ZDV/3TC from 34-36 weeks with intrapartum sdNVP and a 7-day ZDV/3TC postpartum tail. Infant prophylaxis will consist of sdNVP and ZDV for 6 weeks.

Routine provider initiated testing and counseling (PITC) will be implemented as part of the standard of care in health facilities with opt-out decision at ANC and labor and delivery wards. HIV positive pregnant women will be provided with Mama Packs at the point of registration. CD4 testing will be prioritized for all HIV-positive pregnant women and regimens as outlined in the national PMTCT guidelines will be implemented. AIDSTAR will build the capacity of the sites to encourage linkages for PMTCT and child health services by having HIV exposure status on child health card registered on the mothers' card. In continuance of the plan to integrate MCH and PMTCT services, AIDSTAR will work with the sites to provide family planning services at ANC and HCT with HIV-positive women linked to family planning services six (6) weeks postpartum. Couple counseling and testing will also be addressed as part of the PMTCT services and will focus on disclosure as well as to address issues of violence to women at disclosure. Couple counseling will also afford opportunities for providers to address exclusive breast feeding and breast milk substitute if AFASS, and to provide necessary support for HIV-positive mothers and exposed infants.

AIDSTAR will build the capacity of 24 healthcare workers (HCWs) to provide standard package for PMTCT including referral and supportive supervisory skills. This will be integrated through the training of a core group of senior HCWs in quality improvement and in mentoring lower level facilities which will be linked to the sites as part of a referral system. An additional four nursing staff from each of the sites, making a total of 12 nurses, will especially be trained on counseling issues which will include couples counseling, infant feeding counseling and referral systems in order to focus on all issues regarding counseling and referrals.

AIDSTAR will assist the sites to upgrade their facilities to provide the necessary clinical regimens to prevent mother to child transmission based on outcomes of HIV test, CD4 cell count and other clinical staging. HCT services will be provided at point of contact of ANC. The sites will have the capacity to offer appropriate treatment for things such as management of opportunistic infections (OI), nutritional support, antiretroviral therapy and psychosocial support for HIV-positive pregnant women. AIDSTAR will ensure that the facilities will also provide objective and individualized systematic follow-up care for HIV-positive mothers and their infants from initial contact to referral to other follow-up care and treatment.

For HIV exposed infants, AIDSTAR will work with sites to expand diagnostic capacity through collection of dried blood spots (DBS) and linkages to sites with early infant diagnosis (EID) PCR, to strengthen infant follow-up, to introduce earlier antibody testing (9-12 months), and to institutionalize cotrimoxazole prophylaxis.

In order to reinforce family-based HIV care, AIDSTAR will assist the sites to initiate PMTCT services that will be linked to existing community services to support HIV-positive mothers, their infants and family members with the use of a standard care package for the community-based service providers. Community services and support will enhance community awareness of HIV prevention, treatment adherence and counseling on individualized choice regarding infant feeding, as well as other psychosocial support needed. ARV and tuberculosis clinic linkages will also be established and strengthened.

Necessary follow-up of HIV-positive clients from the clinic setting will further be strengthened and loss due to follow-up will be greatly reduced. Linkages to networks of people living with HIV and other community-based and faith-based organizations will be strengthened for service delivery in PMTCT and care for children. HIV-positive women and mothers will be included in service delivery, especially in increasing awareness and advocacy at the community level. HIV-positive women who have accessed PMTCT services will provide periodic awareness programs during ANC to educate clients on the advantages of services being provided. This will increase uptake of PMTCT services and reduce loss to follow-up as well as encourage more women to utilize delivery services in the health care setting.

AIDSTAR will be required to submit monthly data of clients accessing PMTCT and other treatment services to USAID as well as quarterly, semi-annual and annual progress reports of implementation and management. Supportive supervisory services will be provided to staff monthly in collaboration with state government HIV/AIDS programs (SACAs and SASCPs).

Contributions to overall program area:

Activity Narrative: AIDSTAR will support the national scale up plan to improve access to PMTCT services in Nigeria, especially in hard to reach sites in the south-south geo-political zone. Activities in the program area are focused on ensuring that HIV-positive pregnant women get quality healthcare and support and that referral systems are in place to address their health needs. It also mobilizes the focal communities to provide further needed care and support for mothers and children. These activities will contribute to global PEPFAR goals and are consistent with the Nigerian National Plan of Action on PMTCT.

Links to other activities

The PMTCT services will be linked to HCT, adult and pediatric care and treatment, OVC, TB/HIV, laboratory services, and SI.

Population being targeted:

This activity intervention targets women of reproductive age and their partners, infants and PLWHAs. This activity also targets training of health care providers and mothers who will work as peer educators and referral persons.

Emphasis areas:

This activity has a major focus on capacity building and supportive supervision aimed at basic capacity building for sites to implement PMTCT services and other referral services in the health system for the target population. Community mobilization and participation, development of network/linkages/referral systems, and information and communication issues will also be addressed.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1532.09	Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01

Activity ID: 6812.24936.09

Planned Funds: \$98,452

Activity System ID: 24936

Activity Narrative: ACTIVITY DESCRIPTION:
 This activity represents the “fully-loaded” costs of a full-time Nigerian technical program officer for PMTCT. This is a continuing position.
 The PMTCT officer’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) interfacing with the USG/Nigeria team’s prevention and treatment technical working groups. This person will work to ensure a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing PMTCT programs. The officer will also provide a significant level of in-field technical and monitoring support, as the PMTCT program area will be expanding greatly over the coming year, both in terms of dollar value and in terms of numbers of service delivery points. This advisor spends 100% of the time advising in the PMTCT program area.

The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13121

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13121	6812.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$87,140
6812	6812.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$80,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10809.09

Mechanism: USAID Track 2.0 TBD2

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 25967.09

Planned Funds: [REDACTED]

Activity System ID: 25967

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in Health System Strengthening and PMTCT.

This activity will implement PMTCT activities in three states consisting of 2 sites each to provide comprehensive HIV and AIDS prevention, treatment and care. This activity will provide counseling, testing and referral services to 3000 pregnant women. 132 pregnant women will be placed on antiretroviral (ARV) prophylaxis and HAART. Consideration will be given to strengthening the quality of service delivery in order to promote the best outcomes.

This activity will include, as a part of the standard package of care, routine provider initiated opt-out HIV counseling and testing (HCT) in antenatal clinics (ANC) for all presenting pregnant women and in labor and delivery wards (L&D) and the immediate post-delivery setting for women of unknown HIV status with referral for family planning services. Same day results will be provided to clients. This activity will use group and individual pre- and posttest counseling strategies and rapid testing based on the national testing algorithm. Partner testing and couple counseling will be offered as part of PMTCT services to enhance disclosure. The awardee will also establish community and faith-based linkages and will utilize community and home based care services to promote partner testing. Clients will have access to free laboratory services including CD4 counts and STI screening. Free medications including those for OIs as needed and hematinics will also be provided. In addition to receiving PMTCT services, each woman will be referred to ART clinic for further follow-up treatment and care. Her children will be eligible to access OVC services referral for care.

Referral systems that incorporate active follow-up will be put in place to ensure that women requiring HAART are not lost during referral for ARV services. Referral coordinators will be identified at sites and in the communities with their capacities built to carry out needed services. This activity will explore the training and utilization of traditional birth attendants (TBAs) using an appropriate curriculum. This national TBA training curriculum when available will be used to develop skills in conducting safe delivery practices and recognizing early signs of obstetric complications, in addition to the mother-to-mother support groups that the awardee will establish at each site to reach HIV-positive women who choose to deliver outside of the health facility. Trained TBAs will be supervised and monitored by trained health workers in order to ensure that they refer complications and positive pregnant women to the hospital for quality and safe obstetric care. TBAs will also raise awareness and create demand for PMTCT. A focal person at each facility will be responsible for coordinating the tracing of HIV-positive mothers and their infants in the community and linking them back to care. The HIV-positive mothers and their infants will be linked postpartum to ART care and support services which will utilize a family-centered care model.

Emphasis will be laid on counseling on infant feeding options (exclusive breast-feeding for six months or breast milk substitute if Affordable, Feasible, Acceptable, Safe and Sustainable - AFASS) for identified HIV positive pregnant women. For the anticipated number of women not requiring HAART for their own health, the current WHO recommended short course two drug ARV option will be provided. This includes ZDV from 28 weeks with intra-partum sdNVP and a 7-day ZDV/3TC post-partum tail or ZDV/3TC from 34-36 weeks with intra-partum sdNVP and a 7-day ZDV/3TC post-partum tail. Infant prophylaxis will consist of single dose NVP and ZDV for 6 weeks.

HIV exposed infants will be referred for early infant diagnosis (EID) to the pediatric clinic of the health facilities for testing in line with the National Early Infant Diagnosis scale-up plan from six weeks of age using DBS. Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. Awardee will collaborate with Clinton Foundation as appropriate for commodities and logistics support of the EID program. Exposed infants will be actively linked to pediatric care and treatment, while their families will be referred to age-appropriate OVC services. In COP09, PMTCT focal persons at the facilities will keep records of all exposed infants at enrollment soon after birth; informing HIV-positive mothers of the six weeks exact dates for DBS collection. The partner will ensure necessary training is given to 36 identified staff.

Support groups consisting of HIV positive individuals will be established in communities including identified HIV positive pregnant women and mothers and will train five members each from six communities where the sites are located in HCT skills. These 30 trained members of the PMTCT support groups will be engaged in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT, PMTCT and EID/DBS collection for their exposed infants and linked to pediatric care and treatment.

Full and accurate information will be provided on family planning and prevention services. Women accessing family planning services will be offered or referred for HIV Counseling and Testing. Infants of positive mothers will be linked to immunization services and other childcare services. Cotrimoxazole prophylaxis will be provided to infants from six weeks of age until definitive HIV status can be ascertained.

In COP09, the awardee will initiate its program for Continuous Quality Improvement (CQI) in order to strengthen and institutionalize quality interventions. Monitoring and evaluation of the activity's PMTCT program will be consistent with the national plan for patient monitoring. Identified and trained activity-supported PMTCT specialists will work in conjunction with CQI specialists, program managers, clinical associates as well as counterparts at other IPs. PMTCT specialists will join the CQI-led team in conducting site visits at least quarterly, during which they will evaluate PMTCT clinical services, HCT done in the PMTCT setting, the utilization of national PMM tools and guidelines/SOPs, proper medical record keeping, referral coordination, and use of standard operating procedures in PMTCT. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. State agency representatives and the USG will be included in quarterly monitoring and supportive supervision visits and submit reports of visits accordingly.

The activity will collaborate with UNICEF-supported PMTCT sites to provide training on PMTCT service delivery to 36 healthcare workers according to the national curriculum. Trained staff will be used as

Activity Narrative: facilitators to step down trainings to other health care workers in their facilities and in nearby government health facilities as a human capacity development activity.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: This activity will provide counseling and testing services to 3000 pregnant women, and provide ARV prophylaxis to 132 clients. This will contribute to the PEPFAR goal of preventing 1,145,545 new HIV infections in Nigeria by 2009.

LINKS TO OTHER ACTIVITIES: The PMTCT services will be linked to HCT, basic care and support, ARV services, ARV drugs, OVC, TB/HIV, laboratory services, and SI. All identified pregnant women who present at every point of service will be provided with information about the PMTCT program and referred accordingly. ARV treatment services for infants and mothers will be provided through ART services. Basic pediatric care, including TB care, is provided for infants and children through OVC activities. All HIV-positive women will be registered for adult care and support services.

POPULATIONS BEING TARGETED: This activity targets women of reproductive age and their partners, infants and PLWHAs. This activity also targets training of health care providers, TBAs and mothers who will work as peer educators and referral persons.

EMPHASIS AREAS: This activity includes major emphasis on training, supportive supervision, quality assurance/improvement and commodity procurement. Emphasis is also placed on development of networks/linkages/referral systems. In addition, integrating PMTCT with ANC and other family-centered services while ensuring linkages to Mother-Child-Health (MCH) and reproductive health services will ensure gender equity in access to HIV/AIDS services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 9748.26051.09

Planned Funds: \$1,642,065

Activity System ID: 26051

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

The Supply Chain Management System's (SCMS) objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of Prevention of Mother To Child Transmission (PMTCT) commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure PMTCT related supplies and equipments including ARV prophylaxis for HIV-infected pregnant women and newborns, rapid test kits (RTKs), laboratory supplies and equipment, as well as other medical and non-medical supplies used in PMTCT services, for IPs and DoD.

Through its continuous support to and strengthening of commodity supply in PEPFAR PMTCT programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of pregnant women and children under 5 years old.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS related to this area of work. The budget also supports the cost of TA and SS. The budget is broken into the following categories: (1) provision of HIV test kits to all PEPFAR PMTCT programs (DoD; Columbia University (CU)/ICAP; Family Health International (FHI)/GHAIN; Harvard University School of Public Health; APIN+ ; University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION; Catholic Relief Services (CRS)/AIDSRelief ; Catholic Relief Services (CRS)/ 7 Dioceses; The International Foundation for Education and Self-Help (IFESH); LMS-ACT; Africare; AIDSTAR; CHAN; NEPWHAN; ProHealth; Vanderbilt University; Partners For Development; Johns Hopkins University; and URC) and new partners who are deemed eligible for such support under this program area via USAID's APS and CDC's RFA upon award; and (2) provision of other PMTCT related supplies, equipment or technical assistance for three IPs and DoD, each of which has attributed specific funds to SCMS for these services (DoD, ICAP, UMD/ACTION, and URC).

SCMS will support the PEPFAR IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (GON) national treatment guidelines, HIV testing algorithm, marketing authorization status (NAFDAC registration) and GON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals or tentative approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities, depending on the type of supply or equipment.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning. In addition to procuring required test kits for both training and use, SCMS will handle all the test kits donated by GoN to support PEPFAR programs.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by the National Agency for Food, Drug Administration and Control (NAFDAC), SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spending to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS' procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. With support from the SCMS field office, the USG team will coordinate and aggregate HIV test kits requirements on behalf of PEPFAR IPs and DoD. IPs' requests for commodities other than test kits will be addressed also and coordinated with the SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensures that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja, a mode of delivery that will provide significant savings over airfreight.

Activity Narrative: Delivery arrangements will be negotiated with URC, ICAP, UMD and DoD for their specific procurements; SCMS will either deliver to a central location or to point of services as needed. Centrally procured test kits for all PMTCT partners will utilize the SCMS warehousing option as a point of centralized distribution. When local warehousing is needed SCMS will continue to explore viable options and make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP09). For in-country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of pipeline databases. In COP09, Supply Chain Support Teams (to be made up of technical SCMS staff and GON or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GON and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance) in collaboration with appropriate GON and USG entities.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification and forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP08. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web-based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up-to-date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the Logistics and Health Program Management Information Platform (LHPMIP) system.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their PMTCT planned targets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13077

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13077	9748.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$3,575,000
9748	9748.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$2,154,202

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10895.09 **Mechanism:** USAID Track 2.0 ProHealth
Prime Partner: PROHEALTH **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT
Budget Code: MTCT **Program Budget Code:** 01
Activity ID: 25904.09 **Planned Funds:** \$160,000
Activity System ID: 25904

Activity Narrative: In COP08, Pro Health International (PHI) provided counseling and testing to 1,200 pregnant women with training of 10 healthcare workers (HCWs). In addition, at least 80 traditional birth attendants (TBAs) were trained. In COP09 PHI will provide a comprehensive package of PMTCT services in Rivers and Cross River states of Nigeria, through the HARPIN program (HIV/AIDS Reduction Program In the Niger-Delta). Through effective mobilization of resources, community participation and stakeholder involvement, PHI will carry out this multifaceted program by building local capacity and strengthening existing healthcare delivery systems to achieve Prevention of Mother to Child Transmission. In view of this pursuit, PHI will support 4 selected health facilities (with the view of establishing a hub and spoke design of comprehensive treatment) in providing the minimum package of PMTCT – these four facilities will be selected based on strategic capacity to create the most meaningful impact on the long term, provide testing and counseling services to 3,700 pregnant women, of which 3,556 will receive their results; provide ARV prophylaxis to an estimated 104 positive pregnant women and providing training in PMTCT to 25 healthcare delivery staff especially ANC, labor and delivery staff (five from each of the four facilities) while ensuring that national standards are adhered to at the minimum.

In the PHI PMTCT program a 'top to bottom' approach to advocacy will be employed during which stakeholders will be identified and engaged appropriately to ensure a hitch free program execution and also to build a basis for program sustainability. These stakeholders include the community leaders, traditional leaders, religious leaders, policy makers, TBA and youth group leaders, association leaders, and age group leaders. Visits will be made to the State Ministry of Health to introduce and gain support for the program from the ministry. Similar visits will be made to the respective local government councils, SACA, SASCAP, LACA etc., for the same reasons. Other state level committees that are involved in PMTCT will also be visited and intimated on the HARPIN program as a means of integrating the program into already existing HIV/AIDS frameworks. Of particular interest will be the PMTCT/Pediatrics committee. The HARPIN program will also be involved in state HIV/AIDS activities. Facility level advocacy will be aimed at key hospital staff in a bid to gain their support and acceptance of the program. This will translate to a means of achieving target as other staff within the same facility will be encouraged to refer pregnant women to the proper unit where they will access testing and counseling and early enrollment into the program with linkages to treatment and care if found positive. Facility level advocacy to nearby facilities without PMTCT services will further accomplish this objective. Since gender disparities like gender-based violence, female coercion, trans-generational sex, and inequitable gender roles are known drivers of MTCT, community gatherings, women group meetings, support group meetings, local government staff meetings, and other gatherings will be used as an avenue to address these gender disparities and disseminate gender-based messages that affect PMTCT, as well as avenues to encourage the practice of infant male circumcision. These are with the aims of reducing HIV transmission, reducing stigma, and making the stakeholders gain acceptance of the program down to the grassroots level.

The most cost-effective health facilities will be used and this will be achieved by selecting secondary health facilities where there is high traffic of patients, especially pregnant women. Where these are not available the most viable PHCs will be utilized. These health facilities will be supported to provide counseling and testing for pregnant women, ARV prophylaxis to prevent MTCT, counseling and support for safe infant feeding practices, and finally family planning counseling or referral. These will be in accordance with the national guidelines. A viable network of comprehensive prevention, treatment, care and support will be established between these health facilities and other providers of HIV/AIDS care, treatment and support services to facilitate patient referral and linkage to other services that may not be available at the supported health facilities. Health facilities will be supported to provide basic laboratory services by providing technical assistance with donation of laboratory materials from the free healthcare program in the Niger Delta. Of particular interest would be establishing a 'hub and spoke' design of ARV treatment and PMTCT services, should more funds be available as a means of creating a complete continuum of diagnosis and treatment for those who are positive and to prevent client loss.

Both formal and hands-on training will be provided to both lay counselors and the health facility staff (especially labor and delivery staff) with emphasis on the former so as to avoid over-burdening the local health workforce, should that be the case. Attempts will be made to mostly use PLWHAs as the lay counselors. They will provide counseling and testing for all ANC, labor and delivery clients using the provider-initiated opt-out approach while ensuring that patients' right to refusal are guarded. Post-test counseling will include an assessment of the mother's risk of infection as well as information on reduction of and the risks of MTCT. Partner testing with partner focused counseling techniques will be utilized while ensuring that test results will be made available on the same day using the serial algorithm. In addition to the regular post test counseling, clients that test positive will be linked to the prevention with positives program as a means of preventing further transmission or re-infection leading to increased viral load. Clients that test negative will be counseled to stay negative. Infants of mothers that test positive will be referred for early infant diagnosis (EID). This will enable prompt referral for pediatric treatment, care and support facilities including the OVCs.

In the PMTCT program PHI will identify and provide a complete course of ARV prophylaxis to 104 positive pregnant women with their babies of the 3,556 that will receive HCT results. Following confirmatory tests, CD4 estimation and subsequent staging at designated referral sites will be carried out. All positive pregnant women will be given sdNVP to take home at their first visit. HIV positive pregnant women will be categorized into those needing HAART and those requiring conventional prophylaxis. Client with high CD4 counts (above 350) will receive ARV prophylaxis, while those with low CD4 counts (below 350) will often require HAART and will be linked to a referral ARV center. The other two-thirds who will require conventional ARV prophylaxis will then be commenced on the current WHO recommended short course ARV prophylaxis which will include ZDV from 28 weeks, intrapartum NVP, and a 7 day ZDV/3TC post-partum tail. Alternatively, a regimen consisting of combivir with nevirapine will be given at 36 weeks or during labor. Following delivery, all HIV-positive women will be linked to comprehensive treatment, care, and support sites especially where pediatric and adult services are co-located and long term follow-up instituted. Infant prophylaxis will be according to the Nigeria National PMTCT Guidelines, which recommend a single dose of NVP with ZDV for 6 weeks and will be accessed at referral sites. All exposed infants with their mothers will be linked with care and treatment services including providers of cotrimoxazole

Activity Narrative: suspension pending a negative virologic diagnosis after EID testing.

Training will be provided to healthcare workers on counseling and support for safe infant feeding, which will be provided at the 4 supported health facilities. HIV-positive women will be counseled pre/postnatally on breastfeeding using the WHO/UNICEF curriculum adapted for Nigeria. Positive mothers will be counseled and supported on the use of exclusive breastfeeding with early weaning as one option. They will also be intimated on the pros and cons of other options like the exclusive use of breast milk substitute (BMS) and allowed to make an informed choice, in accordance with the national program. Linkages will be established with proximal OVC programs for the provision of safe weaning nutritional supplements, provision of water guard, bed nets and other home-based care materials. Also, linkages will be established with support groups that will provide education and ongoing support around infant feeding choices and prevention with positives. PHI will consider the affordability, feasibility, acceptability, sustainability and safety of each of the services offered. Direct training for a total of 25 HCWs including community based health workers will be provided using the National PMTCT Training curriculum. These HCWs will also be provided with follow up and mentoring by PHI PMTCT specialists to ensure proper and adequate use of knowledge and skills acquired during training. PHI will conduct referrals and linkages for family planning to accessible centers while group counseling will be provided in other areas like nutrition and general prevention of HIV/AIDS.

The HARPIN PMTCT program will be closely monitored by the PHI strategic information unit headed by the strategic information officer. National PMTCT registers and summary sheets will be provided to the supported facilities. Training, in addition to monitoring and evaluation, will be provided on proper data collection and entry methods as the means to data quality assurance. Site data will be collated and collected weekly following which it will be entered into the master data sheets and analyzed for reporting and action. Qualitative assessments will also be carried out by regular site visits by PHIR staff and external assessors. As the need arises, PHI will also provide assistance to the state committee for site visits. Monthly reports will be sent to PHI headquarters in Jos while quarterly reports will be sent to USAID and the GON (NACA and NASCAP).

Partnerships will be developed with other USG and non-USG implementing partners to build PHI's capacity by way of adopting best practices; leveraging on laboratory and testing services like CD4 count and PCR estimation for EID; capacity building and mentoring, etc. These will help to boost PHI's capacity in the program year as well as adding value to its PMTCT service delivery.

The emphasis areas for this program are building of local capacity and network/linkage formation. Local health workers that reside within the target communities will be given priority during selection to ensure an increase in the local pool of human capacity. Linkages and referral paths will be created with other IPs, FBOs, CBOs and CSOs as a means of ensuring that clients and patients do have easy access to needed services promptly.

PHI will hold a two-day training for traditional birth attendants with a view to building the requisite community framework for the mobilization and referral of pregnant women within the community. The TBA training is aimed at improving access to PMTCT services especially in the rural regions where TBA services are preferably patronized.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2768.09

Prime Partner: Columbia University Mailman School of Public Health

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 6622.28541.09

Activity System ID: 28541

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,327,200

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, ICAP will continue to work in the six states of Kaduna, Cross River, Benue, Kogi, Akwa Ibom and Gombe.

A total of 100 existing Government of Nigeria (GON), mission and private health facilities will continue to receive support to provide PMTCT services and community outreach activities through existing hospital networks. These networks, which will include 30 secondary health facilities and 70 primary health centers (PHCs), will provide HIV counseling testing and results to 57,100 pregnant women and be linked into appropriate care and treatment programs.

ICAP will train 650 healthcare workers (HCWs), support infrastructure, purchase equipment and supplies, monitor, evaluate and provide supportive supervision to the sites. ICAP, with other implementing partners, will continue to support the implementation of the PEPFAR-Nigeria local government area (LGA) coverage strategy in Kaduna and Kogi, ensuring the provision of PMTCT services in at least one health facility in every local government area for designated states. In these states ICAP will actively engage the state level ministry of health to improve leadership and management of PMTCT programming in each state. Active efforts will be made to facilitate the public health approach in taking PMTCT services to the PHCs and community levels.

In COP09, ICAP will support comprehensive PMTCT services for communities, including HIV testing for pregnant women. ICAP will work to increase uptake of these services, including routine antenatal care and facility-based deliveries. ICAP will support PMTCT activities through these approaches: HIV counseling and testing (HCT) for all pregnant women (ANC, labor and postpartum period); ARV interventions dispensed in ANC and maternity for HIV-positive women; integrated routine group counseling into other health services attended by pregnant women and women of childbearing age; provision of services for well or sick children (immunization clinic); linkages to family planning and sexually transmitted infections (STI) clinics; and integration of HAART into maternal child health (MCH) services at comprehensive ART sites. Pregnant women, especially HIV-positive mothers, will be supported to deliver in health facilities through the provision of the national safe motherhood program delivery kits ("mama kits"). Mothers-to-Mothers support groups will be established and/or strengthened to increase facility-based delivery and reduce the number of women lost to follow-up. ICAP will support and train mentor mothers who will spearhead mother-to-mother support groups at PMTCT sites. Mentor mothers will conduct peer counseling to newly diagnosed HIV-positive pregnant women, adherence counseling to women on ARV prophylaxis or HAART, and default tracking for positive mother-baby pairs. The use of ART for PMTCT will follow the National PMTCT guidelines. HIV-infected women ineligible for ART will be offered a combination of zidovudine (AZT) from 28 weeks or Combivir from 34/36 weeks and single dose nevirapine (SD-NVP) at onset of labor. All positive women ineligible for HAART will receive a Combivir tail as part of their regimen. Women presenting in labor will be offered rapid testing and, if HIV-infected, provided with SD-NVP. All infants born to HIV-infected women will be provided with SD-NVP at birth and AZT for 6 weeks. 3,300 mother-baby pairs will receive ARV prophylaxis. Through appropriate infant feeding counseling and follow-up, ICAP will provide support for a mother's infant feeding choice as well as provide ongoing psychosocial and adherence support. HAART eligible women (20% of positive women) will be enrolled at the nearest comprehensive site through referral and linkages. Health facilities will be supported to provide basic laboratory services and, if not available on site, will be linked to a laboratory in which CD4 testing can be performed by logging samples through specimen transport systems. ICAP will provide support for CD4 capability to high volume PHCs. Exposed infants will be actively linked to pediatric care and treatment through under-5 cards issued in labor and delivery. Women who test HIV-negative will receive prevention counseling and appropriate support to remain negative.

ICAP programming will emphasize group counseling and opt-out testing with same day results at ANC, labor and postpartum service delivery points. Partners, households and children will be linked into HCT. ICAP will actively promote community-based PMTCT services through CBOs to provide "doorstep" counseling services to pregnant women, their partners and other household members during home-based care activities. Clients will be counseled on the beneficial effect of couple/partner HCT and disclosure on adherence to infant feeding choice. Eligible HIV-infected women will be assessed and linked into care and treatment services including ART and cotrimoxazole prophylaxis (CTX). Other activities are enhanced pediatric care including CTX from 6 weeks of age and promotion of best practices for infant feeding, nutritional support and linkages to family planning services. ICAP will ensure that 330 HIV positive pregnant and lactating women are provided with food and nutritional supplementation. In addition to receiving PMTCT services, each woman will be referred to OVC services upon her HIV diagnosis in order to facilitate care to all of her affected children. ICAP will actively encourage male circumcision as a preventive measure especially in Kaduna and Gombe states.

Identification and follow-up of HIV-infected and exposed children living within the community will be a priority with CBOs/FBOs assisting with adherence issues and defaulter tracking. ICAP will continue to implement a basic minimum package of care services to exposed infants at PMTCT/HCT-only sites. This would ensure that exposed infants are linked into care and prevent loss to follow-up. The minimum package includes: simplified Exposed Infant Registers for data capturing, prophylactic ARV syrups (NVP and AZT) within exposed infant/immunization clinic, HCT services at immunization clinics and for women with unknown HIV status. To implement these services at the PHC level, ICAP will train PHC staff to encourage task shifting in the care of HIV exposed infants. ICAP will also support training of non-lab personnel in HCT and utilize lay counselors as well as peer health educators to improve care and support services.

ICAP and its sub-partners will train 650 HCWs using GON curricula to provide quality services to HIV-infected pregnant women. The training will focus on prevention messaging (including balanced ABC messaging as appropriate), STI screening and treatment, safer sex, nutrition, malaria prophylaxis, use of ITNs and safe water. It is estimated that about 15% of babies born to HIV-positive women will become HIV-infected through mixed feeding. To reduce this risk, ICAP will provide unbiased infant feeding counseling to mothers based on WHO/GON recommendations (exclusive breastfeeding or use of breast milk substitute based on AFASS criteria). ICAP will facilitate the government's efforts in improving infant feeding counseling by supporting a zonal training of trainers on HIV and infant feeding. ICAP will also support infant

Activity Narrative: feeding meetings and reprinting of National guidelines. 100 additional health care providers will also be trained to educate and assist mothers make appropriate infant feeding options and discourage mixed feeding practices.

Home deliveries remain a very strong preference among many communities in Nigeria as two-thirds of pregnant women either deliver with birth attendants or in their homes (DHS, 2005; Piper CJ, 1997). In order to reduce the number of HIV-positive mothers and their exposed infants lost to follow-up after home deliveries, ICAP will support community sensitization and organization and capacity building of 200 traditional birth attendants (TBAs) across communities surrounding PMTCT sites in the six ICAP- supported states. TBAs will be trained on basic HIV prevention and infection control, the need for HIV counseling and testing especially among pregnant women, and their role in referrals of newly delivered mothers and their babies for follow-up care. Retired midwives and healthcare providers will be identified to monitor effective case finding and referrals of pregnant women, newly delivered mothers and their exposed infants to nearby PMTCT sites for enrolment into care.

ICAP will address the critical challenge of limited/lack of male partner involvement in PMTCT services and will strengthen male involvement through gender transformative activities. Through 'Men taking Action' ICAP will strive to increase service uptake, promote positive male norms and behaviors (especially as it relates to discordant couples) and help reduce stigma and discrimination through community-based activities. These activities include community education/behavioral change communication (EBCC), outreach HCT at male-friendly HIV/AIDS events, use of trained community leaders/gate keepers to conduct EBCC, deliver accurate messages related to PMTCT and offer HCT to male partners of pregnant women attending ANC.

ICAP will work in close partnership with GON on HIV early infant diagnosis, offering HIV infant diagnosis testing in line with the National Early Infant Diagnosis Initiative from 6 weeks of age using dried blood spots (DBS). HIV-positive infants will be enrolled and linked to appropriate care and treatment. A joint USG/GON/ICAP team will provide ongoing monitoring and evaluation (M&E), provide supportive supervision, and contribute to the national PMTCT program's M&E efforts. ICAP is also earmarking USD125,000 for procurement of goods and supplies through the SCMS mechanism.

CONTRIBUTIONS TO OVERALL PROGRAM GOAL:

ICAP and its sub-partners target states with some of the highest seroprevalence rates in Nigeria. Providing services at the primary and secondary levels assists the GON in achieving its goal of decentralizing PMTCT services beyond the tertiary care level. ICAP will significantly contribute to an increase in PMTCT services by supporting 100 existing primary and secondary healthcare facilities, (government, mission and private facilities) and also indirectly supporting GON ministries/programs in their rapid scale-up plans for PMTCT. ICAP will partner with local institutions with appropriate expertise and capacity to reach out to primary facilities in line with national PMTCT scale-up plans.

The targets of 62,817 pregnant women counseled and tested and 3,300 mother-infant pairs for ARV prophylaxis will be reached by the end of COP09. This will significantly contribute to the emergency plan targets of increased national coverage and reduction in PMTCT transmission. ICAP will strengthen national and state PMTCT programs by: support of capacity building of master trainers for PMTCT services; production of GON-approved infant feeding support tools; printing of national PMTCT registers; and support of regular coordination meetings in collaboration with other partners at national and state levels. ICAP will also strengthen the programmatic skills of partner community and faith-based organizations (CBOs, FBOs) in line with GON sustainability plans.

LINKS TO OTHER ACTIVITIES:

This activity is related to activities in adult and pediatric care and treatment, OVC, counseling and testing, SI, lab, and sexual prevention. Provider-initiated opt-out HCT will be offered to all pregnant women at ANC and to their partners. Women presenting in labor will have rapid HIV tests and receive single dose NVP if positive. Infants born to HIV-infected women will access ART (single dose NVP and ZDV) and CTX prophylaxis. Infant PCR HIV testing via DBS will be conducted, with HIV-positive infants linked to appropriate OVC care and treatment services. Linkages will enable HIV-positive women and family members access to support groups. All pregnant women will be linked into family planning services. Partner counseling/communication will be promoted through sexual prevention activities. M&E activities at PMTCT sites will contribute to the national PMTCT program's M&E efforts using national PMTCT management information systems.

POPULATIONS BEING ADDRESSED:

Pregnant women, postpartum mothers, their partners and household members, including HIV exposed infants and HIV infected children, will be targeted and supported so that they have full access to HCT at multiple entry points of care. HIV infected women will be provided with PMTCT/PMTCT-plus services, while HIV infected infants/children and infected partners will access care and treatment services, including OVC services. Uninfected women will be supported to remain HIV-negative. CBOs, FBOs, support groups and men will also be targeted so that they participate fully in community based PMTCT services. Healthcare providers will be trained on providing services while the management skills of GON policy makers and implementers at all levels will be improved to enable them to manage programs effectively.

EMPHASIS AREAS:

Emphasis in this activity will be on training, increasing gender equity in HIV/AIDS programs, human capacity development and SI.

Gender plays an important role in determining a woman's vulnerability to HIV infection and violence, her ability to access care and treatment, and her ability to cope when infected or affected. This activity will promote gender equity in HIV/AIDS programs and increase access to services by the vulnerable groups of women and children. Emphasis will also be on primary prevention of HIV infection and prevention of unintended pregnancies among women living with HIV. HCT services will be integrated in reproductive health and family planning (RH/FP) services, while all PMTCT clients will be referred to access RH/FP

Activity Narrative: services post-delivery. The health status of HIV-positive women will be further enhanced by actively screening them for TB. Recognizing the impact of male involvement on a woman's access to PMTCT and HCT services, ICAP will use strategies to enhance partner testing, engagement in care and overall awareness of HIV/AIDS.

In the public health approach, tasks can be shifted from more specialized to less specialized healthcare workers. At comprehensive/high volume PMTCT/HCT-only sites "Mentor Mothers" will be trained to spearhead support groups. They will also be trained to participate in peer/adherence counseling and tracking of defaulting mother-infant pairs, thus further leveraging task-shifting. At the state government level, training of trainers will build the capacity of state PMTCT task force members, provide an opportunity for task shifting, and promote sustainability by engaging these state personnel in clinical system mentoring/supervisory activities at sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13021

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13021	6622.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$2,000,000
6699	6622.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$700,000
6622	6622.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$600,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$216,666

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$35,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,345

Education

Water

Estimated amount of funding that is planned for Water \$23,100

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9401.09

Prime Partner: Partners for Development

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 21682.26807.09

Activity System ID: 26807

Mechanism: HHS/CDC Track 2.0 PFD

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$64,000

Activity Narrative: ACTIVITY DESCRIPTION

In COP08, Partners for Development (PFD) and their faith-based organization (FBO) sub-partner the Daughters of Charity (DC) implemented the PMTCT component of their CDC funded project entitled "Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. PFD and DC worked in two sites located in Delta and Akwa Ibom states providing PMTCT services through a combination of community based organizations (CBOs) and facilities with a target of reaching 1,800 pregnant women. In COP09, PFD will continue to provide PMTCT services to the same target population and plans to reach 2,000 pregnant women. Utilizing a network model with primary health care outposts linked to secondary "hub sites" that provide more complex PMTCT care and lab testing, in COP09 2,000 women will receive PMTCT counseling and testing and receive their results. A total of 2 PMTCT hub sites will be supported linked to at least 10 LGA level primary health care sites. Sites are located in the two states of Akwa Ibom and Delta. PMTCT standalone points of service in the network are linked to adult and pediatric ARV care through utilization of a PMTCT network. Using the referral SOP, HIV-positive pregnant women who require HAART are linked to an ARV point of service. Particular emphasis is placed on the involvement of community health workers who are the primary source of care for women in the pre and post-partum period and are integral to a program that seeks to engage women where they seek care. This program will work closely with the care and support team to maximally engage community based PMTCT and ARV linkages. In addition to receiving PMTCT services, each HIV-positive pregnant woman will be referred to OVC services in order to facilitate care for all of her affected children.

Opt-out HCT with same day test results will be provided to all women presenting for ANC and untested women presenting for labor and delivery. All women are provided pre-test counseling services on prevention of HIV infection including the risks of MTCT. Partner testing is offered as part of counseling through referral to on-site HCT centers. A step down training of couple counseling and a prevention with positives package will be utilized in all sites. This will provide an opportunity to interrupt heterosexual transmission, especially in discordant couples. Master trainers for HCT will train labor and delivery staff in the use of HIV rapid tests for women who present at delivery without antenatal care.

As a result of these PMTCT HCT activities, PFD anticipates that 2,000 HIV-positive pregnant women will be tested with an estimated 200 identified as HIV-positive and provided with a complete course of ARV prophylaxis. HIV-positive women will have access to supported lab services including CD4 counts without charge. This will be available on-site or within the network through specimen transport. Women requiring HAART for their own health care are linked to a network ARV service provision point. For the anticipated 2/3 of women not requiring HAART, the current national PMTCT guidelines recommended short course ARV option will be provided which includes ZDV from 28 weeks, ZDV/3TC from 34/36weeks and intra-partum NVP, and a 7-day ZDV/3TC post-partum tail. All HIV-positive women will be linked post-partum to an HIV/ARV point of service, which will utilize a family centered care delivery model whenever feasible, co-locating adult and pediatric care and providing a linkage to family planning services. Women frequently face barriers to facility-based treatment access as a result of demands on them for childcare and to contribute to the family economic capacity. To address this, outreach services will be integrated at the community level to bring services to women who otherwise will opt-out of care and treatment. HIV-positive women will be counseled pre- and postnatally regarding exclusive breast feeding with early cessation or exclusive breast milk substitute (BMS) if AFASS using the National infant feeding curriculum. Couples counseling or family member disclosure will be utilized to facilitate support for infant feeding choices. As part of OVC programming, PFD will provide safe nutritional supplements as well as water guard, bed nets, and other home based care items. HIV-positive women will be linked to support groups in their communities, which will provide both education and ongoing support around infant feeding choices and prevention for positives. This will ensure that HIV-positive women remain in care throughout pregnancy, receive ARV prophylaxis, are supported in their infant feeding choice, access EID, and are linked to HIV care postpartum, thereby reducing loss to follow-up throughout the PMTCT cascade.

Infant prophylaxis will consist of single dose NVP with ZDV for 6 weeks in accordance with Nigerian National PMTCT Guidelines. Cotrimoxazole suspension is provided to all exposed infants pending a negative virologic diagnosis. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. PFD will actively participate in the national early infant diagnosis initiative by providing infant for DBS testing from 6 weeks of age. A systematic coordinated approach to program linkage will be operationalized at the site level and program level including linkages to adult and pediatric ART services, OVC services and basic care and support. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators.

PFD will train 5 healthcare workers from each of the 2 sites including community-based healthcare workers in the provision of PMTCT services and infant feeding counseling. The national PMTCT training curriculum, national infant feeding curriculum and new national training tools will be utilized.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will provide counseling & testing services to 2,000 pregnant women, and provide ARV prophylaxis to 200 mother and infants pairs. This will contribute to the PEPFAR country specific goals of preventing 1,145,545 new HIV infections in Nigeria by 2009.

LINKS TO OTHER ACTIVITIES

This activity is linked to care and support, OVC, ARV services, laboratory infrastructure, sexual prevention, and SI. Prevention for positives counseling will be integrated within PMTCT care for HIV-positive women. The basic package of care provided to all HIV-positive patients will be available to HIV-positive pregnant women. Women requiring HAART for their own health care will be linked to ARV services. Lab staff will ensure that HIV testing provided within the PMTCT context is of high quality by incorporating PMTCT sites into the laboratory QA program.

POPULATIONS BEING TARGETED

This activity targets pregnant women who will be offered HCT, HIV-positive pregnant women for ARV

Activity Narrative: prophylaxis and infant feeding counseling, and exposed infants for prophylaxis and EID.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity is related to issues of gender equity since treatment will be provided to women and will promote male involvement in PMTCT programming.

EMPHASIS AREAS

The major emphasis area is training, as most supported personnel are technical experts. A secondary emphasis area is commodity procurement as ARVs for prophylaxis and laboratory reagents for infant diagnosis will be procured. Another secondary emphasis area is network/referral systems as networks of care will be supported which are critical to ensuring quality of care at the primary health center level, identifying women in need of HAART, and ensuring access to HAART within the network. In addition, partners and PABAs will be identified for linkage to care and support services.

MONITORING AND EVALUATION

CAMP clinics will track the number and proportion of women attending antenatal care each year who receive PMTCT services and the number of HIV-positive women receiving antiretroviral prophylaxis. The quality of PMTCT sites will be monitored through indicators such as reduction in waiting time experienced by participants, the percentage of participants who complete their treatment, and the number of HIV-positive women who undertake peer education activities in their communities about the benefits of VCT.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21682

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21682	21682.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$135,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,020

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1561.09

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 29677.09

Planned Funds: \$24,500

Activity System ID: 29677

Activity Narrative: FY08 Collaborative Nigeria NG.08.0203 Multi-country PMTCT How to Optimize PMTCT Effectiveness (HOPE) Project

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$24,500

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$18,773,234

Program Area Narrative:

PEPFAR programming in the area of sexual transmission prevention utilizes current data on the drivers of the epidemic and the most-at-risk populations (MARPs) for program strategy and targeting. Preliminary results from the 2007 National HIV/AIDS and Reproductive Health Survey (NARHS-Plus) highlight significant aspects of the Nigerian epidemic. National coverage of HIV testing is only about 14.5%. Overall HIV prevalence was found to be 3.6%. HIV prevalence was higher among females (4.0%) than males (3.2%) and slightly higher in urban areas (3.8%) compared with rural areas (3.5%). It was highest in the North Central zone (5.7%) and lowest in the South East zone (2.6%). It was highest among respondents with primary education (4.6%) and lowest among respondents that had no education (2.7%). HIV prevalence was highest among the 30-39 years age group (5.4%) and lowest among the 15-19 years age group (1.7%). HIV prevalence was much higher than the national average among females who were separated (10.8%), divorced (10.9%) or widowed (10.4%). Sixty percent of respondents believed that they were at no risk of HIV. The prevalence of HIV was higher among those who rated themselves as high risk for infection than among those who felt they were at a low risk. HIV prevalence was higher among respondents who have exchanged sex for gifts than among those who did not. The rate of condom use with a non-marital partner was generally low (49%) across the nation, with the least use in the North-East, North-Central and North-West zones.

The 2007 Integrated Bio-Behavioral Surveillance Survey (IBBSS) identified female sex workers (FSWs) as the sub-population most affected by HIV/AIDS in Nigeria (30% Prevalence). HIV prevalence was also high among men who have sex with men (MSM; 13.5%). The IBBSS also revealed a generally low risk perception among MARPs (FSWs, MSM, injecting drug users (IDU), transport workers, police, and armed forces), at less than 20%. Evidence from these recent studies show that the drivers of the epidemic in Nigeria include transactional sex, low risk perception, high risk behavior and sexual networks among MARPS, multiple and concurrent partnerships (MCP), poor sexually-transmitted infection (STI) management, and vulnerability arising from economic challenges.

In COP08, the Sexual Prevention program was redesigned based on suggestions from a prevention technical assistance visit, results of recent surveys, and the introduction of the National HIV Prevention Plan. USG/Nigeria's strategy for COP09 Sexual Prevention programming will build on the COP08 strategy and be refined based on the currently available evidence. Focus areas will include: (1) development of a comprehensive package of services to promote abstinence, fidelity and related community and social norms; (2) development of a comprehensive prevention package of services for persons engaged in high-risk behaviors (PEHRBs), promoting correct and consistent use of condoms as well as STI management; (3) implementation of the minimum prevention package of services targeting the general population and targeted programming for MARPS guided by evidence from recent studies, taking into account the drivers of the Nigerian epidemic; (4) continued growth in the capacity of faith-based and community based organizations (FBOs and CBOs) to implement high-quality prevention programming; (5) integration of comprehensive prevention programming in care and treatment services including Prevention with Positives; and (6) evidenced-based programming within the national and USG prevention portfolios.

USG/Nigeria, through its implementing partners (IPs), will continue to provide a minimum package of services with particular attention to intensity and dosage of messages. Best practices in abstinence and be-faithful (AB) include: peer education model; post-exposure prophylaxis (PEP) plus model; curriculum and non-curriculum based school programmes; community awareness campaigns; interventions that address income generation activities, and build essential life skills; and workplace programmes providing interventions targeting adult males and females that encourage greater involvement of people living with HIV/AIDS (GIPA). Best practices in condom and other prevention (C&OP) program area, include: appropriate condom messaging; structured peer education using systematic training curricula; STI management; interventions addressing vulnerability issues like income generation activities, and essential life skills for young women engaging in informal transactional sex; and condom services, including education of sex workers on the use of water based lubricants, condom negotiation skills and condom use. Messages related to alcohol use and its attendant disinhibition effects will feature as a cross cutting message for target populations. IPs will utilize a minimum of three of these interventions to count a target as reached, and these will be reinforced with mass media activities. It is envisioned that, following the data triangulation exercise, population-specific packages will be recommended based on evidence from successful practices in the field.

In COP09, USG/Nigeria will focus on expanding services to reach specific high risk populations located within the 36 states and the Federal Capital Territory (FCT) of the Federation, as guided by available epidemiological evidence. This expansion effort will be guided by the distribution of the target populations as well as HIV prevalence rates. At the community level, the Condoms and Other Prevention program will target "hot spots" where high risk behaviors are more likely to occur. The Priorities for Local AIDS Control Efforts (PLACE) method, a new assessment and monitoring tool to identify potentially high transmission areas, will guide deployment of services.

Key achievements to date include: a successful mass media campaign (Zip-up) targeting youth and males in the general population; successful dissemination of the national prevention plan with roll out of its recommended minimum package of services; and successful conduct of surveys such as the IBBSS and NARHS. The diversification of the AB portfolio has been another significant achievement and has resulted in the deployment of varied combinations of partners and strategies addressing specific high risk populations. The Winrock vulnerability intervention strategy resulted in 6.7% of their target population (i.e., FSWs) taking up alternative means of livelihood, in addition to increased correct and consistent condom use in the target population.

In COP09, USG/Nigeria will continue to encourage mutual fidelity and avoidance of multiple and concurrent partners, through targeted mass media approaches and specific community-based interventions that address social norms and attitudes. A reinforcement of the successful Zip-up campaign and peer education plus models will target youth. These will be complemented with the "parents as counselors" model that encourages "A" messaging from an early age. The expanded scope of curriculum-based school HIV/AIDS program achieved in COP07 and COP08 will be reinforced in COP 09.

Programmatic gaps identified in COP07 and addressed through new procurement mechanisms in COP08 will continue to be addressed in COP 09. IPs will build sustainability through programming at the grass-root level and, when capacity reaches a level of sustained implementation, the IP will move to a new community, while Community Reach/PACT will provide continued support to these local CBOs and FBOs for their behavior maintenance interventions. This will expand the national prevention program to rural communities.

A data triangulation exercise will be conducted with COP08 funding to provide input to COP09 prevention programming through analysis of available qualitative and quantitative data. In COP09, a second wave of IBBSS will be conducted and will include a wider range of MARP groups and a larger sampling frame covering all geo-political zones of the country.

COP09 will also target efforts at special populations to address the 'bridge' phenomenon. Efforts towards reaching transport workers and adult males will be replicated in more states and sites across the country. Current services to the military will be expanded to reach other uniformed services. The C&OP program will be strengthened to provide priority population groups (e.g. female sex workers, male and female out-of-school youths, members of the uniformed services, incarcerated populations, long distance truck drivers, and taxi drivers) with direct access to quality counseling and testing services, STI treatment, and condom services, including messages on consistent and correct use guided by the findings of the 2007 IBBSS.

Current work with FSW will be expanded to non-brothel settings and will include STI management, counseling and testing services, provision of condoms and training on condom negotiation skills, with appropriate information on use of water-based lubricants. Training of FSWs in vocational skills (as income generating alternatives) will reduce dependence on commercial sex activity. Information will be provided and awareness created on the need for alcohol use reduction as well as condom use with boyfriends, spouses and non-paying clients to ensure risk reduction.

Interventions with transport workers will be continued through successful peer education models and condom services in motor parks, selected transport corridors and recreational spots of transport workers. Major transport corridors will be targeted with mobile and "moonlight" voluntary counseling and testing (VCT) services provided at truck stops and parks to encourage transport workers to know their status, and receive behavioral counseling on multiple partner reduction, as well as correct condom use with every sexual encounter. STI treatment services will be provided along these major corridors.

Work with high risk-youth will be refined to develop gender sensitive programming to meet the prevention needs of young, unmarried out-of-school females and males. The peer education model will be used as a channel to offer appropriate condom messages, essential life skills training and address the risks of multiple partnerships, intergenerational and transactional sex. Messages promoting abstinence (primary or secondary) as the most effective form of prevention will also be given.

In COP07, a formal labor force program with AB and appropriate C&OP messaging and services was developed to reach men and women in the workplace. This mechanism was sustained in COP08 and will be continued in COP09.

In COP09, to ensure comprehensiveness of HIV/AIDS services, steps will be taken to integrate ABC with care and treatment services. In this effort, treatment partners will continue to integrate prevention services into care and treatment settings. Also, implementing partners providing care and treatment services will continue to provide a minimum package of prevention services for people living with HIV through the adoption of a comprehensive Prevention with Positives (PwP) package. This PwP package will have a community component in line with the National Response, which will be implemented through support groups and CBOs. Several partners will provide appropriate information on correct and consistent use of condoms as well as provide condoms to PLWHA. The majority of costs associated with PwP will be offset under care and treatment. In addition, prevention services will be integrated into other clinical services, including family planning and reproductive health. STI treatment, rather than referrals, will be provided in clinical settings for HIV positives and MARPS. This intervention will be implemented using the recently adapted HIV Prevention in Care and Treatment Settings Prevention Package, which includes several training modules and job aids.

In COP09, the USG/Nigeria Prevention technical working group (TWG) will continue to implement the peer and participatory rapid appraisal for action (PPRAA) approach to help foster coordination and harmonization of partner activities. The combined USG Nigeria/IP/GoN prevention TWG (including state and local government levels) will visit various partner implementation sites together to assess their programs and interact with recipient communities and target populations. This allows for constructive criticism of strategies and a sharing and adoption of successful strategies without inhibition since they participate as peers with similar goals and objectives. This also helps partners and local authorities to leverage resources from one another and foster referral linkages.

The USG continues to collaborate with the UN and other organizations for condom commodities. Collaboration with DFID to leverage condoms from their social marketing programs will continue. UNFPA provides female and male condoms through federal and state government machinery. Quantification for condom supplies nationwide will be hinged on the 5-year national condom strategy. These mechanisms will be further exploited in COP09 with partners assisted to provide quantifications disaggregated according to male and female condoms. In COP09, the principle of the "three-ones" will remain the overarching principle guiding USG collaborations with GON through compacts, grants and cooperative agreements, which will aim at motivating the GON to provide enabling policy environment for, and efficient coordination of, an effective national response to the epidemic.

The GON's 2003 National Policy and 2005-2009 Strategic Framework for Action provides a comprehensive framework for HIV/AIDS control efforts. Results from the recent IBBSS and NARHS-Plus studies provide evidence for policy support for targeted programming for vulnerable populations (MSM, IDUs). However, victims of trafficking as a vulnerable group presents a gap that will require programmatic intervention. The National Prevention Technical Working Group (NPTWG) inclusive of the USG Prevention TWG is providing technical leadership and direction for HIV prevention activities in Nigeria. The two-year National Prevention Plan developed by the NPTWG continues to provide programmatic guidelines for the National Prevention response. In COP09, the USG team will further support the NPTWG to develop National Sexual Prevention curriculum and guidelines in an effort to ensure harmonization of prevention efforts in Nigeria.

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9401.09	Mechanism: HHS/CDC Track 2.0 PFD
Prime Partner: Partners for Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 21686.26808.09	Planned Funds: \$90,000
Activity System ID: 26808	

Activity Narrative: This activity is linked to counseling and testing, basic care and support, TB/HIV, OVC, strategic information, and PMTCT.

In COP 08, Partners for Development (PFD) worked collaboratively with their sub-partner, the faith-based organization (FBO) Daughters of Charity (DC) to provide services aimed at preventing transmission of HIV/AIDS through two project sites: 1) the Assumption Clinic in Warri, Delta State; and 2) Catholic VCT Center, Ikot Ekpene, Akwa Ibom state. Targets for COP08 abstinence, be faithful, and condoms and other prevention (ABC) programming included reaching 4,091 individuals (2,000 males and 2,091 females) with AB prevention messages and 2,727 (1,527 males and 1,250 females) with other behavior change prevention messages from 2 outlets, and 2,000 individuals reached through abstinence only. These activities were implemented under the "Counseling, Care and Anti-retro Viral Mentoring Program" or CAMP, the name of PFD's CDC-funded project.

In COP 09, CAMP will support the government of Nigeria in providing timely, accessible, factual and balanced ABC programming in line with the overall PEPFAR Nigeria goal to deliver a comprehensive package of prevention services to targeted individuals to ensure effective communication and motivation to practice preventive behavior, build self-efficacy, and create an enabling environment for sustaining HIV prevention behavior change. Messages and materials will focus on: increasing risk perception of HIV and AIDS; increasing demand for HIV testing and appropriate application of AB prevention strategy; delaying sexual debut; and reducing the number of sexual partners. This is of particular importance, as it has been reported that risk perception among Nigerians remains low, with 67% perceiving themselves not to be at risk of contracting HIV, and 29% assuming they are at low risk of contracting the virus (2005 National HIV/AIDS and Reproductive Health Survey).

CAMP prevention will focus on creating an enabling environment for sustaining HIV prevention behavior change through providing timely, accessible, factual and relevant HIV prevention information, and ensuring effective communication and motivation among stakeholders and targeted populations to practice preventive behavior and build their self-efficacy. Messages and materials will focus on increasing risk perception of HIV and AIDS; increasing demand for HIV testing; increasing self efficacy for the appropriate application of AB prevention strategy; and delaying sexual debut and reducing the number of sexual partners.

AB behavioral change communication programming will be implemented primarily through the following strategies: community awareness campaigns; peer education model; "peer education plus" model; and a school-based approach. In line with the National Prevention Plan's guidance on a minimum prevention package, an individual will only be counted as reached after receiving AB messaging through at least three of the above listed strategies. For the condoms and other prevention (C&OP) programming, PFD's minimum prevention intervention package will include: 1) community outreach; 2) specific population awareness campaigns; 3) peer education model; and 4) provision of STI management. Individuals will be counted as having been reached when they have received C&OP messaging through at least 3 of these strategies. The CAMP prevention team will be coordinated by a Prevention Officer who will mobilize 60 prevention volunteers from the membership of various community-based organizations (CBOs) active in and around the two project sites. These volunteers will be trained to educate their peers in ABC messaging, although in practice 30 volunteers will specialize in AB message delivery and 30 others will specialize in condoms and prevention messages. The AB prevention volunteers will be drawn primarily from CBOs active with church and primary school groups and the condoms and other prevention volunteers will be drawn primarily from with unemployed youth and transport workers groups. The CAMP project will use almost exclusively a community outreach approach for transmitting prevention message that will be supplemented by complementary clinical based and counseling and testing service providers that will reinforce and expand upon prevention messages.

HIV prevention team members will be self-nominated from local support groups of people infected and affected by HIV/AIDS, as well as any interested members of communities groups linked to the CAMP catchment areas. These individuals will be trained by CAMP Program Officers to promote AB messages as well as C&OP messages, as appropriate to the population they are targeting. Training will emphasize routine counseling and testing for couples and individuals, and AB prevention as normative in their communities. These teams will adapt the Society for Family Health (SFH) behavior change communication (BCC) materials and work with local support groups to translate material into their community's language.

Prevention teams will pay advocacy visits to the traditional community gatekeepers for access to the women, men and youth in each targeted locality, and organize community mobilization events with relevant HIV prevention messages for each group. These volunteers working with high risk groups will be coached to link the target population to condom outlets and appropriate testing/counseling and follow-up services (i.e., PMTCT, counseling for discordant couples, etc.) as well as sexually-transmitted infection (STI) treatment and care.

The AB prevention team will target 4,091 individuals with a subset reached with A only message activities (i.e., messages delivered to school groups up to the age of 13). A only messaging starts with an awareness talk in small group discussions facilitated by the Prevention Officer, followed up by peer education outreach by volunteer students trained as peer educators, and by a dance/drama presentations with an A message theme. AB messages will be delivered in secondary schools following the same first two steps and including a sporting or cultural event accompanied by an AB theme.

Condom and other prevention messages will target 2,727 individuals among those considered to be high risk groups — unemployed youth, transport workers, STI patients, persons living with HIV/AIDS (PLWHAs), and pregnant women. Messages will be reinforced at multiple fora such as small group discussions (including ante-natal care talks given at health facilities), interpersonal communication and social events, followed by mobile counseling and testing, condom distribution and follow up prevention information for positives. Educational messages will cover the importance of partner reduction and STI prevention and treatment.

Activity Narrative: CAMP will utilize the recently adapted national prevention with positives (PwP) training package across all supported sites. In HIV counseling and testing (HCT), prevention of mother-to-child transmission (PMTCT), and adult care and treatment settings, clinical staff and community workers will encourage patients to promote testing and counseling for their sex partners. During each encounter with a positive person during the CAMP program, CAMP staff will support the integration of prevention into care and treatment settings, including family planning counseling and services, identification and treatment of STIs, and prevention counseling, provided by lay counselors. The C&OP portion of this activity will include provider- and lay counselor-delivered prevention messages promoting correct and consistent condom use during every sexual encounter. Also, condom use will be encouraged during family planning counseling as a method of dual protection and as part of STI management for reducing STI transmission and acquisition. These prevention messages and interventions will be delivered during risk-reduction counseling, family planning counseling, and STI management and counseling. CAMP staff will work with patients to encourage them to reduce alcohol and limit all other risky behavior and activities that affect their ability to adhere well to their ART regime, and adherence to the full course of any other medication the client is taking

Program Officers will meet with prevention teams monthly to plan community outreach projects, address concerns, and provide any relevant or needed training in communication skills. Prevention team members will be trained to report on delivery of behavior change communication (BCC) methodology. Delivery of the MARCH methodology will be tracked and reported on by CAMP Prevention Project Officers. Focus will be placed on verifying the basic prevention package of at least 3 interventions per target reached in both AB and C&OP prevention components.

Contribution to overall program area:

PFD/DC's activities are consistent with the PEPFAR 5-year strategy, which seeks to scale-up prevention services, build capacity for long-term prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program.

Links to other activities

This activity is linked to counseling and testing, basic care and support, TB/HIV, OVC, strategic information, and PMTCT. PFD will procure condoms from Society for Family Health (SFH) and seek to partner with them and other specialized community groups to socially market condoms in the program area. PFD will promote condom usage, and other relevant prevention messages among migrant workers and other mobile populations in the Delta region. PFD's home-based care team will also promote management of STIs and encourage community members to know their status as a first step in preventing the spread of HIV.

Target population

The focus population for this activity will be youth (in/out of school youth), HCT clients, and TB DOTS patients. Both Akwa Ibom and Delta states have many characteristics that contribute to accelerating the HIV/AIDS epidemic, including high numbers of unemployed youth who may engage in transactional sex. PFD/DC will focus prevention efforts on reaching young people both before they begin risky behaviors and after. In addition, prevention messages will be targeted to pregnant women since they also risk transmission to their unborn child.

Key legislative issues

Coordination meetings held at the LGA level with representation from local government assists in keeping local governments updated on the scope of the epidemic in their area and make them better advocates for strengthening barriers to prevention at the state level. CAMP staff will supplement these meetings with quarterly state level task force meetings to explore ways to achieve greater economies of scale and harmonization of approaches.

Program Emphasis

This activity includes major emphasis on information, education, and communication with minor emphasis on community mobilization and training. These activities will also address gender equity issues by providing equitable access to prevention services for men and women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21686

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21686	21686.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$250,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,280

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2768.09

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15654.28542.09

Activity System ID: 28542

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$90,000

Activity Narrative: ACTIVITY NARRATIVE:

ICAP-CU will be a new partner in the program area of Abstinence/Be Faithful (AB) in COP08. ICAP-CU will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of this messaging) through a balanced portfolio of prevention activities including condoms and other prevention. Through the involvement of ICAP-CU as a new partner in this activity, PEPFAR Nigeria will extend its reach with AB services as ICAP-CU will be active in six states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna, and Kogi) by the end of COP08.

ICAP-CU is currently providing prevention messages for positives (funded under care) to its large population of adults, adolescents and children, and will add on AB messaging to these prevention activities for increased balanced messaging.

In addition, ICAP-CU will target activities to HIV-negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence. A key age group for AB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence (4.9% compared to a national prevalence of 4.4%). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. This age cohort for both men and women represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are reached with prevention interventions.

In COP08 ICAP-CU will implement this activity at both the facility and community levels utilizing a combination of multiple strategies in this implementation, including community awareness campaigns, peer education models, peer education plus activities, and workplace activities (specifically Greater Involvement of People with HIV/AIDS, or GIPA). Activities conducted at the local level by ICAP-CU will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign. AB messages will be balanced with concurrent condoms and other prevention messaging where appropriate and will be integrated with other PEPFAR services being provided at 25 hospital networks and their surrounding communities which will serve as the platform for ICAP-CU prevention activities in the coming year in six states. The goal of the program is to be focused on the communities targeted and to cover those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received AB messaging: (1) on a regular basis and (2) via at least three of the four strategies ICAP-CU will employ (community awareness campaigns, peer education models, peer education plus activities, and workplace programs). The target for this intensive AB messaging campaign is 4,800 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 2,400 children and adolescents, particularly focused on those orphans and vulnerable children receiving both facility and home based support. A total of 375 health care providers, counselors, and peer educators will be trained to conduct effective prevention interventions inclusive of AB messaging.

ICAP-CU collaborates with several community based organizations (CBOs), faith based organizations (FBOs), and PLWHA support groups at its facilities and surrounding communities in other PEPFAR programming activities. These CBOs, FBOs and support groups will also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA utilizing the peer education model, and to wider audiences through the peer education plus model and community awareness campaigns. The community and peer education plus activities will be organized through CBOs and FBOs under the supervision of ICAP-CU and will include activities such as drama presentations, musical events, and road shows/rallies. To address stigma issues and in compliance with the GIPA principle, approximately 10 PLWHA from the pool of those receiving treatment at facilities who are living openly and positively will be trained using the peer education model on dissemination of ABC messaging. They will serve as peer educators to extended family members and members of their support groups. These trained PLWHA will in turn reach individual cohorts of at least 10 other persons from among their social peers. With 50 facilities (including PMTCT sites), this will serve as an effective tool for reaching individuals in at least as many communities with balanced ABC messages.

A community awareness strategy will also be employed to serve the catchment areas of the hospital facilities which will be linked with community mobilization efforts promoting HCT. During static and mobile HCT services, counselors will be disseminating balanced ABC messages to recipient communities and clients through focused group discussions and interpersonal communication. With an HCT target of 112,500 clients getting counseled, tested and receiving their results, a minimum of this many clients will receive balanced ABC messaging through this approach. The key messages that will be conveyed are delay in sexual debut, secondary abstinence, mutual fidelity, prompt and complete treatment of all STIs and promotion of need to ascertain HIV serostatus through HCT.

ICAP-CU will also implement the peer education model targeting job peers who are healthcare workers. Healthcare workers at each site will be trained (the exact number will vary based on facility size) using established national peer education curricula and each will be requested to form peer groups of approximately 10 members from the healthcare worker community for dissemination of balanced ABC messaging. It is anticipated that these healthcare workers will continually serve as conduits for age appropriate prevention messaging not only for their work peers but also for their social peers and for all clients with whom they come in contact.

A focus of the program in COP08 will be improvement of the integration of prevention activities into the HIV care and treatment settings; specifically, healthcare providers and lay counselors in care and treatment settings will be trained to appropriately deliver integrated ABC prevention messages and incorporate the messages into routine clinic visits using IEC materials and job aids. An appropriate balance of abstinence

Activity Narrative: and be faithful, and correct/consistent condom use education will be tailored to the needs and social situation of each individual client in its presentation. In addition to the integration of such services into the HIV-specific treatment setting, prevention activities will be assimilated into other points of service in each health facility (general outpatient clinics, emergency services, etc.), particularly into reproductive health services including, family planning counseling, sexually transmitted infection management and counseling, and risk-reduction counseling.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ICAP-CU AB activities emphasize integration of prevention activities with treatment and care services. Use of the community awareness campaigns, the peer educator model, and peer education plus activities (community drama, dance events, etc.) allows dissemination of AB messaging, including integration with condom messaging, from society-attributed sources of credible information – healthcare workers and PLWHA. This program will contribute to the Global HIV/AIDS Strategy by reaching 4,800 people with AB messaging and 2,400 people with abstinence only messaging in a comprehensive approach. The activities will also address issues of stigma and discrimination through the education of individuals and communities reached.

LINKS TO OTHER ACTIVITIES:

AB activities relate to HCT (5550.08), by increasing awareness of HIV. It also relates to care and support activities (5552.08) through dissemination of information by home based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to condoms and other prevention (9208.08) as a complementary prevention strategy and to OVC programming (5547.08) by targeting orphans and vulnerable children.

POPULATIONS TARGETED:

Key populations targeted are youth, OVC, PLWHA, adults accessing HCT services at either static or mobile within catchment areas of the treatment sites, support group members and immediate families of PLWHA.

EMPHASIS AREAS:

Emphasis areas include human capacity development, workplace programs and gender.

AB activities promote a rights based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key to the program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15654

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15654	15654.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$120,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$70,094

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10898.09

Prime Partner: YWCA

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 25919.09

Activity System ID: 25919

Mechanism: USAID Track 2.0 YWCA

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$360,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, YWCA will be scaling up activities to two additional states, Anambra and Plateau states, and will be reaching 16,364 people with the standard minimum AB activities package, as recommended in the National Prevention Plan. YWCA will also be providing grants to an additional 5 community-based and faith-based organizations (CBOs and FBOs) in COP09 in addition to building their capacity in grants management and AB programming. YCARE project volunteers will be trained in COP09 to support HIV prevention in houses of worship and market places, and in the peer education plus (PEP) model that includes the use of drama, songs, and HIV debates. Helping Each other Act Responsibly Together (HEART) Health club will be initiated in schools, while YWCA will continue to provide skills acquisition trainings, including bead making, tie-dyeing, and basic computer skills through its vocational schools programs. YWCA will reach 7,740 individuals through abstinence only and will provide training to 50 persons in COP09.

ACTIVITY DESCRIPTION:

The focus of Y-Care activities will be in four of Nigeria's six geopolitical zones (southwest, south-south, southeast, and north-central) and focused primarily in four states (Lagos, Anambra, Rivers, and Plateau). Y Care is designed to allow a rapid scale-up of activities and is anticipated to reach 16,364 people with prevention programs.

The main goal of the Y-CARE Project is to build the HIV programmatic capacity of CBOs and FBOs in Lagos, Anambra, Plateau and Rivers. To achieve this, CBOs and FBOs with successful track records and experience in reaching and providing services to the target populations are encouraged to become involved in the program and to consider applying for small grants from Y-CARE. To enhance the management of funds, the financial capacity of these organizations will be assessed and strengthened. Organizations not yet capable of managing their own funds but able to mount successful programs will have their funds managed directly by YWCA until they are able to assume full management.

CBOs/FBOs will be key partners in Y-CARE. They will participate in capacity building training to enhance their capacity to provide HIV/AIDS prevention programs. In addition, they will develop concept papers to implement the Y-CARE prevention protocols. Because the majority of CBOs and FBOs have limited experience in implementing such programs, YWCA will focus primarily on their experience in implementing similar projects and/or working with the target population. In addition, YWCA will consider the number of years in operation, the number of paid staff members and volunteers, the annual budget, and how each organization is managed to assess their potential to successfully implement a proposed project. Additionally, site visits will be conducted by staff to verify information received in written form and to better assess additional capacity building needs organizations may have. Selected projects will work with National YWCA staff to modify protocols to fit with local needs.

Addressing the value of women will be a key component of Y-CARE. Workshops will include discussions of women's roles in their family and community, and the gender norms that constrain women. Peer health educators will use exercises to help build women's and girls' self esteem, and, as appropriate peer health educators will also teach income generating skills, such as jewelry making. Building of self esteem and economic empowerment of women and girls have been key activities of YWCA of Nigeria for a number of years.

This project will emphasize dissemination of messages centered on AB prevention targeted at girls, women, and their partners. Abstinence messages will encourage girls to delay sexual activity debut while "Be Faithful" messages will discourage women and their partners from having multiple sexual partners.

When teaching women and youth in churches, prevention outreach will be consistent with church teachings, yet accurate in regards to HIV transmission, prevention and care. This will be an important element in gaining the support of church leadership for the program. Clergy who are interested in actively promoting HIV prevention will receive accurate information on HIV/AIDS for their outreach activities to their congregations through sermons and community programs.

When working with youth in schools, Helping Each other Act Responsibly (HEART) health clubs will be initiated in schools and houses of worship. Members of health clubs will reach their peers during the course of the project. HEART club members will be involved in peer education plus activities (dramas, songs and HIV debates). HIV prevention will also include a component of economic empowerment for women and girls. One major problem for women and girls in Nigeria is their vulnerability related to finances/income, which contributes to their continued low status in society. Their low status also makes it difficult for Nigerian women and girls to be firm about their sexual decisions and to effectively negotiate condom use in sexual relationships.

When working with the women in market places, volunteers will conduct their trainings around the market schedule. Because many women take their children to the markets with them, HIV prevention outreach to these women will include separate age appropriate activities for the children. The HIV prevention program will also include guidance on caring for children. When working with women in polygamous marriages, volunteers will modify HIV prevention messages to be culturally relevant to polygamous family life. For example, faithfulness will be discussed with consideration for their husband's other wives.

The Y-CARE Project will emphasize decision making about sexual behavior, the importance of delaying sexual debut, and looking for a partner who is willing to be mutually faithful. Trained peer health educators will provide information on relationship skills so that youth can learn to identify equitable relationships and be able to negotiate with their partners once they are in a relationship. For women who have partners, the peer health educators will focus on faithfulness to one partner. AB activities in Lagos, Anambra, Rivers, and Plateau states will help women build relationship and communication skills to improve their ability to negotiate safer sex in the relationship. Women at high risk, such as those in discordant relationships, will be taught other prevention measures.

Activity Narrative: CBOs and FBOs will be responsible for the implementation and supervision of projects, including project monitoring and evaluation and budget management. The CBOs and FBOs will submit quarterly project reports to YWCA regional offices, which will detail the progress of their programs and standardized data collection results.

PROJECT CONTRIBUTIONS

At the end of the three year project it is expected that 16,364 individuals will have benefited directly from the project through YWCA collaboration with CBOs and FBOs through peer education and outreach activities.

NETWORKING/LINKAGES

Through networking with other USG funded HIV programs, Y Care will actively refer individuals to other USG-sponsored HIV testing, treatment and care programs that will complement Y Care activities to enhance service integration and ensure that people living with HIV receive the care and support that they need and deserve.

TARGET POPULATION FOR Y-CARE

The target populations for this project are girls, women and their partners.

EMPHASIS AREAS OF ACTIVITY:

This project will provide emphasis on dissemination of messages centered on AB prevention targeted at girls, women and their partners. Abstinence messages will encourage girls to delay sexual activity while Be Faithful messages will discourage women and their partners from having multiple sexual partners.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 16919.26052.09

Planned Funds: \$75,000

Activity System ID: 26052

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers not only the procurement but also: the shipment, distribution and delivery of sexual prevention related commodities; information, education and communication (IEC) and related materials developed for the promotion of abstinence (A), be faithful(B)/fidelity promoting initiatives and other prevention (OP) activities; and other supply chain management related activities. It also covers technical assistance (TA) and systems strengthening (SS) activities provided to PEPFAR partners to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure sexual prevention related commodities; AB and OP commodities (not including condoms), IEC and promotional materials, and products for the management of sexually transmitted infections (STIs) for the Department of Defense (DOD). Through its efforts in this program area, SCMS works towards ensuring uninterrupted availability of needed commodities for AB (for the encouragement and promotion of safer sexual behaviors ultimately targeting the general population) and OP interventions.

The present budget will cover the costs of commodities as well as logistical and administrative services from the field office for the coordination and management of procurements by SCMS. SCMS will support DoD in product selection in accordance with the minimum package of AB and OP interventions for appropriate targeting of the military and civilian populations reached through DOD's sexual prevention programming.

SCMS will assist in quantification and forecasting of requirements, and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

SCMS will identify suitable sources of supply, both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services, such as maintenance service.

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations, including waiver applications, where appropriate. SCMS will take the lead in communicating with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spending to provide the best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy includes the purchase of generic drugs, whenever possible, the pooling of procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries, and negotiating long term contracts with suppliers.

DoD requests for sexual prevention materials will be addressed to the SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry, as required. SCMS will take the lead and further streamline the customs clearance process as appropriate, including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead time and provide an important buffer between supply from manufacturers and demands from PEPFAR programs in Nigeria. The RDC will also ensure that shipment quantities do not overwhelm their recipients in country, which is an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management, thus reducing risk of stock obsolescence or need for emergency replenishments, toward important cost savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with DOD; SCMS will either deliver to a central location or to point of services, as needed. When local warehousing is needed, SCMS will continue to explore viable options and make use of its recently acquired cross-docking facility and long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain, including product selection, quantification and forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to DoD, including the training of individuals in the use of the ProQ or Quantimed forecasting and pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07.

SCMS will provide the USG team with regular reports on supplies and equipment, as well as monthly financial reports. In COP 09, supply chain support teams (SCSTs; to be made up of technical SCMS staff and Government of Nigeria or implementing partner [IP] staff, as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and provide an early warning system to identify

Activity Narrative: impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity, thereby building the capacity to identify these problems and resolve them before service delivery is compromised.

In addition, an automated web-based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system.

Under this program area, SCMS does not have targets of its own but supports DoD reaching their prevention planned targets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16919

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16919	16919.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$45,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10893.09

Mechanism: USAID Track 2.0 CSN

Prime Partner: Catholic Secretariat of Nigeria

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 25886.09

Planned Funds: \$426,000

Activity System ID: 25886

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

The Catholic Secretariat of Nigeria (CSN) SUCCOUR Project provides comprehensive HIV prevention and OVC care and support services. During COP 09 CSN will continue to provide training support to all 13 arch/diocese across 10 states. Coverage areas of the activity are: Awka, Onitsha and Nnewi A/dioceses (Anambra), Bauchi Diocese (Bauchi), Calabar and Ogoja Arch/diocese (Cross River), Abakaliki Diocese (Ebonyi), Enugu Diocese (Enugu), Kano Archdiocese (Kano), Jalingo Diocese (Taraba), Lokoja Diocese (Kogi), Ijebu Ode (Ogun) and Lagos Archdiocese (Lagos). The dioceses were selected based on their experience in managing HIV/AIDS programmes, and can rapidly scale up to provide comprehensive HIV prevention and OVC care and support services over a one year period.

SUCCOUR prevention programs will implement AB activities in line with the National Prevention Plan using behavioral change strategies to ensure that the target population is reached with AB messages using at least four AB strategies. These are (a) peer education model where "faithful house" (marital counseling with five models) for married couples, "choose life" (with four modules) for youths, and support group for PLWHA (who will also receive referral to counselors for adequate and correct information on preventive measures); (b) community awareness where AB messaging will be given during mass; (c) peer education plus model where schools form anti AIDS clubs, drama, games, and quizzes and use the activities to give prevention messages and (d) school based approach.

This activity has the following components: 1) organizational and programmatic capacity strengthening of CSN and partner (Arch)dioceses; and 2) promotion of behaviors that reduce the risk of HIV infection among by youth and young adults in target communities.

Organisational and programmatic capacity strengthening of CSN and partner (Arch) dioceses: Each one of the following trainings—central advocacy training; central "Faithful house" training, central "choose life" training, central OVC protection, and central home-based care/OVC support training—will take place at the national level. Subsequently, a step down training will reach from the diocesan level to parish volunteers and home-based care teams. These volunteers will be recruited by the 13 diocesan teams with the active collaboration of the parish priests. 180 volunteers will be trained.

Behaviours that reduce risk of HIV infection adopted by youth and young adults in target communities. This activity includes advocacy visits to 13 Arch/Bishops and 65 community leaders. Muslim leaders and Imams will also be targeted. Through Sunday sermons and short seminars, the SUCCOUR Project will empower parents and adults to support young people to abstain from sex and equip them with skills that will help them adopt healthy life choices. People will be reached with Abstinence and Be faithful messages through priests, parish action volunteers, men, women, and youth church societies. The 13 diocesan teams will sensitize the major men and women societies in the church, Catholic Men Organization (CMO) and Catholic Women Organization (CWO) with monthly talks and seminars. Each of these has about 80 persons at monthly meetings. 160 adults will monthly receive this sensitization and will reach 5 young people in their households with AB messages. The AB activities will be structured in such a way that each person is reached with at least three AB services: Peer education, community awareness campaign, a school based approach, and peer education plus. Sensitization of clergy and religious leaders will also be carried out. 20 priests per partner arch/diocese will be sensitized during sensitization seminars making a total of 260 priests. Each priest will reach 500 people at mass each week over the course of the year. These 130,000 individuals are not hearing a one-off message, but are hearing the message from trusted advisors, continuously over time.

Funding will also go to the development and distribution of IEC materials. Posters, handbills and pamphlets with HIV Prevention messages will also be used to reach the targeted audience. Abstinence clubs will be established for adolescents in the communities, while singles and couples forums will reach unmarried and married adults, respectively. Youth peer educators from selected parishes and schools will be trained to provide support and counseling to their peers and to organize regular HIV/AIDS awareness activities. The abstinence clubs established in schools will be provided with books and IEC materials to establish an information corner, to include such materials as posters, handbills and pamphlets with HIV Prevention messages. A monthly stipend will support the activities of abstinence clubs in selected parishes and schools from the diocesan budgets in the form of a small grant. Funding will go to community recreational activities. 13 arch/diocesan teams will organize a football tournament, "Choose Life Football Cup" and cultural dance/drama competition for youth. At each of these events, 300 persons will be reached with AB messages through talks, songs and the distribution of IEC materials.

Adolescents and unmarried adults totaling 840 individuals already trained at a "Choose Life" seminar will reach 19,500 persons with abstinence messages only. 13 couples (one from each partner diocese) will be trained centrally with the Faithful House curriculum. The program is a catalyst to happy and lasting marriages that prevent HIV infection using the concept of "Faithful House". Each trained couple will cascade the training for another five couples. Each of the 13 partner arch/dioceses will be supported to train 15 couples (30 individuals) in marital counseling, totaling 195 couples (390 individuals) trained in AB prevention (the Faithful House curriculum) during a five day training program with additional monthly follow-up over 6 months. The trained couples will train a minimum of five couples each totaling 975 couples (1950 individuals). Therefore, 2,366 individuals will receive comprehensive marital counseling training. Parents and especially fathers/husbands will be provided with information and resources to enable them to offer gender-sensitive information and play an active role in educating their children and friends on AB. Subsequently, refresher training would be conducted for the initial 30 couples. Each of the 13 partners will be supported to initiate youth activities in two primary and two secondary schools with Anti-AIDS youth clubs. These clubs are designed to decrease stigma and discrimination against PLWHA.

1,040 young people attending schools will receive repeated and concentrated training in "A" only. Of these, 520 will be from secondary schools where they will be trained in secondary abstinence and a similar number from primary schools that will be trained in primary abstinence. Each member of the club will on the average reach 15 other school attending youths with community mobilization+, IEC and peer

Activity Narrative: education/counseling service, and a total of 15,600 youths reached with three "A" strategies. The Family/Human Life Unit of the CSN, which focuses on promoting human dignity, strengthening family values in accordance with the principles of Catholic Social Teaching, and educating youth in preparation for wholesome family life, will bring to bear its expertise in "AB" behaviour change programming through peer education and life skills building. The Youth Animation Unit of the Church will facilitate linkages to the vast network of Catholic youth organizations to increase peer outreach and youth involvement. AB prevention trainings will be conducted for 300 PLWHA, who are serving or have leadership potential to serve as Support Group leaders. Those trained will counsel and communicate information about AB prevention to support groups, households and communities. Each leader will reach 50 people, for a total of 15,000 people reached. Those willing to disclose their status as part of AB prevention will be supported with additional training and support. Each of these support group participants will receive community mobilization, peer education and vulnerability reduction strategies, and active recruitment and involvement of 13 PLWHA (one per diocese) will be encouraged among the partner dioceses in line with the GIPA principle.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The SUCCOUR project will contribute to prevention of new infections through Abstinence and Be faithful strategies to reach 25,000 persons and 15,000 persons to be reached with abstinence only strategies within the national response.

POPULATIONS BEING TARGETED:

Target populations of the A/B Prevention messages include adults, children and young people between the ages of 15-24 years, PLWHA, HIV/AIDS affected families, and community leaders. This includes both girls and boys from primary school through university students, as well as adults of both genders. Other target groups include the Catholic clergy and laity, who will be reached with abstinence programs that include behavior change communication, building life skills, youth support clubs, and awareness outreach through extracurricular activities.

Direct targets include delivery of AB services through outreach programs to 25,000 individuals, 15,000 of which will benefit from A-specific services through the clergy, catechists and peers; and 4506 individuals receiving training.

LINKAGES AND SYNERGIES WITH OTHER USG SOURCES: All cases of HIV will be referred to AIDSRelief (AR) or other IPs. Monitoring tools developed in the CRS 7D/SUN Projects will be used. The new PEPFAR reporting guidelines will be incorporated in the M&E tools. The series of mentoring using the present SUN/7D experience and capacity building processes aimed at institutional strengthening will be conducted. Experience will be leveraged from the CRS/7D project.

EMPHASIS AREAS: Gender issues mainstreaming into partner capacity strengthening is essential to addressing some of the disparity that has placed women at greater disadvantage. The SUCCOUR project will promote the active participation of both men and women through the Women's, Men's and Youth societies, ensuring they are adequately represented in stages of planning and implementation.

Prevention activities will target both sexes with behavior change communication promoting healthier concept of maleness among youth. This will reduce the vulnerability of women and girls to abuse, sexual coercion, rape, and sex trafficking. Meaningful Involvement of People Living with HIV/AIDS (MIPA) with increased participation of people living with HIV/AIDS in program design and implementation contributes to the reduction of stigma and discrimination and ensures that programs are sensitive to the needs of the target population. 1,500 persons will be trained in HIV stigma reduction strategies. By establishing a symbiotic relationship with support groups in communities, the dioceses will be able to refer clients to these support groups and also call on members of the support groups to participate in providing counseling and home based care services, as well as to share their expertise during trainings. The level of involvement of PLWHA in a diocesan program will be used to assess the performance of the dioceses for qualification to receive grants.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$51,646

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1532.09

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5347.24937.09

Planned Funds: \$453,140

Activity System ID: 24937

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the "fully-loaded" costs of a full-time Nigerian technical advisor for sexual prevention, funded via the AB budget line, and the fully-loaded costs of his full-time technical and administrative support staff which includes one program officer, two program assistants and an administrative assistant. The strategic shift undertaken by the National Prevention TWG to mandate a minimum package of prevention services requires a significant level of programmatic guidance and oversight for the partners, and the robust integrated prevention team provides the technical leadership required for an appropriate response. Oversight, supervision, mentoring, and capacity-building needs are significant and burdensome for the wide portfolio of prevention partners. The entire prevention team contributes to meeting these needs by making regular supervision visits to the field—twice monthly by technical advisors and program officers, and monthly by the support staff.

The sexual prevention team's responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) participating in the USG prevention working group. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent and relevant technical approach across USG Agencies and amongst all partners implementing sexual prevention programs. The prevention advisor spends 100% of his time advising in this program area and does not have primary program responsibilities in any other program area.

The budget represents the loaded costs for this (AB) sexual prevention team, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13122	5347.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$381,284
6776	5347.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$280,000
5347	5347.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$117,422

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5236.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HVAB
Activity ID: 25611.09
Activity System ID: 25611

Mechanism: USAID Track 2.0 APS TBD
USG Agency: U.S. Agency for International Development
Program Area: Sexual Prevention: AB
Program Budget Code: 02
Planned Funds: [REDACTED]

Activity Narrative: The funds requested to support USAID's Annual Program Statement (APS No. 620-08-002: Support for Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services) for this program area are required for awards made under this open solicitation.

Additive funding resources are required for new awards that are in progress and will be partially funded using COP08 funds. These applications have passed both the concept paper and full application reviews by the Technical Evaluation Committee (TEC) and are in the final stages of negotiation, with awards expected in early 2009. Details of these awards are still procurement sensitive; however awards are being negotiated with new local partners that will be awarded as Prime partners, partners whose prevention activities will continue throughout the COP09 funding period.

Second year funding resources are required to fund applications selected for award during the COP08 program period, but which are currently being negotiated. These applications have passed both the concept paper and full application reviews by the TEC and are in the final stages of negotiation, with awards expected in early 2009. Details of these awards are still procurement sensitive. However, these same partners will continue with activities throughout the COP09 funding period.

In conjunction with the open APS, a solicitation for concept papers is expected to be announced in February 2009. Resources will be required for the first year of funding for these applications which will be selected during the COP09 program period.

Funds that will be required to implement and continue these awards under the Sexual Prevention program areas are estimated at \$495,000.

One of the cornerstones of the CSO/FBO APS is support to national/regional-level agencies that have many chapters or branches that can in turn reach out to community-based organizations. This will allow local programs to reach deep into communities and help the Emergency Plan in Nigeria expand its reach. The CSO/FBO APS was also created to build the capacity of local organizations working in HIV/AIDS because a significant number of Nigerian organizations are new, have little organizational capacity, and often lack linkages with other programs. The CSO/FBO APS will only fund applicants that have clear plans to build their own technical, organizational, and administrative capacities and clear linkages with other programs.

Community participation in HIV/AIDS prevention programs often provides a strong foundation for sustainable prevention interventions. The CSO/FBO APS will support rapid scale up of the reach and scope of existing prevention activities implemented by NGOs with larger networks or partners that enter into strong consortia. Grantees under the CSO/FBO APS will implement several of the following activities, depending upon their capacity and speciality: 1) scale-up skills-based HIV prevention education, with the involvement of parents and guardians, especially for younger youth and girls; 2) stimulate broad community dialogue on healthy norms, avoiding risk behaviors, and the importance of finding out one's HIV status; 3) reinforce the protecting authority of parents and other primary caregivers; 4) address sexual coercion and exploitation of vulnerable groups, particularly young girls; 5) strengthen early prevention interventions based on abstinence until marriage for at-risk youth; 6) promote the image of successful, respected men as upstanding and faithful; and 7) find supportive leaders and role models at all levels who will promote being faithful and discourage coercion, alcohol abuse, and cross-generational sex. Messages that highlight the benefits of abstinence until marriage, and fidelity in marriage will also be integrated into counseling services. APS partners seeking C&OP programming support will also be expected to comply with the National Prevention guidelines for appropriate service delivery of condoms and risk-reduction messaging and interventions in line with the minimum package. Targeted outreach to MARPS will be expected. Applications from groups with the capacity and programming ability to provide a balanced prevention activity will also be encouraged.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: As has been the case with the APS in the past, targets are negotiated with each awardee based on the proposed program and demographic/geographic area during award negotiations and in accordance with specified minimum cost per targets. After being approved by the TEC, OGAC is copied on the award memo to the Contracts Officer to ensure that appropriate targets and associated costs have been negotiated. Targets and related awardee information will be uploaded into COPRS at that time.

Scaling up of prevention, involvement of PLWHAs and youth, and encouraging peer educators to work together with community health care providers will contribute directly to the interest of the US Global HIV/AIDS Strategy. The programs will increase the reach of prevention programs into rural areas in high prevalence states with a focus on underserved populations, while stimulating the demand for other HIV/AIDS related services offered by GoN and other USG partners.

This activity substantively contributes to Nigeria's 5-Year Strategy by emphasizing youth, especially young women, and couples as a priority population for C&OP interventions; and developing strong links between prevention programs and other care and treatment programs.

LINKS TO OTHER ACTIVITIES: All partners will implement activities across the spectrum of program areas and are expected to provide clear linkages between their own activities. The grantees will be expected to link with multi-media activities, whenever possible, and to build on the new local partners to the current mix of partners providing prevention, care and treatment in Nigeria.

The overarching focus of the APS has been to bring new local partners to the current mix of partners providing prevention, care, and treatment in Nigeria. It has been successful in many ways; however, challenges related to local partners' management capacity have slowed the process and have created uncertainties about their ability to implement in the accountable and transparent manner the USG requires of recipients. Therefore a project (Leadership, Management, and Sustainability [LMS]) added to the portfolio during COP07, will assist with improved management, accountability, transparency, and other capacity building activities. LMS will guide new partners through the solicitation and award process, as well

Activity Narrative: as assist them to put accountable and transparent systems in place that allow their first year of implementation to proceed smoothly and ensure rapid achievement of results. Although the CTOs and activity managers for these new local partners remain within the USAID technical team, LMS is a key member of the extended team and provides invaluable support in developing the capacity of the new awardees. All of the local partners applying for APS funds can benefit from the management support being provided by LMS. In addition, LMS can provide technical assistance specifically in the area of Condom and Other Prevention programming, as many local partners may not have this type of institutional capacity at the time of award.

POPULATIONS BEING TARGETED: Final applications are subject to negotiation, but illustrative examples of targeted populations include: out-of-school youth; most at risk populations, religious and community leaders and opinion makers; commercial businesswomen; and community-based support groups.

KEY LEGISLATIVE ISSUES ADDRESSED: Illustrative examples of key legislative issues that have been proposed contain activities that will address male norms and behaviors, increase women's rights, reduce violence and coercion, increase the use of volunteers, and decrease stigma and discrimination.

EMPHASIS AREAS: All awards resulting from the APS will be to local partners or have strong roots in the community and therefore all will have a major emphasis on Community Mobilization/Participation and Local Organization Capacity Building. The service delivery component of these awards will have a key focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10808.09	Mechanism: USAID Track 2.0 TBD1
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 26028.09	Planned Funds: ██████████
Activity System ID: 26028	

Activity Narrative: The Lift Above Poverty Organization LAPO Health and Partners Fight Against HIV/AIDS (LIFT) program is envisioned as a 3-year \$8 million partnership between LAPO Health and Partners for Development (PfD). Together with local implementing agencies, the LIFT program will build a sustainable platform for HIV prevention activities and provide direct service provision to orphans and vulnerable children (OVC) through support groups of people living with HIV/AIDS (PLWHA) and OVC and their caregivers. The program will train 500 individuals in promoting HIV/AIDS prevention through abstinence and/or being faithful (A&B). LIFT's focus on HIV prevention and care for orphans addresses both causes and effects of the HIV epidemic in Nigeria. HIV prevalence rates remain high due in part to risky and trans-generational sexual practices. Many youth, especially young women, engage in transactional sex, and women head of households often turn to commercial sex to support their families. There are three major target groups for LIFT activities; PLWHAs, OVC caregivers and other affected persons, and OVCs. An anticipated 18,045 (7,000 male, 11,022 female) will be reached through community outreach that promotes HIV/AIDS prevention through A&B. Through HIV prevention and micro credit activities to adult PLWHA and OVC, LIFT will mitigate the role of poverty in increasing HIV/AIDS prevalence.

HIV prevention efforts have in the past primarily focused on HIV-negative individuals; however, changes in the risk behaviors of HIV-infected individuals are likely to have larger effects on the spread of HIV than comparable changes in the risk behaviors of HIV-negative individuals. These "Prevention for Positives" efforts aim to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers, as well as to protect the health of infected individuals. Helping people living with HIV adopt safer behaviors is an important part of a comprehensive prevention approach. Recognizing that HIV/AIDS care and treatment settings serve as strategic entry points for reaching large numbers of HIV-infected people, in COP 09, LIFT will continue to support a clinic-based, provider-delivered intervention to help HIV-infected patients prevent the spread of HIV to their sex partners and children, and to help them protect their own health. LIFT will at the same time provide a community based approach linking PLWHA in the communities to services at the facilities.

LIFT will continue reaching adults with age and situation-appropriate A&B and condom and other prevention (C&OP) messages, as well as specific prevention messaging and services targeting HIV positive persons in support groups. Economic strengthening and peer education will be the key interventions that will tie together all other interventions in a support group. LIFT will use income generating activities as a platform to expand the delivery of HIV/AIDS prevention messages while increasing household and community resources available for the care and support of PLWHA and OVC. Using grants to its local implementing agencies (IAs), LIFT will issue micro-loans to borrower groups of PLWHA for income generating activities and grants for individuals to complete skills-acquisition training. The borrowers groups at the community level will act as a PLWHA support group as well as providing support to each other in their business efforts. These small groups will serve as a platform for HIV/AIDS prevention activities and referral services.

LIFT will provide training to healthcare providers in selected sites to provide routine care and treatment to HIV-positive patients and deliver important health information and preventive medical care, such as treatment for sexually transmitted infections (STIs) and some family planning services. Healthcare providers will be supported to assess each patient's risk and give targeted prevention recommendations that encourage sex partners to get tested, disclose their HIV status to sex partners, abstain from sex or reduce the number of sex partners or fidelity to one partner, consistently use condoms during sex, be aware of the potential consequences of having sex without a condom, reduce alcohol use as it affects adherence and increases risky behavior, and to adhere to antiretrovirals and other medication.

In addition to the clinical based prevention with positives messaging and services, LIFT will work through support groups to provide a community based intervention that, in tandem with the facility based intervention will provide a continuum of care for PLWHA and persons affected by AIDS (PABAs). The community based interventions within the support groups, in accordance with the National Prevention Strategy, will provide AB and C&OP activities in an integrated manner to reach individuals with a minimum of three strategies. LIFT's suite of strategies for its AB interventions will target PLWHAs and their partners, older OVC, and other youth in their communities with community awareness campaigns that will include rallies and interpersonal communication, and peer education models using age peers among OVC, other youth, and PLWHA. A curriculum based approach using Early Start Support Groups (ESSG), Young Life Support Groups (YLSG) or Teen Life Support Groups (TLSG), as appropriate will be adopted for OVC. Essential life skills trainings will be provided as part of this curriculum. Activities that address vulnerability issues, especially for PLWHAs and older OVC, such as microfinance and skills acquisition will also be adopted.

C&OP strategies will include interpersonal communications, referrals to counseling and testing, condom messaging and distribution, balanced ABC messaging as appropriate, peer education models around PLWHAs, OVC and other affected people, use of support groups as condom service outlets, referrals to medical services, and linkage to microfinance and skills acquisition. Under the supervision of prevention counselors, PLWHAs will be trained as peer educators to provide information, including STI counseling and referrals to medical services to their peers within their microfinance support groups. LAPO and its IAs will coordinate HIV/AIDS activities in the support groups through the use of trained HIV/AIDS prevention counselors who will serve as discussion facilitators and expert references on topics related to HIV/AIDS prevention for each of the target audiences in the support groups in which they work. Prevention counselors will mentor peer educators among the PLWHA and OVC caregivers, who will disseminate A&B prevention messages broadly in the community and refer support group members to additional services, including HIV testing and counseling, prevention of mother-to-child transmission (PMTCT) services for pregnant members, and other services.

The activity will address HIV risks for OVC and other youth, OVC care givers, and prevention from re-infection for PLWHAs.

Contributions to Overall Program Strategy. This activity will contribute to the Emergency Plan Five-Year Strategy in preventing new HIV infections among most at risk populations and vulnerable youth, especially

Activity Narrative: OVCs, as well as their care givers. HIV prevention programming will target the primary vectors of the epidemic (PLWHAs) with various strategies and services to meet their needs and engender behavior change. It is hoped that successes recorded in addressing this target population directly will engender a reduction in the rate of new transmissions and significantly help to contain and control the epidemic

This activity is linked to treatment, care and support

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9409.09

Mechanism: USAID Track 2.0 NELA

Prime Partner: Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 25637.09

Planned Funds: \$165,000

Activity System ID: 25637

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

In COP 09, the NELA Consortium AIDS Initiatives in Nigeria (NECAIN) will provide HIV prevention messages on abstinence and be faithful (AB) to 7,500 youth and couples (3,000 males and 4,500 females) in 8 states in the 6 geopolitical zones of Nigeria; Osun in southwest, Adamawa and Borno in northeast, Kebbi and Jigawa in northwest, Nasarawa in north-central, Edo in south-south, and Ebony in southeast. 5,625 (75%) of the targets will be youth, while 1875 (25%) will be couples (counted individually). HIV prevention services will be provided at the community level through the consortium's 3 multiplier organizations and their 24 local partners (including community-based, faith-based, and non-governmental organizations [CBOs, FBOs, NGOs]).

The consortium is made up of the Network on Ethics/Human Rights Law, HIV/AIDS - Prevention, Support and Care (NELA), the Federation of Muslim Women's Associations in Nigeria (FOMWAN), the Society for Women on AIDS Africa Nigeria (SWAAN) and the Civil Society Network on HIV/AIDS in Nigeria (CiSHAN), North Central Zone.

Understanding the pattern of sexual behavior among the target populations has been and will continue to be the key to identifying the drivers of the HIV pandemic in project communities, and determining which strategies will best address the needs identified. The 2005 HIV/AIDS sentinel survey showed that youth aged 15 to 24 years have a higher than national average of HIV prevalence. A 2007 Nasarawa NGO Forum report corroborated this and revealed a high prevalence of HIV among youths in Karu and Keffi Local Government Areas (LGAs). The specific findings are as follows: 75% of in-school youth and 86% of out-of-school youths, aged 15-24 years have inadequate HIV prevention knowledge, about 48% of in-school girls and 57% of in-school boys had unprotected sex at least once in the 6 months preceding the study, between 19 and 25% of girls reported having unprotected sex for fear of losing their boyfriends, 21% of girls 15-24 years reported having more than one sexual partner at the time of the study, and about 51% of young couples believe HIV prevention messages should not target couples, while 24% of couples believe infidelity exists among couples (Nasarawa NGO forum report November 2007).

The drivers of the epidemic among in-school-youths in the NECAIN project states, as indicated in reports from LGAs and NGOs in NECAIN project states include early sexual debut among girls for fear of losing their boyfriends, peer influence for both boys and girls, and trans-generational sex (especially between students and their teachers to ensure success in examinations), and cultural norms that make it impossible for parents to discuss sex with their children. An additional driver of the epidemic in Edo State is the trafficking of persons for prostitution.

To address the drivers of the epidemic among in-school youth, NECAIN will scale up existing HIV prevention education for behavior change with a focus on primary and secondary abstinence, and provide information about correct and consistent use of condoms with the active involvement of young people, their parents and guardians. Strategies that will be employed include a school-based approach (curricular and non curricular based), peer education models using age peers, peer education plus models using sports activities, drama and role models, and a 'vulnerability issues' approach that provides training on essential life skills. These strategies will be complemented with national mass media campaigns and information, education, and communication (IEC) materials produced by the project. All activities that will be undertaken for each strategy will stress the benefits of abstinence until marriage and mutual fidelity thereafter. The project will also arrange educational seminars for parents in schools to provide information on abstinence and emotional support for their children. Such seminars will also equip parents and guardians with the skills to guide young people towards healthy and responsible decision-making and safer sex behavior.

The drivers of the epidemic among out-of-school youth are drug and alcohol abuse, cultism, and trans-generational sex. An additional driver of the epidemic in Edo State is the trafficking of persons for sex work. To address the drivers of the epidemic among out-of-school youth, NECAIN will continue to use the following strategies: community awareness campaigns (interpersonal and focused small-group discussions, rallies and community dialogues), peer education models (age-related, job-related, and social peers), the peer education plus model (sports activities, use of role models, dance and drama), and focused attention on vulnerability issues (including essential life skills training). Where indicated, NECAIN will refer out-of-school youth to other implementing partners (IPs) and projects for access to economic empowerment through income generating activities. These strategies will be complemented with national mass media campaigns and IEC materials.

The drivers of the epidemic among couples include: low risk perception, multiple sexual partners, widow inheritance practice, lack of women's decision-taking power on sexual issues, and continued risky behavior of males in the general population. The 2003 NARHS reported that men and women in all geo-political zones of Nigeria engage in extra marital sexual relationships. The lowest reported figures were those from the northwest (1.8% of female and 5.8% of male respondents), while the highest reported percentages were in the south-south region (20.9% of female and 34.2% of male respondents). The same study also reported the prevalence of transactional sex among females and males across all the geopolitical zones; these figures ranged from 2.8% of female and 2.9% of male respondents in the northwest and 15.3% of female and 21.4% of male respondents in the south-south.

The strategies to be employed to reach couples will be multi-level, as this approach is needed to change social behaviors. NECAIN will employ the following strategies to address the issue of multiple sexual partners among couples: community awareness campaigns (rallies, focused small-group discussions, interpersonal communications, and community dialogues), peer education models (age- and job-related peers), and peer education plus model (use of role models), to be complemented with national mass media campaigns and IEC materials developed by the project. All activities will be tailored to increase risk perception among concurrent partners. NECAIN has in the past involved the community, and will continue to involve the community and other stakeholders in constructing appropriate messages that will be tailored to the pattern or types of sexual partnerships in communities.

Activity Narrative: To address the issues of gender inequality in taking decisions about sex, the project will employ a 'vulnerability issues' strategy. Activities will include training in essential life skills and the referral of women to other IPs that provide services for income generation and economic empowerment. NECAIN local partners have already established linkages for these services.

The above strategies will be implemented through educational activities in churches and mosques. The multipliers' networks and branches will facilitate educational programs with an emphasis on faithfulness in marriage and the promotion of respectful images of men and women that are upstanding and faithful. Educational activities will also include the use of role models at all levels. Activities will also promote being faithful to spouses, discouraging coercion and alcohol abuse and cross-generational sex. These strategies will be complemented with national mass media campaigns and IEC materials with messages that focus on fidelity in marriage.

Religious leaders will be trained to conduct participatory workshops, deliver sermons, and provide peer support and counseling to church members on mutual monogamy and HIV prevention. All faith based activities will be integrated into existing male and female group activities in churches or mosques. The project will continue to work with the 800 peer educators already trained on the project; 600 to work with in- and out-of-school youth and 200 to work with couples. Each trained peer educator, both for in-school or out-of-school youth and for couples, will recruit a cohort of peers to work with over time, and will reach each of the cohorts with at least three AB strategies. The project has developed reporting formats that will serve as a means of verification for counting individuals reached, and will continue to modify these as needed to ensure accurate reporting of activities.

The project will work in collaboration with prevention programs that distribute condoms for the prevention with positives (PWP) programs. A linkage has already been established with Society for Family Health (SFH) for the distribution of condoms to clients on the project. The project has also established linkages with organizations working in the area of HIV counseling and testing for clients reached with the various prevention messages.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9407.09

Mechanism: USAID Track 2.0 AED Workplace

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 25610.09

Planned Funds: \$450,000

Activity System ID: 25610

Activity Narrative: In COP09, AED will continue its focus on strategic HIV prevention interventions targeted at reaching specific workplace populations. AED's activities (ABC) under sexual prevention are designed to support prevention among working adults and equip them to promote prevention with their children and partners. In COP09 AED will train 60 healthcare workers from the 5 targeted condom service outlets to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.

With 66 million individuals participating in Nigeria's public and private sector labor force and HIV/AIDS prevalence of 3.7%, 3.5%, 3.1% amongst transport workers, police force and armed forces and with prevalence of over 30% among female sex workers (IBBSS 2007), the workplace is an ideal setting for effectively addressing HIV/AIDS through sensitization programs, prevention messages, and linkages to care and treatment for a large percentage of Nigerians infected and affected by HIV/AIDS.

AED SMARTWork in COP09 will focus on reaching each targeted population with a minimum of three interventions in the workplace. Intervention strategies will aim at reducing number of sexual partners, promoting consistent condom use and seeking treatment for STIs. IBBSS 2007 revealed that among predominantly male occupational groups (transport workers, armed forces and police), multiple partnerships are quite common while condom use with girlfriends was lowest, reported by police at 45% and transport worker at 45.4%. Although syphilis levels were low across the board (0.8%), transport workers returned the highest prevalence among all groups, at 1.7%. Stereotypical characteristics of the target audience include male dominance, physical strength, virility, and risk taking. Other associated risk factors, such as drug and alcohol use among this target audience (road transport and oil workers in particular) often play a role in diminishing inhibitions, which can lead to unprotected sexual intercourse and also contributes to sexual violence. In addition, high mobility and long periods away from their families, limited access to health care services and condom availability and lack of information about risky behavior, risk perception and risk personalization places this target population at increased risk of STIs, including HIV.

AED will continue to pursue interventions that encourage youth to delay sexual debut until marriage, engage in secondary abstinence and reduce sexual risk taking while recognizing that abstinence is the only certain way to avoid HIV infection. Interventions targeting sexually active adults at higher risk of HIV-infection will encourage behavior change to reduce the number of sexual partners (especially casual sexual partnerships) and promote marital fidelity. AED will reach out to PLWHAs through promotion of their enrollment in and adherence to PMTCT programs and/or promoting abstinence and consistent condom use with sexual partners to prevent re-infection.

AED will strengthen interactions and key referrals between health care facilities and the community as part of sexual prevention activities in the workplace programs. Sub-partners (NIBUCA, NUPENG, NURTW, NUTGTWN, SSANU and NUCFRLANMPE) will target employees and their family members with "A B+C" prevention interventions. AED will work with the unions the small and medium enterprises to identify the right strategy and mix of interventions pooling from a broad range of identified best practices.

AED will conduct Community/Enterprise Awareness campaigns to clarify strategies and activities of the SMARTWork approach and educate the management of each enterprise. These meetings will take place prior to launching program activities in each establishment in order to build awareness for HIV/AIDS issues and to answer any concerns participants may have. Enterprises and unions will be encouraged to undertake HIV/AIDS program outreach activities within their host communities and reach out to workers family members with necessary information and education on HIV/AIDS. Capacity building activities may vary based on individual partner/enterprise needs. AED will support each enterprise and partner to conduct a series of two-day seminars for the community on: abstinence and being faithful; interpersonal communications; community mobilization methods; peer education strategies; linking programs with counseling, testing and care and treatment centers; and efforts at partner reduction, mutual fidelity and condom usage. Each enterprise will conduct at least one community outreach during the period and 20,455 individuals will be reached with A&B in COP09.

AED/SMARTWork will assist each partner enterprise to establish a team whose members represent various aspects of the workplace and who share a commitment to addressing HIV/AIDS, with skills to "sell" the program to others in the workplace. The planning committee will include men and women from all departments and levels in the enterprise, as well as workers living with HIV/AIDS. The joint management-labor committee ensures that differences are taken into account and policies and programs can be developed that work for all areas of the workplace. AED will provide assistance in identifying appropriate persons to represent the diverse interests and needs of the workforce. AED will conduct a three-day capacity building training for members of the HIV/AIDS Planning Committee. The training will include all aspects of HIV/AIDS policy and program development and equip committee members with the ability to play a leading role in the management of the enterprise's HIV/AIDS workplace program. AED will continue to provide technical support to the HIV/AIDS Planning Committee members of the enterprises in sensitizing all the employees in the company's key locations about basic HIV/AIDS prevention and transmission information, voluntary counseling and testing, workplace issues related to stigma and discrimination, and mainstreaming HIV programs in the workplace.

Peer educator (PEs) volunteers will be identified and trained to conduct informal education and training activities for their co-workers. AED will provide technical assistance to enterprises and unions in selecting appropriate staff to participate in a three-day peer educators training. A staff-to-peer educator ratio of 10:1 will facilitate the informal small group and one-on-one discussions on HIV/AIDS and safer sex practices. Peer educators will answer questions, distribute materials, and generally foster an environment of greater awareness and understanding about HIV/AIDS. Training will be facilitated by the core-trainers already trained for each partner using the SMARTWork workplace PE training curriculum. In COP09, 150 PEs will be trained.

Under condom distribution and other prevention activities, the key messages will include partner reduction, consistent and correct use of condoms, and prompt diagnosis and adequate treatment of STIs. AED will continue to support partners through the process of condom procurement and storage, along with

Activity Narrative: establishing a stronger collaboration with Society for Family Health to ensure a consistent condom supply. NIBUCAA and the five unions will be trained and retrained in best practices for condom distribution, storage and usage within the scope of prevention and sensitization activities. These activities include but are not limited to condom procurement and distribution, as well as making condoms readily accessible and available through peer education activities. There will be a two-day training on condom logistics and negotiating skills at 20 workplaces in COP09. Participants will be disaggregated by sex, social peers and grade levels from all the units and departments in each enterprise. This will be facilitated by AED, SFH and NIBUCAA. Condom distribution points will be set up by the various SMEs and workplaces. Overall, 13,636 individual will be reached through the PEs in COP09.

AED will provide TA to NIBUCAA and the five unions in the adaptation/production of relevant IEC/BCC materials to reinforce messages on abstinence, faithfulness and /or consistent and correct condom use. AED will continue the distribution of an extensive catalogue of behavior change tools and materials for the workplace that enables immediate implementation of activities and important leveraging of existing resources for use by the workers.

Two-day adaptation training will be organized for union-partners in conjunction with NIBUCCA for review and selection of existing BCC materials for reproduction and distribution by the partners. Three representatives will be selected from each partner organization for this training. Trainings will be conducted in line with the National BCC Strategy and facilitated by a consultant and a graphic artist with support from AED and NIBUCCA staff.

Dissemination strategies include: the distribution of materials at workshops, seminars, company-level presentations; special events, such as World AIDS Day Campaigns, Workers Day; and the integration of HIV/AIDS preventive messages into workplace newsletters, journals and other periodicals.

AED project will continue to encourage the parents to be active supporters of youths' health choices by addressing improved knowledge, attitudes, communication and other parenting skills, and by supporting an integrated approach to promoting a healthy lifestyle for young people. Youth focused awareness creation activities including lectures, drama and a mascot will focus on behavior change, risk reduction and adoption of safer sex practices. AED will further assist enterprises' developmental initiatives, such as family days. Family days are employer-sponsored events for employees to gather together to celebrate the enterprise's annual achievements. AED will work with the partners to assist the HIV/AIDS Planning Committees at each enterprise level to plan and implement family days.

Greater Involvement of People Living with HIV/AIDS (GIPA) is critical to halting and reversing the HIV epidemic in Nigeria; thus AED/SMARTWork will mainstream GIPA into workplace HIV/AIDS programs. The involvement of PLWHA in program development and policy making will improve the relevance, acceptability and effectiveness of the program. During workshops and trainings, PLWHA's participation in workplace HIV/AIDS programs will assist in changing perceptions and provide valuable experience and knowledge. For those who choose to disclose, open acknowledgement of their sero-status can help demolish myths and misconceptions about HIV/AIDS and PLWHAs. It may also encourage other HIV-infected workers to combat fear and shame by disclosing their status. PLWHA will also be advocates for the development of HIV/AIDS policy as well as law and policy reforms. The partners and enterprises including the 50 SMEs will be encouraged to continue to engage qualified PLWHA as staff members.

CONTRIBUTION TO OVERALL PROGRAM AREA

The program and activities implemented will increase the reach of ABC interventions into the most at risk population (Long Distance Drivers and other itinerant workers). This AED-SMARTWork prevention program through union partners and NIBUCAA whose capacity has been developed, will contribute further to strengthening and expanding the GON's response to HIV/AIDS epidemic in the workplace and increase the chances of meeting the PEPFAR's goal of preventing over a million new infections.

POPULATION BEING TARGETED:

Population targeted in these ABC prevention activities will not only focus on employees alone but also on families of employees and other community members where the enterprise is sited.

KEY LEGISLATIVE ISSUES:

Key legislative issues will address gender inequalities as regards sex, workplace norms and risky behavior injurious to health and increase access to information and services for men and women.

EMPHASIS AREAS:

AED-SMARTWork will focus service delivery on information, education and communication, promoting abstinence, mutual fidelity, condom usage and capacity building in the workplace and build linkages with other prevention initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7144.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 25630.09

Activity System ID: 25630

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$1,080,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity for LMS Associate, comprised of abstinence/be faithful (AB) and other sexual prevention (HVOP) programs. It links to activities in Adult Care and Support, TB/HIV, Counseling & Testing, OVC, and PMTCT.

In COP 08, LMS is supporting the provision of comprehensive AIDS care and treatment services at 17 secondary and 22 primary healthcare (PHC) feeder health care facilities in 6 states; Kogi, Niger, Adamawa, Taraba, Kebbi, and Kwara. In COP 09, the LMS AIDS Care and Treatment project will build on activities initiated in COP 08 and expand to 2 additional secondary facilities in states where LMS is currently working. HIV/AIDS services will be further decentralized and strengthened at an additional 10 PHC sites within the local government areas (LGAs) for a total of 51 sites (19 comprehensive care and treatment [CCT], 32 PHC) providing AIDS care and prevention services in COP09.

In COP09, the presence of LMS at 19 CCT secondary facilities offers the opportunity to serve at least 19 LGA catchment populations with AB programs. AB programs will be further decentralized to remote communities through a network of 32 PHC health facilities. In COP09, LMS will have established strong community HIV services in all project LGAs through its partnerships with faith-based, community-based, and non-governmental organizations (FBOs, CBOs, NGOs) and school teachers, which will provide an effective vehicle for the delivery of comprehensive AB services.

In COP 09, LMS AB programs will promote low-risk behaviors among in-school and out-of-school youth aged 15 to 24 years. The project will target most-at-risk populations (MARPS), such as transport workers, uniformed service men and women, men who have sex with men (MSM), and persons living with HIV/AIDS (PLWHA), from LMS-supported facility based support groups. AB messages will be packaged using themes on primary abstinence and delay of sexual debut for younger youth, secondary abstinence among unmarried youth, and unmarried and mobile adults, HIV counselling and testing (HCT) for everyone, and mutual fidelity for spouses/partners. The most effective channels for targeting the various groups will be explored. LMS will also develop promotional materials, such as T-shirts, caps, exercise books, and pens to reinforce the messages of information, education, and communication (IEC) materials. The project will develop and/or adapt community training manuals that use the AB strategy and train peer educators for each of the above target groups. Peer education manuals used by Family Health International (FHI) and Society for Family Health (SFH) will be incorporated into the LMS AB training manuals. The LMS AB manual will include the following topics: basic knowledge on transmission and prevention of STIs and HIV; benefits and process of knowing one's HIV status through counseling and testing; setting personal goals and values for life; life building skills; gender inequalities that promote HIV/STI transmission and how to minimize them; sexual violence; trans-generational sex; secondary abstinence; and alcohol and substance abuse. Peer education materials will inform community outreach activities and seminars to educate the targeted population. Other IEC materials, including audio visual materials leveraged from other implementing partners (IPs) will be distributed and discussed during community seminars. LMS will build skills of CBOs, FBOs, community leaders and other gate keepers in supported LGAs to address social or cultural practices, such as polygamy, widow inheritance etc., which affect AB choices and increase the likelihood of risky behaviors. The interpersonal communication systems proven effective in the past will be strengthened through FBOs and CBOs already in the targeted communities. LMS will ensure that all targets are reached with a minimum of three prevention intervention strategies as required by the national prevention plan minimum package recommendation.

LMS will collaborate with other IPs, such as SFH and CEDPA, to build upon existing AB messaging and mass media campaigns. LMS will also work with HIV/AIDS clubs in 19 secondary schools and 6 tertiary institutions in 6 states, to promote such ABC messages as abstinence, mutual fidelity, delay of sexual debut, partner reduction, and gender and social issues that increase vulnerability to HIV transmission. Youth-friendly sexually-transmitted infection (STI) and HIV prevention services will be established at convenient locations within the LMS project LGAs to be managed by the trained youth peer educators. In COP 09, 250 persons will be trained to reach 49,091 persons (28,000 males and 21,091 females) directly with AB messaging in 6 states.

In COP 09, the LMS condoms and other prevention activities will be implemented at 51 facility-based sites (19 CCT facilities and 32 PHC) and through community mobilization of targeted MARPs in project-supported LGAs in 6 States. Local CBOs, FBO and NGOs will be supported to train peer educators among brothel-based female commercial sex workers and their clients, MSM, long distance truck drivers, out-of-school youth, incarcerated persons, uniformed service men, and PLWHA. Peer educators will be supported to conduct weekly sessions for their target/peer groups to discuss accurate information about correct and consistent condom use as a means of reducing but not eliminating the risk of transmitting HIV and other sexually transmitted infections (STIs), HIV prevention among known HIV positive partners, prompt and complete treatment of STIs, the importance of HCT, partner reduction, partner testing and mutual faithfulness as methods of risk reduction. The project will leverage male condoms and lubricants from SFH and female condoms from UNFPA and other sources for distribution to the peer educators, who will act as distribution points for their groups. In addition, LMS will collaborate with condom social marketing companies to ensure a steady flow of condoms to the project supported communities.

LMS will ensure that condoms are available at all supported health facilities for distribution to PLWHA as part of the "prevention with positives" (PwP) strategy. This will prevent re-infection among PLWHA and limit transmission to others. Condoms will also be given to discordant couples to limit transmission to the uninfected partner while promoting family relationships that are necessary for parents' survival. The prevention with positives strategy will include provision of condoms and information on correct and consistent use, discordant couples, and prevention of super infection in couples that are both positive.

LMS will adopt a phased peer education program in 19 project facility communities in 6 States. The first phase will include: advocacy visits, community mobilization, village square meetings, and group discussions. The second phase will include: distribution of condoms and IEC materials; identification of peer groups; training of peer educators among targeted groups in HIV counseling, HIV education, life building

Activity Narrative: skills; organizing prevention education/awareness events; and facilitating group discussions in communities using the developed peer education manual. The third phase will be focused towards sustainability of the program by collaborating with CBOs, FBOs and local NGOs and trained peer educators from the targeted groups, to strengthen their capacity to continue to build upon initiated prevention activities. LMS will support 6 mobile community outreach teams, one in each project state, to engage in community-wide prevention activities, such as: facilitating group discussions; disseminating culturally appropriate messages on prevention, partner reduction, inter-generational sex, mutual fidelity, and stigma reduction; promoting access to HCT for targeted MARPS; and distributing condoms and culturally specific IEC materials leveraged from other IPs. To ensure appropriate condom messaging, mobile teams will be provided with penile models for demonstration of correct condom use. Clients accessing the mobile IEC or HCT services will be linked to treatment, care and support programs at supported health facilities. An already established referral system that ensures a linkage between mobile outreach teams and the facility will be strengthened for this purpose. LMS will train mobile teams in systems management, referral systems, and patient tracking.

In COP 09, 320 persons from 190 outlets will be trained to reach 32,727 (18,654 males and 14,073 females) directly with other prevention information and messages for correct and consistent condom use, and prompt and complete treatment of STIs. Ten million condoms will be distributed from 51 outlets and 5 mobile units, targeting MARPs groups.

To ensure uniform and consistent data collection and effective monitoring and evaluation (M&E), LMS will use nationally harmonized registers and HIMIS tools to capture, manage, and report relevant data. The program will utilize participatory M&E for its internal evaluation. Focus-group discussions and semi-structured interviews will be used for the baseline study and program monitoring. Data quality will be ensured through the adaptation of the Winrock Means of Verification (MOV) tool.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AB activities will contribute to the USG PEPFAR plan by reaching 49,091 persons with AB messages and 32,727 with condoms and other prevention programs. This program will help to strengthen the capacity of community based resources to serve the wider interest of improving the lives of families and contribute to reducing new infections in Nigeria.

LINKS TO OTHER ACTIVITIES:

Sexual prevention links to activities in Adult Care and Support, TB/HIV, Counseling & Testing, OVC, and PMTCT.

POPULATIONS BEING TARGETED:

This activity focuses on the needs of adults and youth from LGA catchment areas in the 19 project supported sites, with a focus on in- and out-of-school youth, teachers, young women and men reporting multiple partners, OVC, PLWHA, and MARPS (incarcerated persons, transport workers, sex workers). Prevention with positives will form an integral part of this activity with special focus on discordant couples and positive pregnant women.

EMPHASIS AREAS:

Emphasis will be placed on community mobilization, participation and the training of peer educators to increase access to ABC messages. Emphasis will also be placed on messages that address social or cultural practices which can hinder wise ABC choices and increase the likelihood of risky behaviors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1561.09 **Mechanism:** HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB
Budget Code: HVAB **Program Budget Code:** 02
Activity ID: 9833.25969.09 **Planned Funds:** \$94,574

Activity System ID: 25969

Activity Narrative: ACTIVITY DESCRIPTION:
 This Sexual Transmission activity relates directly to all Nigeria AB and Condoms/Other Prevention COP09 activities as part of the USG technical oversight role. The USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria, has one full time staff position for HIV Sexual Transmission, which was previously approved in COP07. The budget includes funding for 1.25 FSN salary, funding for required domestic travel, training funds and allocated minor support costs. This staff member will be supervised by a Senior Prevention Manager funded across the CDC agency prevention programs as noted above. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP).

This HHS/CDC HIV Sexual Transmission program specialist will work in close coordination with the USAID and DoD prevention staff and directly provide quality assurance and program monitoring to all HHS-supported implementing partners with prevention activities in the area of sexual transmission programming including: University of Maryland-ACTION, Harvard SPH-APIN, Columbia University SPH-ICAP, Catholic Relief Services-AIDSRelief, Population Council, Partners for Development, IFESH, ECEWS, Africare, APIN, LLC and CDC RFA awards in COP09. HHS/CDC prevention staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN, CEDPA, Society for Family Health, Population Council, Christian AID, Catholic Relief Services-7 Dioceses, Winrock International, Hope Worldwide South Africa, Hope Worldwide Nigeria, Food for Hungry, LMS Associates, LMS Leader, Pro Health, YWCA, C-Change, NELA, GECHAAN, CSN, Community Reach, AIDSTAR, AED Workplace and USAID APS awards for COP09. USAID and CDC prevention staff will provide assistance as needed to the U.S. Department of Defense program with the Nigerian Ministry of Defence. The strategic shift undertaken by the National Prevention TWG to mandate a minimum package of prevention services requires a significant level of programmatic guidance and oversight for the partners, and the robust integrated prevention team provides the technical leadership required for an appropriate response. The sexual prevention team's responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with OGAC technical working groups, and 4) participating in the USG prevention working group.

HHS/CDC, DoD and USAID prevention staff will also provide technical support and capacity development to new partners undertaking prevention of sexual transmission activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria's national prevention guidelines.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13133

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13133	9833.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$15,000
9833	9833.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$27,500

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3689.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5312.24869.09

Activity System ID: 24869

Mechanism: USAID Track 2.0 CRS 7D TBD

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$1,445,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Peer educators will be trained within support groups to support prevention for positive (PwP) strategies and within communities to deliver "peer education plus" strategies for youth and adults using role models and dramas, games and quizzes. The "Choose Life" curriculum will be used for peer education for in- and out-of-school youth. Four individuals per diocese from the 13 diocese will be trained as peer educators centrally. Step down training will be conducted at diocesan level for 20 people per diocese. The peer educators trained per diocese (24 each) will reach 10 out-of-school youths through the Catholic Youths Organization of Nigeria (CYON) structure in the churches and 10 in-school youths using the curriculum. In all, 12,480 youths will be reached using this activity with A messages only. Trainings will be conducted for 20 individuals per diocese from the 13 arch/dioceses (260 individuals) to deliver accurate Prevention messages. They will reach 422 people at masses on Sunday per month during the COP year. Thus, 65,832 individuals will be reached with prevention messages from trusted advisors continuously over the year.

Faithful house training will be conducted for 195 couples (390 individuals); 15 couples per diocese. Those trained will be supported to provide training for 5 couples each. 975 couples or 1950 individuals will be trained in this step-down. Each couple trained will reach out to 5 other couples over a five month period. A total of 4,875 couples or 9,750 individuals will have undergone training in one year. Faithful House participants will also serve as role models and peer mentors to 2 individuals monthly to provide these individuals with prevention messages through interpersonal communication.

Anti-AIDS clubs will be initiated in two primary and two secondary schools as part of a school-based approach, with each club having 20 members. Each member will reach 10 individuals per quarter. Post-test clubs will be formed that will offer AB information through interpersonal communication (IPC) and focus group discussions to all who have undergone counseling and testing services. Prevention services will be integrated into existing home based care delivery. 26,000 people will be reached with AB information during home-based care and counseling conducted by Parish AIDS Volunteers (PAVs). In each of these households, 2 individuals will be reached with AB messages; thus, 52,000 people will receive prevention services through IPC and group discussion approaches. 20 youth and adults will access AB services in established health information centers for a total of 3120 youth and 3120 adults reached. A total of 65,682 individuals will receive AB services through outreach programs; 33,280 of whom will benefit from A-specific activities through clergy, catechists and peer educators. 1,001 individuals will be trained in AB program areas.

COP 09 ACTIVITY DESCRIPTION:

During COP09, CRS 7 Dioceses (7D) will support in capacity building of Catholic Secretariat of Nigeria (CSN) to conduct workshops and trainings for clergy and laity who will provide marital counseling, deliver accurate and consistent prevention messages as well as partner with 13 Archdioceses. CSN will be enabled to continue developing accurate, target-specific and "faith sensitive" information, education, communication (IEC) and behavioral change communication (BCC) materials and to sensitize clergy, catechists, and laity, including Imams and other Muslims leaders on AB prevention in six additional archdioceses. CRS 7D will tailor its AB activities to be in line with the National Prevention Plan using behavioral change strategies to ensure that individuals are reached with an overlap of at least three (3) AB strategies. The strategies include: peer education model, community awareness campaigns, the "peer education plus" model, work place programs, messages targeting vulnerability issues, and a school based approach.

The key anchors will be: (a) community awareness where AB messaging will be given during mass; (b) peer education model using the "Faithful House" curriculum for married couples, "Choose Life" curriculum for in and out of school youths and support group under prevention for positives; (c) a peer education plus model using drama, games, and quiz activities to give prevention messages; and (d) a school based approach through the formation of anti-AIDS clubs in schools.

AB messages will continue to be delivered during Sunday mass services. Trainings will be conducted for 20 individuals per diocese from the 13 archdioceses (260 individuals) on delivery of targeted and accurate Prevention messages. They will be expected to reach 422 people at masses on Sunday per month during the COP year. Thus, 65,832 individuals will be reached and will be receiving prevention messages from trusted advisors, continuously over the year.

The 13 partner archdioceses will each be supported to conduct Faithful House training for 15 couples each (195 couples or 390 individuals) using existing trainers in the diocese. Those trained during a five day training program will be followed up over a period of 6 months. These couples will each subsequently conduct step down training for five more couples. 975 couples (1950 individuals) will be reached during the step down training. These 975 couples will reach out to five new couples each in a period of 5 months totaling 4,875 couples who in turn will reach out to another five couples. Thus 4,875 couples (9,750 individuals) will receive comprehensive marital counseling training. The faithful house approach has a goal to build happy and lasting marriages that prevent HIV infection using the concept of a "Faithful House." The same couples within the 'faithful house cluster' will regularly attend Sunday mass where the message of "Faithful House" will be reinforced through guided prevention messages promoted by trained parish priests.

Each of the 1950 individuals (or 975 couples) trained within the first six months will become role models to 2 peers per month for the rest of the year. They will reach them with comprehensive prevention messages. 23,400 individuals will be reached with this model. Husbands will play an active role in educating their children and friends on AB. CRS 7D will encourage each of the 4875 couples (9,750 individuals) enrolled in the program to dialogue with at least four of their children on "A"-specific messages. In this way, 19,500 children will be reached with A-specific prevention messages and tips to prevent sexual abuse. This will be an activity under peer education plus model. Thus the minimum package for those within the faithful house cluster will include peer education approach, peer education plus and sermons from the pulpit during Sunday mass.

Anti-AIDS club will be initiated in two primary and two secondary schools per diocese with a membership of 20 persons per club. 1,040 individuals will be club members, each of whom is expected to reach additional

Activity Narrative: peers through interpersonal communication. Individuals in secondary schools will be trained in primary and secondary abstinence and those in primary schools will be trained in primary abstinence. These pupils/youth will also be reached through activities such as games, drama, and quiz/information competitions between schools in the parishes and communities, and at quarterly meetings as part of peer education plus strategies. The "Choose Life" curriculum will be used for peer education for both in- and out-of-school youth. 4 individuals per diocese from the 13 diocese will be trained as peer educators centrally. Step down training will be conducted at diocesan level for 20 people per diocese. The peer educators trained per diocese (24 each) will reach 10 out of school youths through the CYON structure in the churches and 10 in school youths using the curriculum. The curriculum has 5 modules, one module per month for five (5) months. This will be repeated for the next 5 months for another set of youths by the peer educators. 12,480 youths will be reached using this activity with A messages only.

Trainings will be conducted centrally on AB Prevention for two PLWHA support group leaders per diocese. They will conduct a step down training for 20 PLWHA (SG+ leaders) in each of their diocese and these people will in turn counsel and communicate information about AB Prevention in support groups, households, and communities. Each individual trained will reach 50 people in the various support groups. 26,000 individuals would be reached with AB messages. Status disclosure will be encouraged and those willing will be supported with additional training and logistics.

Vulnerability reduction strategies will also be utilized to support 50 PLWHA per diocese through income generation activities and other sources of micro finance. Active recruitment and involvement of 1 PLWHA per diocese will be encouraged among the 13 partner dioceses.

HCT will form an entry point for AB prevention through the HCT centers with formation and management of Post Test Clubs for those tested. These post test clubs will offer messages on AB during pre- and post-test counseling through interpersonal communication (IPC) and focus group discussions. Refreshment and transport subsidies will be offered to participants plus Post Test Information Packs and materials. 40 people will become member of the Post Test clubs per quarter in each diocese.

Home-based care and counseling conducted by Parish AIDS Volunteers (PAVs) will include AB information sessions for 26,000 palliative care clients (from SG+ members) and their households. These sessions will include correct and accurate information about condoms. PAVs will reach two people in each household with AB information for an anticipated 52, 000 people reached.

The 13 partner dioceses will be supported to manage Health Information Centers that provide AB services to youth and adults. This support will include provision of refreshments and visual media materials, such as projector and laptop for AB education purposes. Periodic "Youth Days" and "Couples Days" (one per quarter) will be conducted at these centers for ongoing outreach to youth, adults and couples. 20 youth and a similar number of adults will access AB services monthly in each center giving a total of 3,120 youths and 3,120 adults reached. 6,240 people will be reached. It is hoped that these couples or youth will then enroll in one of the more intensive AB programs and become more involved.

CRS 7D will integrate with SUN OVC and collaborate with other projects like AIDSRelief to provide services. The SUN/OVC project offers IGA to OVC caregivers some of whom are in the SG and receiving other AB messages, even though they are not being funded directly.

CRS will provide support to 260 parishes on BCC activities. Advocacy to government agencies will be undertaken to develop partnerships through engagement of LGA and the Catholic Youth Organization of Nigeria (CYON). Support will be given to 10 LGA leaders and 10 CYON leaders for AB prevention in the archdioceses. These leaders will each reach 100 people for a total of 13,000 people reached with Abstinence messages and an equal number with "B" information. Altogether, 26,000 people will be reached indirectly.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AB activities in the 13 Archdioceses will encourage youth to adopt behavior that will reduce the risk of HIV infection, such as delaying sexual debut until marriage and promoting social/community norms that favor AB. Correct and accurate information on condoms will be given to adults and to sexually active youth in the Archdioceses. Adults and youth will be motivated to adopt partner reduction behaviors.

LINKS TO OTHER ACTIVITIES:

AB prevention strategies in the 13 Archdioceses relate to HCT, Prevention of Mother to Child Transmission (PMTCT), and Orphan and Vulnerable Children (OVC) activities.

POPULATIONS BEING TARGETED:

Target populations of the AB Prevention messages include: adults, children and youths, PLWHA, HIV and AIDS-affected families, communities and community leaders. Included are both girls and boys from primary school through university, out-of-school youth, and adults of both genders, with activities specifically tailored for pregnant women. Men will also be targeted.

Direct targets of AB services will be 65,682 individuals. 33,280 of these will benefit from A-specific messages and 1,014 individuals will be trained. Coverage areas include Kaduna and Kafanchan A/dioceses (Kaduna), Minna Diocese (Niger), Jos Archdiocese (Plateau), Lafia Diocese (Nasarawa), Makurdi and Otukpo Dioceses (Benue), Idah Diocese (Kogi), Benin A/diocese (Edo), Abuja A/diocese (FCT) and 3 arch/dioceses to be created out of the present arch/dioceses we are working with. 6 additional arch/dioceses to benefit from AB activities will be indicated by the Catholic Secretariat of Nigeria.

EMPHASIS AREAS:

Emphasis will be on human capacity development. This activity will increase gender equity in programming through specific targeting of young girls and women. Male norms that encourage reducing multiple partners will be emphasized while involvement of PLWHA will assist in reducing stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13006

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13006	5312.08	U.S. Agency for International Development	Catholic Relief Services	6366	3689.08	USAID Track 2.0 CRS 7D	\$2,000,000
6684	5312.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$1,095,000
5312	5312.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$196,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3690.09

Prime Partner: Food for the Hungry

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5314.24858.09

Activity System ID: 24858

Mechanism: USAID Track 1.5 Food for the Hungry

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$356,138

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Food For the Hungry (FH) conducted a Mid-Term Evaluation in April 2008 and will implement the recommendations from the evaluation in COP 09. The evaluation found that sub-partners are able to reach large numbers of youth using the cascade method; all aspects of the project were found to have strong curricula and good monitoring systems. FH is reducing targets to improve quality of the project in consonance with the national prevention strategy that specifies a minimum of 3 interventions to reach a target. Each promoter will train and supervise 10 Youth-to-Youth (Y2Y) groups consisting of 10 leader youth (LY) each. The LY will each work with 10 beneficiary youth (BY). The lead agency will employ a training specialist to assist all partners in improving the quality of training, especially at the lower levels of the structure. In addition, the lead agency will employ an M&E specialist to provide specific support to all project partners. The sexual abuse prevention component of the curriculum will be removed as recommended by the evaluation report. An identified need to concentrate more on abstinence skills has led to a revision of the FH Choose Life curriculum to include more skills training and skill building exercises.

ACTIVITY DESCRIPTION:

FH, a Track 1 ABY partner, implements activities in Nigeria as part of a multi-country program. This activity supports FH's Nigeria program, which it implements through three major sub partners: Beacon of Hope (Christian Reformed World Relief Committee) who is the lead agency in Nigeria, the Salvation Army and the Nazarene Compassionate Ministries. FH currently supports activities in 13 states where Nazarene, Salvation Army and TEKAN member churches exist. During COP 09 when the 3rd cohort starts, the number of states will be reduced to eight in order to provide efficient and better supervision. Another partner, Operation Blessing, a media organization, produces public service announcements (PSAs) that reinforce abstinence and faithfulness (AB) messages for radio and TV throughout Nigeria.

FH will continue AB awareness meetings, consisting of focus group discussions and presentations back to the community/group, to reinforce abstinence and faithfulness as ways to prevent the spread of HIV. Youth and adults interested in further participation in the program will be identified to participate in these community awareness campaigns of the program.

Youth-to-Youth (Y2Y) groups aim to increase the commitment of individuals to abstinence before marriage and faithfulness in marriage. Each Y2Y group in the third cohort, starting 1 January 2009, will consist of ten LY per the recommendation of the Mid-Term Evaluation. Promoters, using the age-graded Choose Life curricula will train the LY for at least twelve sessions to be peer educators. Each LY shares what he/she learns with a group of ten peers (BY). Trained promoters and on-site co-promoters assist, coach and mentor the LY through the Y2Y groups and as they share with their peers. Each youth is encouraged to have a mentor who is invited to a Y2Y group session to learn more about AB and his/her role as mentor. A discussion guide is available to help them as they meet together to discuss the topics covered in the Choose Life curriculum. The curriculum includes essential life skills and, while promoting AB, provides accurate information on condoms to youth 15 years and older. The Choose Life curriculum will be revised to emphasize and help youth build skills for abstinence more effectively. Through the barrier analysis survey and BEHAVE Framework, key determinants that help and/or hinder abstinence and faithfulness were identified. These are addressed in the activities to help participants change their behavior. Culturally appropriate materials help guide the Y2Y discussions that address issues relating to relationships, sex, sexual abuse and coercion, HIV and AIDS and its impact on the community. Through these small-group discussions and the multiplier effect of the LY, the Y2Y groups promote AB as healthy and desirable sexual choices. The curricula include guidance and encouragement to continue meeting as accountability groups after completion of the manuals. Strategies used in these activities are the peer education model, curricula based approach, interactive and participatory learning through games and dramas (peer education model plus), the use of role models and addressing vulnerability issues through essential life skills training and gender roles. These strategies plus the community awareness campaigns are part of minimum package of the national prevention strategy for youth trained and youth reached with AB messages.

FH's faithfulness training emphasizes faithfulness to married men and women between the ages of 15-49. The faithfulness training utilizes a culturally appropriate and evidence-based curriculum of nine sessions, Keys to a Healthy Relationship, to guide small group interactions that promote messages about fidelity in marriage and responsible behavior. To implement this, FH holds training of trainers (TOT) workshops that engage married adults and influential religious and community leaders in discussions on relationships, sex, sexual abuse and coercion, HIV and AIDS and its impact on the community. The trainers teach married couples or those in long-term committed relationships in their churches, mosques and communities. The formation of accountability groups is encouraged. The strategies for these activities include peer education model, curricula based approach, use of role models and addressing vulnerability issues through the promotion of healthy relationships between married men and women.

To ensure consistent and high quality implementation of activities, FH uses a wide range of evidence based M&E tools that include barrier analysis survey, BEHAVE Framework, knowledge, attitude and practice (KAP) surveys, quality improvement verification checklists and post-tests. FH will employ a training specialist and an M & E specialist to improve the training and the use and effectiveness of these tools.

The impact the Y2Y groups and faithfulness training have on communities continues to be tremendous. These programs encourage discussion and dialogue within the family and larger community about various social issues related to HIV and AIDS.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Through these activities, FH will promote AB to youth and adults as a means of reducing the spread of HIV and AIDS. FH will work alongside its faith-based and community partners to train 8,100 LY and influential adults to promote HIV and AIDS prevention through abstinence and/or being faithful and to reach 16,188 youth and adults with AB messages. FH will reach its targets by implementing activities with 414 churches, schools and other community organizations. These targets include people from both the 2nd and 3rd cohort of the centrally funded project because cohort 2 will end in December 2008 and cohort 3 will begin in

Activity Narrative: January 2009.

LINKS TO OTHER ACTIVITIES:

FH's goal is to integrate its program into the lives of the churches, schools and communities where it works. Therefore, it works to promote community acceptance of AB as healthy sexual choices and as social norms. FH integrates these messages into other program activities with its partners and builds their capacities to continue promotion of AB when this project ends. As there are currently no direct links with other USAID/PEPFAR activities, FH's partners will seek and the USG prevention team will help to actively promote linkages with implementing partners involved in other activities that will improve the response to HIV and AIDS. With funds from other donors, HCT is offered at the faithfulness TOTs and promoters' training.

POPULATIONS BEING TARGETED:

FH targets unmarried youth between the ages of 10-24 years and married men and women aged 15-49 years. This is based on the National HIV/AIDS & Reproductive Health Survey (NARHS) of 2003 that found the median age of first sex was 16.9 years for females and 19.8 years for males. The NARHS survey also found that sex with a non-marital partner was highest in women aged 20-24 years (15.1%) and in men aged 25-29 (36.6%) followed closely by those in the 20-24 age group (34.9%). The 2005 Sentinel Survey found the highest prevalence of HIV in the 25-29 age group (4.9%) closely followed by those 20-24 years (4.7%).

EMPHASIS AREAS:

Emphasis areas include human capacity development and gender equality.

Training and human capacity development is central to the program. The aim is to build the capacity of youth to abstain from sex outside of marriage and to be faithful within marriage. Staff, promoters, co-promoters, leader youth and faithfulness trainers will continue to be trained to develop skills in program implementation, facilitation, counseling and monitoring.

Gender equality continues to be addressed through the Y2Y groups and faithfulness training. The curricula used in these activities are very intentional in promoting equality between males and females. They address issues such as sexual abuse, violence and coercion. This training also addresses the stigma that exists within Nigerian society towards those with HIV and AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13047

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13047	5314.08	U.S. Agency for International Development	Food for the Hungry	6376	3690.08	USAID Track 1.5 Food for the Hungry	\$460,000
6712	5314.07	U.S. Agency for International Development	Food for the Hungry	4169	3690.07	Track 1.5	\$443,656
5314	5314.06	U.S. Agency for International Development	Food for the Hungry	3690	3690.06	Track 1.5	\$475,118

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,735

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3698.09

Prime Partner: Olive Leaf Foundation

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5343.24862.09

Activity System ID: 24862

Mechanism: USAID Track 1.5 Hope WW
SA

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$264,078

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

In COP 08, the program was located in Lagos state at 4 sites (Epe, Ikorodu, Badagry and Shomolu Local Government Areas), with 14 schools and 1 Community Based Organization (CBO) reached. In COP09, the program will still be present in these 4 sites in Lagos state with all the schools and CBOs maintained.

ACTIVITY DESCRIPTION

Hope WorldWide South Africa (HWW) in COP08 reached a total of 9,506 individuals with AB messages and 7,334 youths with abstinence only messages. In COP09, HWW will reach 8,803 individuals (5,148 males and 3,655 females) with AB messages and 5,060 individuals with abstinence only messages. Lagos State has factors that make young people susceptible to HIV infection; among these are the cosmopolitan nature of the state with a large number of people of different lifestyles and backgrounds, ever-present media that presents sexual images and risky lifestyles to impressionable youth who are at risk of engaging in early unprotected sexual activities, and a large population that includes many with disposable incomes and many more without. The drivers of the epidemic are similar in the four sites where HWW's AB program activities are active; as discovered through experience sharing activities, major factors that make young people vulnerable to getting infected are: high levels of poverty, especially among young girls, many of whom find alternative means to make ends meet (for example, many of them associate themselves with 'Okada' riders for free transportation to school and sometimes from school back home, which puts pressure on them from the older Okada riders to exchange this gesture for sex); too much idle time for youth, especially after school hours, beyond the range of parental supervision, which leads to engagement in risky behaviors (e.g., visiting boy/girl friends where they are prone to sexual pressure); economic pressures to work in risky setting, such as that found in Badagry, a border town, where there is a high level of sexual networking and many young boys and girls are encouraged to work at the border after school hours to support their family, which makes them prone to early sexual initiation and therefore at greater risk of becoming infected); and the number of large urban festivals, such as the annual 'Kayo-kayo' festival in Epe that takes place during Eid-el Kabir, in which many young people find an opportunity to explore sexual activities.

In COP09, HWW will address the risk faced by young people between the ages of 10-18 years, who are the primary target population, and their families and communities (the secondary target), through abstinence and "be faithful" program (AB) activities. For the primary target, HWW plans to use community awareness campaigns with young people engaged in focused small-group discussions (FGDs). This will provide youth an opportunity to assess risk levels, personal risk factors and other factors that make them susceptible within their communities. Through these discussions, participants will become aware of many factors that could make them vulnerable to getting infected not only with HIV but also with other sexually transmitted infections (STIs). Since most in this age group are in secondary school, a school-based curriculum approach will also be utilized to provide the target population with skills on how to handle social pressure and to refuse sexual advances. This will complement the effort of the small group discussions and reinforce messages on abstinence. Through extra-curricular activities, such as HIV club formation, peer educators will provide information on factors that expose young people to HIV and how they can prevent themselves from getting infected.

For those who might be sexually active or have already initiated sex, messages on condoms will be provided so as equip them with options to prevent HIV or other STI infections, and/or unwanted pregnancies.

Early sexual debut can place adolescents at increased risk of unintended pregnancy, HIV, and other STIs. Youth who initiate sexual activity early are more likely to have sex with high-risk partners or multiple partners and are less likely to use condoms. Many factors affect the timing of first sex. A World Health Organization review of studies in 53 countries found that common protective factors include positive relationships with parents and teachers, and spiritual beliefs that decrease the likelihood of early sex. Common risk factors included engaging in other hazardous behaviors and having friends who are sexually active (Broadening the Horizon: Balancing Protection and Risk for Adolescents. Geneva: World Health Organization, 2002). Hence, principals, teachers, and parents will be engaged and encouraged to support the community action teams (CAT; Anti-AIDS Clubs) that have been formed to sustain the program in schools and in communities. Advocacy visits will be carried out to principals and Community Development Associations to encourage parents to support their children in practicing the abstinence skills they have acquired, and to address issues that may make young people susceptible to sexual exploitation. Balanced ABC messages will be provided during community outreach activities. Men As Partners (MAP) methodology will be added to strengthen messages and help individual parents or adults to assess risk levels and behaviors that promote the spread of the epidemic. During MAP sessions, information on proper and consistent use of condoms will be provided and this will help in adopting positive behaviors. HWW will use a parenting curriculum developed under this program to enrich the parenting skills of parents.

In COP09, the program will ensure refresher trainings for peer educators. Refresher training will further equip teachers with skills to promote greater abstinence skills in their students and how to better counsel students regarding sexuality and adolescent health. 50 individuals will benefit from this training. It is anticipated that newly trained teachers on curriculum based activities under this program in Badagry local government area will step down the skills to selected students, who in turn will form local program monitoring teams. In COP 09, the community based youth friendly centre that was established through HWW's Public-Private Partnership with Petrobras (an Oil servicing Company) will provide services to the youth in Epe. The resource centre will increase positive engagement of learners and provide information on HIV and adolescent health. IEC materials developed and produced under the AB program will also be made available.

Significant changes have been recorded due to activities of CAT members and trained peer educators. In 2008, most CAT members in all the 4 sites volunteered to reach the Orphans and Vulnerable Children (OVC) through OVC kids clubs in their respective communities. At kids clubs, 10-12 year old OVC are reached with abstinence messages. The Men As Partners (MAP) approach continues to be employed to engage unmarried young people and parents through workshops in schools, churches and communities to

Activity Narrative: address norms/behaviors surrounding masculinity, early sexual debut, and cross-generational and transactional sex. Those that have been trained as peer educators under this methodology continue to counsel and refer victims of sexual abuse and violence. Local CAT monitoring teams have been formally introduced to communities to promote community response against sexual and physical violence. In COP09, 10 MAP workshops, with a total attendance of 150 will be conducted and men will be invited to participate and encouraged to join the CAT. HIV testing will be promoted during community, school, church and clinic-based sessions through voluntary HIV counseling and testing (HCT) campaigns that are expected to reach 1,056 people with HCT messages. Individuals from churches, schools and the community at large will be encouraged to voluntarily be tested and make decisions about faithfulness and abstinence. Where sexually active young people are identified, referrals will be made to collaborative HCT centers for testing and other service points for comprehensive programming.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities provided in Lagos (Ikorodu, Epe, Badagry and Shomolu) will contribute considerably to the overall Emergency Plan AB target for Nigeria, as the sites chosen are semi-urban areas where it is believed that youth engage in risky sexual behavior. Efforts will be made to work with indigenous CBOs, FBOs and schools to strengthen behavior change in youth, community commitment, and reduction of gender-based violence. Community Development Associations, Market Women Groups and other groups will be mobilized to create a more supportive environment for the practice of abstinence and fidelity.

LINKS TO OTHER ACTIVITIES

HWW AB activities related to counseling and testing will be realized in collaboration with government-owned health centers and other programs that provide HIV testing. Vulnerable individuals will be referred to these centers for counseling and testing. AB activities will work together with the OVC program to provide curriculum-based abstinence skills to OVC at camps organized for OVC. Recently, as a result of the prevention work being done among in-school youth, the program facilitated an establishment of a Community-Based Youth Friendly Resource Centre in Epe with funding from Patroleo Brasileiro Nigeria Limited (Petrobras). The program will leverage this resource to continue to provide access to abstinence information and skills for young people.

POPULATIONS BEING TARGETED

The primary target audiences under this program are young unmarried people (boys and girls aged 10-18 years) and adult men and women of reproductive age.

KEY LEGISLATIVE ISSUES ADDRESSED

The program addresses stigma and discrimination and gender issues by addressing male norms and behaviors, reducing violence and sexual coercion.

EMPHASIS AREAS

Program activities include a major emphasis on training in which a structured curriculum is used to provide trainings on delivery of abstinence skills to selected individuals.. These trained individuals step down the acquired skills to their peers in their respective communities. Another emphasis area is community mobilization and participation, in which communities are mobilized with support of the gate keepers. Community dialogues are used to engage community leaders and to assist them to mobilize their wards for action. The program has minor emphasis on the development of a network/linkages/referral system and IEC development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13063

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13063	5343.08	U.S. Agency for International Development	Olive Leaf Foundation	6379	3698.08	USAID Track 1.5 Hope WW SA	\$375,000
6723	5343.07	U.S. Agency for International Development	Olive Leaf Foundation	4171	3698.07	Track 1.5	\$193,625
5343	5343.06	U.S. Agency for International Development	Olive Leaf Foundation	3698	3698.06	Track 1.5	\$29,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5267.09

Prime Partner: Centre for Development and
Population Activities

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9759.24875.09

Activity System ID: 24875

Mechanism: USAID Track 2.0 CEDPA

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$939,500

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CEDPA will continue to strengthen institutional capacity of its selected implementing agencies (IAs) to develop sustainable programs within the same states as under COP08. These activities will involve: developing organizational management system and leadership skills of IAs to optimize their ability to effectively address stigma and discrimination in the communities through training of faith and community leaders; developing peer education activities for improved advocacy for foster care and support to people living with HIV/AIDS (PLWHA); facilitating the formation and strengthening of networks of community peer groups and linkages to treatment outlets, communication centers, HCT centers, ART sites, and vocational training centers; supporting women by linking them to sexual and reproductive health services provided by CEDPA in family planning programs, improved referrals for PMTCT and ANC; and increasing young girls and women access to comprehensive sexual information and prevention services through community outreach, focus group discussions (FGDs), peer education, and peer counseling.

ACTIVITY DESCRIPTION:

In COP 09, CEDPA's Abstinence and Be Faithful (AB) and HIV prevention through behavior change beyond abstinence and be faithful (C&OP) components will be maintained in 20 states namely: FCT, Bauchi, Edo, Enugu, Kano, Anambra, Cross River, Lagos, Kogi, Imo, Niger, Benue, Taraba, Adamawa, Sokoto, Zamfara, Kebbi, Nassarawa, Katsina, and Akwa Ibom. CEDPA's AB minimum package is composed of community awareness campaigns, peer education, and school based approach for youths. In line with the National Prevention Plan's guidance on Minimum Prevention Package, each individual will be reached with a minimum of the three intervention strategies. CEDPA will ensure that each beneficiary is reached through community awareness, peer education and one other targeted strategy within the year.

Community awareness campaigns will be used as an entry point to all community-based HIV prevention activities. Trained peer facilitators and educators will organize and conduct AIDS awareness seminars at the community level to sensitize the public about HIV prevention and the need to participate actively in care and support activities. Such seminars will be held during religious gatherings, traditional ceremonies, and sports events. Focus group discussions and community dialogues will be organized for key community stakeholders, such as civic and traditional leaders.

Peer education models will be used to reach out to PLWHA groups, age, and job peers. These will include targeted HIV prevention activities for PLWA support group members, okada drivers (commercial bike riders), and youth groups within church and Muslim communities.

Age appropriate messaging and non-curricular based approach will be used to target in-school youth with abstinence and be faithful messages through the formation of anti-AIDS clubs and drama activities. Trained peer educators will facilitate the implementation of these activities.

CEDPA will ensure that each beneficiary is reached with a minimum of three interventions (i.e., community awareness campaigns, peer education models and school-based approaches). Messages will emphasize partner reduction and faithfulness to one partner or mutual fidelity, and discourage inter-generational and multiple sex partnerships. Intensive community mobilization and sensitization will reach underserved rural and hard-to-reach communities.

The AB program will reach 42,705 people with the minimum package of AB interventions, of which 14,947 individuals will be reached with abstinence only interventions. CEDPA will train 1,500 peer educators and facilitators to disseminate information on AB through a systematic community-based approach. CEDPA's prevention training manual includes topics such as basic facts on HIV/AIDS and life skills (e.g., negotiation skills and assertiveness). Training will take a minimum of five days. AB activities will include counseling, mentoring, peer support, information sharing, and provision of technical guidance and support to all the IAs spearheaded by the Anglican Communion AIDS program (ACAP) and the AIDS Program for Muslim Ummah (APMU), a project of the Nigerian Supreme Council for Islamic Affairs as multiplier organizations. CEDPA's AB prevention strategic approach involves a series of interrelated interventions (community mobilization, advocacy, targeted inter-personal communication, capacity enhancement of individual and community groups) directed at different levels of society to enhance individual behavior change in a supportive environment.

AB program activities under CEDPA's Positive Living (PL) project are implemented at the individual, family, and community levels. At the individual level, activities promote development of life skills that: support practicing abstinence by young people and adults in low risk settings; encourage delay of sexual debut; denounce intergenerational sex, rape, and incest; and promote counseling and other means of interpersonal communication techniques. At the family level, services will be provided by peer educators during home visits and will focus on couples counseling to promote mutual fidelity/partner reduction/elimination of casual sex relationships, HCT, and prevention in discordant relationships. Community-wide prevention programs will be provided by pastors, Imams, peer educators, teachers, and parents. These programs will include messaging from the Church pulpit or at the Mosque, messaging through club activities, and through in-school peer education and out-of-school youth prevention programs that address sexual development, reproductive health and promotion of secondary abstinence particularly for at-risk out-of-school youth through alternative livelihood opportunities. Community-based approaches will promote collaboration with other implementing partners and credible teachers' union.

CEDPA's C&OP program activities will complement the AB programs. The C&OP minimum package is composed of: community outreach activities, peer education, and provision of STI management. Community outreach activities will precede other C&OP interventions that include counseling and testing, condom messages and distribution, youth peer education, and STI counseling for affected individuals. Trained peer facilitators and educators will organize and conduct community outreach activities while healthcare workers will provide syndromic management and STI treatment services at CEDPA triage centers. All C&OP activities will be coupled with information about abstinence as well as the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction. Information on correct and

Activity Narrative: consistent condom use will be provided at condom distribution outlets and healthcare facilities.

AIDS awareness seminars at the community level will be organized for most at risk populations (MARPs; e.g., commercial sex workers, long distance truck drivers, market women, and okada drivers) and married couples to sensitize the public about HIV prevention and the need to participate actively in care and support activities.

The primary target group for the peer education model will be out-of-school youth, okada drivers, and leaders of organized groups of the MARPs in the community. These will include targeted HIV prevention activities for PLWHA support group members and youth groups within the church and Muslim communities.

C&OP will augment the basic care and support (BC&S) component of PL and enhance the capacity of Primary Health Care and other referral facilities in project communities to diagnose and treat STIs by providing laboratory equipment, such as specimen bottles, reagents, consumables, etc. These facilities will serve as referral centers for diagnosis and treatment of STIs and will be considered service outlets for C&OP. PL will build on past achievements by continuing to target long distance truck drivers, migrant workers, out of school youth, orphans and vulnerable children (OVC), PLWHA and clients of commercial sex workers. Healthcare providers trained under BC&S and TB/HIV program areas will deliver prevention messages on routine clinic days during risk-reduction counseling, family planning counseling, and sexually transmitted infection management and counseling. Condoms will be distributed at every treatment facility. This activity is a key component of the PL strategy and encompasses provision of information and access to correct and consistent condom use, prevention of HIV transmission among discordant couples, promotion of HCT, partner reduction, and mutual faithfulness as methods of risk reduction. PL will reach 28,705 persons, train 1,500 peer educators, distribute 3,000,000 condoms and open 413 condom distribution outlets.

Peer educators, including, teachers, PLWHA, and parents (trained in AB) will be trained to act as condom distributors and provide prevention options for people at risk who cannot practice AB. Options include support for PLWHA to disclose their sero-status to sexual partners and significant others, proper nutrition and boosting body immunity, prevention of pregnancy among PLWHA, PMTCT and early diagnosis and treatment of STI. Peer Educators will hold discussions in homes, communities and workplaces with their peers focusing on prevention for positives during one-on-one and group discussions in support group meetings, where they will distribute condoms, facilitate support group discussions, and act as peer buddies to ensure and maintain behavior change, as appropriate.

Using standardized forms, project M&E Officers will collect data on an ongoing basis and compile data monthly, including numbers and demographic characteristics of clients reached and messages provided. This will provide timely information for effective decision making. ABC M&E activities will develop sustainable capacity at CEDPA's subpartner levels to collect relevant data.

POPULATIONS TARGETED:

AB activities will target young people in school, and out-of school youth PLWHA, religious leaders and the general population. Teachers and parents are targeted to act as change agents.

C&OP will focus on most at risk populations (MARPs; e.g., long distance truck drivers, migrant workers, out of school youth, PLWHAs, clients of commercial sex workers), sexually active men and women, and adolescent girls and boys in the general population. Prevention for Positives will target mainly discordant couples. Pregnant positive women will be mobilized and referred for PMTCT services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AB emphasizes human capacity development through training, task-shifting and volunteer retention and therefore enhances sustainability. This contributes to increasing sustainability through capacity development of 41 indigenous organizations.

Condom and Other Prevention activities of PL will contribute to PEPFAR's 5 year strategic plan for Nigeria by reaching high risk population with information and services that enhance risk reduction abilities. These activities will contribute to averting new HIV infections. PL will promote active participation of PLWHA by encouraging disclosure of sero-status and protection of their sexual partners.

LINKS TO OTHER ACTIVITIES:

ABC activities relate to HCT, BC&S, and HKID. Public-private partnerships and collaboration with local business groups will also be explored. To ensure the comprehensiveness of CEDPA's prevention services, individuals identified in the program will be linked to the micro credit finance project under BC&S, HVOP, and other implementing partners like Maximizing Agricultural Revenue and Key Enterprises in Targeted Sites (MARKETS), WINROCK, and healthcare facilities for medical care.

EMPHASIS AREAS:

PL promotes a rights-based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Traditional gender norms of male dominance, female subservience and gender inequality in sexual relationships as well as stigma and discrimination reduction are all addressed through this program. Commodities procurement and distribution, particularly of condoms, will be an area of emphasis. The program will address increasing gender equity in HIV programs through education and family-based dialogues and promoting male norms and behaviors that encourage HIV prevention such as creating awareness on reduction in number of sexual partners, and equal power sharing between males and females, and testing before marriage, particularly for those who practice polygamy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13012

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13012	9759.08	U.S. Agency for International Development	Centre for Development and Population Activities	6368	5267.08	USAID Track 2.0 CEDPA	\$2,000,000
9759	9759.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$3,201,814

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$189,018

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7143.09	Mechanism: USAID Track 2.0 FS Community Reach
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 18182.24882.09	Planned Funds: \$182,500
Activity System ID: 24882	

Activity Narrative: Pact, through its Community REACH project will continue to provide a mechanism for rapidly providing assistance, through grants, to local organizations that include but are not limited to non-governmental (NGO), community-based (CBO) and faith-based (FBO) organizations that have the potential to support both the USG objectives and those of the Government of Nigeria (GoN) in HIV prevention programming. In order to work towards sustainability, Pact would emphasize host country organizational capacity building and technical assistance as important elements of an effective sub-grant program. COP09 funding is provided in the sexual transmission prevention program area but as a result of this emphasis, indicator targets and reporting are to be found in the health systems strengthening program area.

In COP 09, Community Reach will address key gaps in abstinence, be faithful, and condom and other prevention (ABC) programming in Nigeria, such as: low capacity of local partners to implement large-scale programs; lack of a comprehensive package to promote abstinence, fidelity and related changes in communities and social norms; lack of FBO and CBO organizational capacity to implement high quality ABC prevention programming that will bring about effective behavior change interventions with harmonized messaging; poor coverage of rural areas with prevention programming; inadequate monitoring and supervision skills of implementing partners; weak referral networks between facility and community-based partners; too few programs that address the needs of adolescents, particularly females; and a paucity of programs that address youth who are transitioning from abstinence to becoming sexually active.

In COP08, ABC partners provided a recommended minimum package of services from a pool of established best practices to reach a target. These best practices include: the peer education model; "PEP plus" model; curriculum and non-curriculum based school programs, community awareness campaigns; and interventions that address age-appropriate income generation activities and essential life skills, among others. In COP08, partners utilized a minimum of three of these interventions to reach a target and these were reinforced with mass media activities. The minimum package of services ensures that the intended behavior change outcomes are achieved and provides a proxy tool for measuring targets reached with ABC services.

In order to both increase the capacity of local organizations to deliver HIV services and to expand the ability of the USG/Nigeria team to meet its PEPFAR goals for COP 09, the USG/Nigeria team has determined that it is necessary to add an additional capacity-building model to its current portfolio.

PACT will continue to mobilize and support community-based responses to ABC programming through an effective and transparent grant award and administration system for the provision of responsive, fast-track grant-making assistance to organizations responding to identified gaps in the ABC prevention program of Nigeria. PACT will also provide HIV/AIDS implementers with access to financial resources and high quality technical expertise to assist in achieving and effectively reporting results while complying with USG financial and administrative requirements and build sustainability through provision of technical assistance to local sub-grantees in their capacity to deliver quality ABC services at the grassroots level. The PACT Community REACH program aims to strengthen referrals and linkages for increased access to ABC programs through capacity-building of sub-grantees, fostering sustainability, and documenting evidence-based best practices, lessons learned and new approaches, tools, and methodologies by engaging with local sub-grantees and creating economic advancement opportunities through the active engagement of private or business sectors in work force development for persons affected by HIV/AIDS and other caregivers.

PACT/Community REACH's ABC program will also continue to focus on quickly mobilizing local/indigenous civil society organizations (CSOs), NGOs, and FBOs in the Southeast, North Central and South-South geopolitical regions of Nigeria to play essential roles in filling the gaps identified in the ABC Prevention services and provide grants to these grassroots organizations for comprehensive ABC services delivery according to OGAC guidance and in line with the government of Nigeria HIV Prevention Plan and the Nigeria strategic framework. Capacity building and service delivery capacity support will be provided to these organizations to enable them to be sustainable and eligible to directly access donor funding. PACT/Community Reach will identify, map and provide grants to established CBOs formed from ongoing prevention program efforts and provide technical support to enhance their ability to continue providing behavior maintenance activities in their rural communities.

Specific programmatic gaps that PACT/Community REACH will address include: mobilization of funding and sub-granting to these organizations for ABC services provision; and assistance to indigenous CSOs, CBOs and FBOs to develop strong programming, management and monitoring skills, with the ultimate goal of graduating these local sub-partners to becoming prime partners themselves. PACT/Community REACH in COP 09 will support 250 local/indigenous CSOs, CBOs and FBOs identified in the South-South, South East and North Central geo-political zones of Nigeria with capacity building and/or small grants.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to PEPFAR goal of capacity development and system strengthening of local and indigenous organizations for provision and sustenance of HIV prevention activities. It also contributes to increased coverage and reach of the PERPFAR prevention program to the most in need (rural areas and grass root populations).

LINKS TO OTHER ACTIVITIES

Activities will be linked to Human Capacity Development, Gender, HCT, PMTCT, TB HIV, treatment, care and SI.

POPULATIONS BEING TARGETED

The target populations for these activities will include individuals in the rural areas reached by local and grass root indigenous organizations offering ABC prevention services in these rural areas. Population will include men, women, youths, children and PLWHAs in the rural areas.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18182	18182.08	U.S. Agency for International Development	Pact, Inc.	7143	7143.08	USAID Track 2.0 FS Community Reach	\$500,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3682.09	Mechanism: USAID Track 2.0 SFH
Prime Partner: Society for Family Health-Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5316.24929.09	Planned Funds: \$4,325,000
Activity System ID: 24929	

Activity Narrative: The key modification in COP 09 is the merging of Abstinence and Be faithful (AB) activities with the Condoms and other Prevention (C&OP) program.

This activity relates to HIV counseling and testing (HCT), TB-HIV, and orphans and vulnerable children (OVC) programming.

Society for Family Health's (SFH's) goal for sexual prevention activities is to contribute to a reduction in HIV prevalence among youth aged 15-24 years and among most-at-risk populations (MARPs). SFH priority target groups for COP 09 are: out-of-school youth, transport workers (TWs), uniformed service-men (USM), brothel and non brothel based female sex workers (FSWs) and people living with HIV and AIDS (PLWHAs). Other target groups include in-school youth, students of tertiary institutions, and workers reached through workplace interventions. The key drivers of the HIV epidemic include soaring levels of commercial, transactional and cross generational sex, multiple and concurrent partnerships, low risk perception, high incidences of STIs, and skewed gender relations, power imbalances, and poverty.

In a Nigeria 2005 sentinel survey, youth aged 15 to 24 years were shown to have a higher than national average HIV prevalence. Although the proportion of 15-19 year olds who have never had sex has risen, many youth still engage in risky behavior. The 2007 Integrated Bio-Behavioral Surveillance Survey (IBBSS) survey reveals that multiple partnerships were common among the armed forces (37.3%), police (29.4%) and TWs (37.9%). Condom use at last sex with girlfriends was higher among the armed forces (64.7%) than among police and TWs (45.4% and 45% respectively). The IBBSS also revealed that reported condom use was very high among brothel- and non-brothel-based FSW in all commercial sex transactions; however, their reported condom use with boyfriends was far lower.

In COP 09, SFH will continue its focus on addressing drivers of the HIV epidemic with interventions that provide MARPs with information and skills needed to reduce their vulnerability through increased risk perception, improved self efficacy, and negotiation skills for condom use. Societal factors, such as social and cultural norms, practices, beliefs and laws that stigmatize and disempower certain female populations and act as barriers to essential HIV prevention messages, will be addressed through agenda setting, advocacy, and community mobilization and sensitization. At community level, strategies will facilitate the enhancement of communities' willingness and readiness for change, the induction of social norms that reinforce risk avoidance, and empowerment of communities' effort to prevent HIV. SFH has worked in 181 sites and 537 communities of male and female high risk groups to date.

SFH will implement a minimum package prevention services for AB and C&OP programming that includes communication strategies, peer education plus (PEP) models, the Voice for Humanity approach, community awareness and outreach, and a school-based approach for AR, and the PEP model, specific population awareness campaigns, and community outreach for C&OP programming. SFH will continue its programming in all 32 sites covered in COP08. SFH will train 12,484 persons who will reach 196,591 persons with AB messages, of which 112,400 persons will be reached with abstinence only messages. An additional 1,656 persons will be trained to reach 131,061 persons with condom related interventions.

The PEP model is an evidence-based, cost effective and scalable approach to HIV programming. This 12-month intervention package targets specific at-risk groups, including female sex workers, out-of-school youth, uniformed servicemen, and transport workers. The PEP model is centered on peer education and integrates other elements (such as the formation and nurturing of community-based organizations [CBOs]) into a single unified program. The 'Plus' in the model refers to a non-peer approach that includes a mix of drama, information, education and communication (IEC) material distribution, work with influencers and gatekeepers, provision of HIV counseling and testing (HCT) services, and linkages to treatment sites for STIs, TB and other HIV related service. In COP 09, SFH will maintain most of the community level activities in COP 08. Within the AB program area, the key messages are delay in sexual debut, secondary abstinence, and mutual fidelity.

The Voice for Humanity (VFH) BCC approach addresses the uniqueness of typical rural settings in which access to modern information technology (print, electronic and internet access) is low, literacy levels - including the knowledge of HIV prevention measures - are low, and learning occurs via oral tradition in closely knit small groups often facilitated by community leaders. In such settings, new ideas are disseminated in the form of story telling, folk songs and parables to aid comprehension. The BCC method adopted by the VFH programme uses these channels to deliver messages using a solar powered digital audio device in small group settings, with a community facilitator trained and able to respond to concerns and make necessary clarifications. This helps to quickly clear misconceptions and facilitates learning. Pre-recorded messages help ensure consistency of messages. One critical challenge faced by SFH programs was its inability to reach female out-of-school youth (FOSY) between 15 and 23, particularly in rural areas. Many have completed secondary school, some have only a primary education, while others are non-literate. Although the majority are single, many in the northern regions are divorced and engage in transactional sex. In line with the SFH strategy to increase and improve participation of FOSY in community HIV prevention efforts, the VFH approach was piloted in Kano, Kaduna, Jos, and Bauchi in COP07 and scaled up to 10 states in COP08. SFH will continue to deploy community listening groups directly in the 10 selected states in FY09. The VFH listening devices will be used to provide ABC messages to young girls primarily, and other community members in Pidgin English and Hausa languages for wider reach. In COP09, 220 persons will be trained to deploy these devices to reach about 11,000 male and female youth.

Community awareness and outreach activities targeting male social norms will continue to be implemented among the general population to address continuing risky behaviors related to multiple and concurrent sexual relationships. In COP09, SFH will train 64 persons to deploy customized flip charts to reach 25,600 men and women in the general population with mutual fidelity messages through interpersonal communication (IPC) strategies. The target population will also be reached with community drama/road-shows, IEC distribution, and HCT outreach. A national mass media campaign will be aired to provide AB messages in a reinforcing and complementary manner.

To sustain the abstinence program in Nigeria, SFH will continue its in-school youth program that provides young people with information, skills, and services to reduce their vulnerability and risk. This is conducted

Activity Narrative: through the National Youth Service Scheme (NYSC) HIV program. NYSC corps members will be trained as peer educator trainers (PETs) to reach students of secondary schools with abstinence messages. Trained PETs conduct interactive forums and special events (e.g., dance dramas) and distribute IEC materials among targeted in-school youth. SFH will continue its work in 12 selected tertiary institutions from COP08 using a non-curriculum based peer led intervention. SFH will expand its activities within the selected institutions in COP09 and continue to support anti-AIDS clubs to conduct outreach programs as part of a comprehensive prevention package to address risk reduction, knowledge of HIV status, gender related violence and rape, and trans-generational and transactional sex. Reinforcing this intervention will be special events (shows, drama, seminars), IEC material, campus radio jingles, print media, and HCT outreach.

Within the C&OP components, key messages are partner reduction (concurrent and/or serial), consistent condom use, and prompt treatment of all STIs. The PEP model will be used to provide information and model behavior skills for the adoption of safer sexual practices relevant to consistent condom use, mutual fidelity, partner reduction, knowledge of HIV status, and prompt and complete treatment of all STIs and TB. SFH will maintain its program of engaging with the Nigerian prisons to provide prevention messages, HCT and referrals for prison staff and inmates for care and treatment. A baseline assessment of sexual and reproductive health knowledge and behavior will be completed in FY08. Peer education activities will continue among prison staffs and inmates. Through the sexual prevention program, SFH will continue to provide linkages to HCT, STI, TB and other HIV related services. Clients will be referred to identified USG, Global Fund, and Government of Nigeria treatment and care sites, as well as support groups for psychosocial support.

Under the specific population awareness campaign, SFH will utilize the Priorities for Local AIDS Control Efforts, (PLACE) approach to identify potentially high transmission areas and specific venues for effective AIDS prevention programs activities. In COP 08, PLACE was implemented in 10 states and will be maintained in COP09, with expansion to more sites within the same states. This component will continue to target street based sex workers and their clients with messages on partner reduction, reduction in alcohol consumption, condom use, and knowledge of HIV status. SFH will engage individuals and groups in IPC campaigns, distribute IEC materials, and sponsor special events (ladies night, shows) to reach target populations with condom related messages. Through PLACE, SFH ensures easy product accessibility and availability at high risk sites. Moonlight HCT services will continue to be provided at specific sites. Prevention activities among PLWHAs will continue in FY09 in accordance with national guidelines for secondary prevention among discordant couples, prevention of re-infection, prevention of opportunistic infections and provision of basic care kits. In COP09, SFH will identify and select 2 new support groups per SFH region. In each support group, 2 PLWHAs will be trained as IPC facilitators to continue monthly IPC sessions using the new IPC guide at support group meetings to reach 6,400 persons. IPC facilitators will also conduct community mobilization activities aimed at stigma and discrimination reduction around SFH intervention sites. SFH will continue to provide IEC materials and condoms to the PLWHAs.

Community outreach will include condom distribution and promotion through social marketing. It will also include education on HIV and condom use through pamphlets, brochures and other promotional material available at the community level. This intervention will make condoms available at all times to those who need it. It will also seek to improve coverage and quality of coverage, access and equity of access to men and women for male and female condoms

In addition to the minimum package, SFH will continue to prioritize increasing faith-based organization (FBO) capacity to participate as full partners in HIV prevention efforts by engaging with umbrella bodies of selected Christian and Islamic groups to develop faith based responses and implementation of strategic plans. In COP08, SFH engaged 4 FBO partners to reach youth and married couples with AB messages. FBO activities will continue with program implementation in 2 select states per health zone. Religious leaders will be trained to integrate HIV messages into their sermons and 120 youth within the congregation will be trained as peer educators to facilitate peer education sessions. Other interventions will include HCT outreach, IEC material distribution, and special events (e.g., youth and couple conferences).

Program evaluation will utilize participatory monitoring and evaluation and other intervention specific evaluations to inform program design. Focus group discussions and semi-structured interviews will be used for the baseline study and program monitoring.

SFH's program specifically focuses on gender by increasing female youth involvement and participation in community HIV prevention programs, and through the VFH strategy. Another component of the gender strategy includes messages on alcohol and substance abuse reduction as associated with gender based violence and risky behavior. Referrals will be provided for women to access reproductive health services, income generating activities and social support systems. For women to achieve greater control over their protection from HIV and unintended pregnancy, SFH will market and distribute female condoms as a dual protection method. The female condom project funded by Oxfam Novib will be piloted in 3 states in COP 09 (Lagos, Edo and Delta). SFH will collaborate with UNDP and GoN to increase demand, access and availability of female condoms.

Target Population

This activity targets both street-based and brothel-based FSWs and their clients, transport workers, uniformed servicemen, male and female in-school and out-of-school youths, gatekeepers and religious authority figures in the community and PLWHAs.

Links to other activities

This component is linked to HCT, policy and systems strengthening, orphans and vulnerable children programming, and TB-HIV. SFH will continue to reinforce partner reduction messages, promote HIV counseling, and testing, create awareness about the links between TB and HIV and referral to ARV services.

Key legislative Issues

This activity will address gender equity in programming through interventions targeting young girls.

Activity Narrative: Interventions will also address male norms and behaviors that put both men and women at risk as well as stigma and discrimination against PLWHA.

Emphasis areas

This activity places major emphasis on community mobilization and participation, capacity building for community based organizations while minor emphasis is placed on workplace programs

New/Continuing Activity: Continuing Activity

Continuing Activity: 13096

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13096	5316.08	U.S. Agency for International Development	Society for Family Health-Nigeria	6390	3682.08	USAID Track 2.0 SFH	\$6,747,340
6733	5316.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$2,074,108
5316	5316.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$1,690,000

Emphasis Areas

Gender

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

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$162,187

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 552.09	Mechanism: USAID Track 2.0 GHAIN
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 15661.24889.09	Planned Funds: \$390,000

Activity Narrative: In COP 09 the Global HIV/AIDS Initiative Nigeria (GHAIN) will provide sexual prevention services, which include Abstinence, Be faithful, and Condom use (AB & C) and Other Prevention by further strengthening and supporting current implementing agencies across the country. In COP09, a combination of intervention strategies will be employed by GHAIN such that every individual within the targeted groups will be reached with a minimum of three interventions in line with the National Prevention Plan (NPP) minimum package guidelines.

Abstinence only sexual prevention programs will be tailored to address 5,000 in-and-out of school youth under the age of 15. GHAIN's sexual prevention strategies will include peer education (age peers), focus group discussions (FGDs), and non curricula based approach (e.g., drama and HIV clubs) as part of the minimum package. GHAIN will identify a minimum of 120 persons drawn from all project locations and equip them with peer education and FGD skills as well as support them to form HIV clubs. Peer education will equip selected volunteers to provide their peers with correct and complete information on HIV/AIDS prevention while the FGDs and clubs will serve as avenues for message reinforcement and sensitization activities using the 'enter-educate' approach.

Sexual prevention programs with the "Be faithful to one partner" theme will target 12,727 adults using religious gatherings (rallies), the identification of role models, and mass media approaches. In order to achieve the above target and also contribute to the overall goal of reducing the incidence and impact of HIV and AIDS in Nigeria, GHAIN will disseminate information on the importance of HIV counseling and testing, partner reduction and mutual fidelity as methods of risk reduction. Faith-based community leaders and organizations will be targeted with on-going advocacy to ensure that they reinforce correct and consistent messages regarding HIV/AIDS prevention and stigma and discrimination, as well as promote health seeking behaviors and address social norms and inequalities that increase vulnerability to HIV/AIDS. Religious leaders will be mobilized and trained based on the GHAIN developed training and preaching content guide. This will enhance their capacities to deliver HIV-related guided sermons weekly at churches and mosques.

Strategies for other prevention interventions include: FGDs, counseling and testing, condom messaging and distribution, balanced ABC messaging, job (Female Sex Workers and clients, and road transport workers) and social (Men who have Sex with Men - MSM) peer education, and income generating activities. The strategy will also involve creating linkages to mobile counseling and testing (CT) and referrals to high quality STI treatment services.

Peer educators will be used to reach most-at-risk populations (MARPs). This will be supported by targeted audio and print educational materials and community outreach activities. Focus group discussions will reinforce messages on the importance of correct and consistent condom use during every sexual encounter with commercial and non-regular partners known to be HIV-positive, and between discordant couples or partners whose status is unknown. Information regarding the critical role of HIV counseling and testing as a risk-reduction strategy, the development of skills for vulnerable persons, the relationship between alcohol, injecting drugs and HIV and AIDS, and the message that condoms do not protect against all STIs will also be provided.

GHAIN will ensure that condoms are made available at over 88 sites, including counseling and testing sites and brothels, by strengthening partnerships with the Society for Family Health (SFH) and United Nations Fund for Population Activities (UNFPA) to obtain and distribute condoms. In addition, the project will explore possibilities of additional product support from the Global Fund for AID, TB, and Malaria (GFATM), DFID and other sources.

PLWHA, transport workers and men having sex with men (MSM) will be targeted for comprehensive programming that includes programs in being faithful condom use and other prevention (OP) programs will be. 'Prevention with Positives' will be an important focus of sexual prevention programs in COP09. Information will be reinforced on the importance of correct and consistent condom use during every sexual encounter. GHAIN will train 165 persons on components of the above listed minimum package strategies to promote HIV/AIDS prevention among MARPs, and a total of 69,545 persons will be reached through specific population awareness, peer education models, workplace programs, provision of STI management, and messages/interventions on vulnerability issues.

Experience has shown that individual behavioral-focused interventions are more effective when combined with broader structural change at community and societal level. Through social mobilization and active community participation, the program will address norms affecting the behavior of women/girls and men/boys and inequalities between male and female roles that increase vulnerability to HIV/AIDS. GHAIN will also mobilize communities to address norms/behaviors on cross generational and transactional sex, promote increased male involvement in prevention activities, and timely health seeking behaviors. Issues of stigma and discrimination will also be addressed in the intervention. Through community dialogue sessions, members of target communities will exchange information face-to-face, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and develop solutions or responses to such HIV/AIDS issues as stigma and discrimination, sexual transmission, medical transmission, and prevention of HIV within positive populations. The major output of the community dialogue would be a critical mass of advocates within each community who are well versed in HIV/AIDS and are working towards the reduction and elimination of new HIV cases as well as stigma that fuels the epidemic. In addition, community based organizations (CBOs), non-governmental organizations (NGOs), and influential individuals in the community will be supported to provide age- and context-appropriate information with the aim of creating an enabling environment for sustained behavior change. This will be implemented through training, ongoing mentoring, and provision of technical assistance to build local capacity to design and manage innovative HIV/AIDS programs.

GHAIN's secondary sexual prevention strategy will involve the utilization of multi media to support the primary activities. This will entail the development and execution of multi-media campaigns, development and distribution of SBC materials, and advocacy, capacity building, referrals, and monitoring and evaluation of activities, as well as mentorship to implementing agencies.

Activity Narrative: Referrals and networks will be strengthened to ensure effective expanded access to clinical services for MARPs, including referral for diagnosis and treatment of sexually transmitted infections (STI), TB (DOTS Centers), reproductive health/family planning/PMTCT integrated services, and linking prevention services for HIV-positive individuals to HIV treatment and care services, including counseling and testing.

COP 09 GHAIN activities will be guided by both the National Prevention Plan and National Behavior Change Communication Strategy.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

GHAIN will contribute to the overall United States Government (USG) strategic plan of building the capacity of local organizations by working with local NGOs to carry out sexual prevention (SP) activities with MARPs and other targeted groups in the general population. GHAIN will focus on building the capacity of local implementing agencies to effectively carry out sustainable HIV prevention activities among MARPs, including development and dissemination of strategic behavior communication materials, community mobilization, condom use programs, peer education activities, counseling services, and referrals and linkages, among other activities. The SP activities will in turn contribute to generating demands for counseling and testing (CT) and prevention of mother to child transmission (PMTCT) services, which serve as entry points for other services, such as antiretroviral treatment (ART) and palliative care. GHAIN will provide support for the integration of appropriate reproductive health messages into SP programs for the uniformed services and their dependants using non-PEPFAR funds.

LINKS TO OTHER ACTIVITIES

As in all SP programs, activities will continue to be linked to other relevant services available in the community. GHAIN IAs will work with the mobile counseling and testing team of GHAIN to locate and strategically introduce services at areas identified to have concentrations of MARPs. People who test positive will be referred for continued care along the continuum of care model. The referral coordinators of GHAIN will record contact details of positive clients while maintaining strict confidentiality, for the purposes of continued counseling, palliative care and contact tracking for tuberculosis (TB) screening and ART services, if eligible. GHAIN will ensure high quality SP data through a sound information system that precludes double counting and ensures accountability.

POPULATIONS BEING TARGETED

Beneficiaries of SP activities include youth (in and out of school), married couples, young adults, transport workers, female sex workers, MSM, and PLWHAs.

KEY LEGISLATIVE ISSUES ADDRESSED

SP activities will take into consideration gender issues related to HIV/AIDS programs through providing equal quality prevention services without discrimination against sex, nationality, religion, creed, etc., as well as a concerted effort to increase male involvement in HIV/AIDS activities. Strategic efforts will be made to tailor prevention messages to match environmental requirements of target audiences. The activity will help address male norms and behaviors while reducing violence and coercion toward females, through vigorous campaigns to educate people on the benefits of couples' counseling and testing (CT) and mutual disclosure of HIV status.

EMPHASIS AREAS

Sexual prevention interventions will de-glamorize social norms that promote high-risk practices such as having multiple sex partners and sugar mummies and daddies (i.e., trans-generational sex). This will be done by promoting images of successful, honorable and respected role models from within the communities as being faithful to their partners. Role models will be identified and supported to promote fidelity and discourage norms that promote coercion, cross generational sex, alcohol and substance abuse. While emphasis will be placed on fidelity and condom promotion and distribution for MARPs, abstinence will be stressed among in-school youth. Communication activities will also be geared towards social mobilization to strengthen existing social, economic and political structures within the communities with an emphasis on: training, information, education and communication; local organizational capacity development; interpersonal communication/counseling; condom distribution; and STI management. GHAIN will continue to strengthen the developed exit/sustainability plan for implementing agencies, both at the country and program level, and at the individual implementing agency level to customize organizational specific plans and schedules.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15661

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15661	15661.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$12,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 632.09

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15651.25238.09

Activity System ID: 25238

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$212,824

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AB targets have been adjusted per notional targets for 2009 and C&OP targets have been adjusted per notional targets for 09. There will be an increase in number of motor park service points from 6 to 12, and new Bio Behavioral Surveillance data is cited.

ACTION COP 09 sexual prevention activities will continue to provide prevention services to 9,545 youth and young adults (4772 males and 4773 females) through Abstinence/Be Faithful (AB) activities and 46,364 individuals through condoms and other prevention (C&OP) activities. ACTION will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals through a balanced portfolio of AB prevention activities. Through the involvement of ACTION as a partner in this activity, PEPFAR Nigeria will extend its reach with AB services into focused communities in six states (Plateau, FCT, Benue, Kaduna, Kano and Edo). In COP08, ACTION reached over 10,000 individuals using a combination of abstinence and/or being faithful prevention messaging approaches. A key age group for AB activities is youth/young adults aged 15-24 years, as this is the highest prevalence age group. Many young adults are in tertiary educational institutions where they can be accessed for appropriate AB messages. Through its other program areas, ACTION reaches a large population of HIV-positive adults, adolescents and children through care and treatment services. HIV-affected partners and family members of these clients will also be reached with prevention with positives (PwP) services.

ACTION will focus AB activities at tertiary educational institutions (polytechnical schools and universities) located in cities where individuals reached with AB messages who test positive can be referred or linked to care and treatment facilities, as necessary. ACTION will work principally at educational institutions but will have spill over to the community through a combination of multiple strategies in line with the Government of Nigeria/U.S. Government (GON/USG) minimum care package. These will include: community awareness campaigns specifically focusing on small group discussions (SGD) organized within departments; a school based approach that will leverage existing curricula developed jointly by the Federal Ministry of Education and the Society for Family Health; and peer education plus activities focusing on drama groups. The curriculum will be used to train lecturers and guidance counselors to provide AB messages routinely in their teaching. Peer education plus activity dance drama groups will perform in the targeted institutions. These dramas will have culturally and age group relevant scripts written by a professional consultant using input from the SGD. Content will be piloted for acceptability and accurateness of the messages before performances are carried out at these institutions. ACTION will continue to collaborate with the International Institute of Christian Studies (IICS), an NGO that has worked with the Nigerian Federal Ministry of Education and has implemented effective AB services in secondary schools in Nigeria.

Activities conducted at the local level by ACTION will be reinforced through national mass media campaigns by other USG partners, such as the successful Zip-Up campaign. AB messages will be balanced with condoms and other prevention messaging, where appropriate and will be integrated with other PEPFAR program area services in proximal areas. The goal of the program is to saturate targeted communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received AB messaging on a regular basis and via the three strategies ACTION will employ (community awareness campaigns, school based programming and peer education plus activities). The target for this intensive AB messaging campaign is 9,545 individuals. A total of 500 persons made up of teachers, guidance counselors, school health care workers, and peer educators will be trained to conduct effective prevention interventions inclusive of AB messaging from 166 outlets. Another focus of the program in COP09 will be improvement of the linkages between appropriately balanced ABC services, condoms and other prevention activities, HIV counseling and testing, and HIV treatment activities. The incorporation of HIV AB messages by lecturers who have access to this age group on a regular basis will institutionalize the AB services. In addition, prevention activities will be incorporated into points of health care service in each institution, including family planning counseling, sexually transmitted infection management and counseling, and risk-reduction counseling.

ACTION will also provide C&OP activities for 46,364 most-at-risk persons (MARPs; 23,182 males and 23,182 Females) and support 60 community based condom outlets in locations frequented by MARPs, such as bars, brothels and truck stops in addition to the hospital based outlets co-located at HCT/antiretroviral treatment (ART) clinics. Sites are located in states that have been selected based on the National ARV Scale-Up Plan with the goal of universal access. ACTION will build on COP08 successes to expand prevention services and linkages to wraparound services (e.g., family planning). At the health care facility level this will complement prevention with positives (PwP) activities supported under basic care and support programming. Prevention services will take place in community settings, including: skills development centers, truck stops, markets, and OVC centers targeting out-of-school youth. ACTION will complement mobile HCT with prevention services by supporting NGOs to establish HCT and other prevention program sites at locales where transactional and intergenerational sex are common, using five mobile HCT vans based out of ACTION regional offices. The 2007 Integrated Bio Behavioral Surveillance Survey (IBBSS) for Nigeria revealed an alarming National HIV Prevalence of 37.4 and 30.2 for brothel and non-brothel-based female sex workers. ACTION will expand prevention programs in collaboration with experienced community-based organizations (CBOs) and peer educators to reach commercial sex workers (CSWs) and other individuals along the Benin-Lagos transport corridor, including truck drivers and those who engage in transactional sex at overnight motor parks. It is anticipated that seroprevalence among this group exceeds 20%. The number of targeted truck stops will be increased from 6 to 12. ACTION also targets out-of-school youth via community centers and organized activities supported through OVC programming. Condoms and other prevention programming will be balanced with AB prevention messaging for youth in these settings.

In COP09, ACTION will build on COP08 activities at the community level utilizing a combination of strategies, including community outreach campaigns, peer education models, and sexually transmitted infection (STI) screening, management, and treatment. Peer education strategies will focus on Greater Involvement of People with HIV/AIDS (GIPA). The goal of the program is to cover target communities with messages conveyed in multiple fora so as to reach the specific target groups with C&OP messaging on a

Activity Narrative: regular basis via the three key strategies employed (community outreach campaigns, peer education models, STI screening/management/treatment). ACTION employs a dedicated program officer to oversee these prevention activities.

ACTION will enhance services for MARPs testing HIV-negative by coupling post-test counseling with targeted behavior change interventions that address individual risk. Individual counseling will include abstinence/mutual faithfulness messages, promotion/instruction regarding correct and consistent condom use, information education communication (IEC) materials, and linkages to family planning services. Community outreach through collaboration with PLWHA support groups will ensure that IEC materials and counseling messages are culturally acceptable. Group counseling will be carried out in supportive settings to discuss and promote HIV prevention behaviors, including avoidance of STIs, recognition and seeking early treatment for STI symptoms, and reduction of alcohol/illicit drug use. Condom promotion and distribution will be coupled with prevention information about abstinence and mutual faithfulness, behavioral change communication, and risk reduction education using peer educators. Sixty stationary condom distribution points at locales frequented by MARPs (such as bars serving truck drivers) will be established and maintained along with those situated within ART facilities.

Building on the successful models employed in COP 07 and 08, mobile HCT vans will be utilized for the provision of syndromic STI services in conjunction with HCT services targeting truck stops and night spots frequented by MARPs. This service will be provided by community health extension workers (CHEWs) following standard operating procedures for syndromic STI management and will include treatment for syphilis, gonorrhea, and chlamydia. Program staff will work with sites to ensure appropriate linkage/referrals to STI care.

PwP strategies targeting HIV-positive persons will also be included in this package of services for MARPs using approaches and materials developed through USG Nigeria. ACTION will support risk reduction and safer sex promotion activities among HIV-positive clients, partners, and members of their households. The comprehensive package of prevention interventions will include provider and counselor delivered prevention messages, family planning counseling, STI management and treatment, and testing of partners and children. Lay counselors and peer educators will be mobilized for more in-depth counseling on key prevention issues such as: sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and partner testing. Condoms and information on proper condom use will be available to all patients attending ACTION supported ARV clinics. ACTION supported sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; and IEC materials and provider delivered messages on disclosure.

Site/regional level trainings for CHEWS in STI syndromic management will be carried out by ACTION program staff. Peer educators and PLWHAs will be trained by ACTION program staff and CBO subcontractors using a curriculum developed by SFH focusing on truck stop and commercial sex settings as well as a manual on interpersonal communications jointly developed by ACTION and SFH. General training will include risk stratification, disclosure and couple counseling, proper condom use, and syndromic STI management training for health care workers. The direct training target is 380 persons.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ACTION AB activities emphasize integration of prevention activities with treatment and care services. Use of the community awareness campaigns, school based programs, and peer education plus activities (community drama, dance events, etc.) allows dissemination of AB messaging, including integration with condom messaging, from socially-credible sources of information (educators, healthcare workers and related populations of PLWHA). This program will contribute to the global HIV/AIDS strategy by reaching 11,480 people with AB messaging and 5,740 people with abstinence only messaging in a comprehensive approach. As high risk and "bridge" populations contribute to HIV transmission, C&OP activities will support the Nigerian Federal Ministry of Health (FMOH), and emergency plan goal of reducing new infections and thus decreasing the overall disease burden of HIV in Nigeria by enhancing HCT with targeted prevention messages and interventions. Targeted efforts to promote correct and consistent condom use and STI management for MARPs can reduce the risk of HIV infection. The activities will also address issues of stigma and discrimination through the education of individuals and communities.

LINKS TO OTHER ACTIVITIES:

AB and C&OP activities relate to HCT, basic care and support (through dissemination of information by home based care providers), OVC programming (through specific targeting), and SI. A challenge of this program is to successfully link identified HIV-positive individuals with services. The populations being targeted often do not access services via traditional treatment venues. The program will create a means to strengthen linkages and will identify through the hub and spoke model innovative strategies for creating access to treatment in convenient venues. Targeting MARPs will help to identify persons who need referral into care, ARV services and prevention for positives counseling, which will be an important component of post-test counseling of HIV-positive persons as part of HCT services and the basic package of care. Balanced prevention messages targeting behavior change will complement HCT for all, irrespective of HIV status. OVCs will be taught family life and sexual initiation delay/abstinence negotiation skills.

POPULATIONS TARGETED:

AB will be targeted at youth (particularly university and polytechnic students), teachers, and adults accessing HCT services, while C&OP targets MARPs (commercial sex workers and their clients, prisoners, out-of-school youth, and mobile populations such as truck drivers). The other major focus is school-based youth. ACTION will provide technical assistance to SFH in the training of doctors, nurses, other health care workers in the public sector as well as PLWHA and peer educators who will focus on the special prison population, which faces additional stigma.

EMPHASIS AREAS:

Activity Narrative: Emphasis will be on human capacity development for AB and C&OP activities, promote a rights based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key features of the program. Community development through linkages with CBOs and PLWHA support groups are also emphasized.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15651

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15651	15651.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$287,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$24,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 544.09	Mechanism: HHS/HRSA Track 2.0 Harvard SPH
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 15652.25214.09	Planned Funds: \$87,282
Activity System ID: 25214	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+/Harvard activities between Harvard University and APIN, Ltd., our activity narratives is amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program as opposed to APIN, Ltd. (which has submitted a separate narrative under the name APIN). In addition, APIN will be taking over all activities of the Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital, Onikan Women's Hospital, and Mushin General Hospital; thus, those sites and their respective patients will drop out of the Harvard numbers and will be reflected in the APIN narrative.

NARRATIVE:

In COP09, Harvard will continue to provide sexual prevention programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached, thereby improving the effectiveness of this messaging, through a balanced portfolio of prevention activities including abstinence and be faithful messaging (HVAB) along with condoms and other prevention (HVOP). By the end of COP08, Harvard will have assisted PEPFAR Nigeria in extending its reach of ABC services to 9 states, including Benue, Borno, Enugu, Kaduna, Lagos, Oyo, Ogun, Plateau and Yobe. Through its other program areas, Harvard has a large population of HIV-positive clients to whom it is already providing age appropriate ABC messaging and prevention with positives (PwP) services, which include STI screening and management, condom provision, sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and testing of sex partners and children in the HIV clinic setting. In addition, Harvard will target activities to HIV negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence.

In COP09, Harvard will implement ABC activities at both the facility and community levels by utilizing the minimum prevention package strategy as contained in the National Prevention Plan. This package includes: community outreach campaigns; peer education; infection control activities; and STI management/treatment. The goal of the program is to focus on targeted communities for saturation with messages conveyed in multiple forums. Utilizing such methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received HVOP messaging on a regular basis and via at least 3 of the 4 strategies Harvard will employ.

HVAB activities conducted at the local level by Harvard will be reinforced through national level mass media campaigns by other USG partners, such as the successful Zip-Up campaign. HVAB messages promoting abstinence, mutual fidelity, and addressing issues of concurrent and multiple sexual partnerships will be balanced with condoms and other prevention messaging, where appropriate, and will be integrated with treatment and care services at 66 sites and implemented by 2 stand-alone HCT providers.

Youth or young adults aged 15-24 years represent a key age group for HVAB activities, as they are the highest prevalence age group (2005 ANC survey). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. Harvard will reach these beneficiaries through community awareness campaigns, peer education models, and 'peer education plus' activities.

Harvard collaborates with community-based organizations (CBO) and with persons living with HIV/AIDS (PLWHA) support groups at its facilities and surrounding communities in other PEPFAR programming activities. These support groups and CBO also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA using the peer education model, and to wider audiences through the peer education plus model and community awareness campaigns. These support groups provide key community linkages for prevention of mother-to-child transmission (PMTCT), palliative care and antiretroviral treatment (ART) services. Support group activities will include the dissemination of prevention information for HIV-infected individuals (funded under basic care and support [BC&S]), as well as community outreach to high risk populations to encourage HCT and healthy behaviors, such as partner notification and condom use. For HIV-negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks, and risk reduction strategies, including HIV testing. To address stigma issues and in compliance with the GIPA principle, approximately 10 PLWHA from the pool of those receiving treatment at facilities who are living openly and positively will be trained using the peer education model to disseminate ABC messages. They will serve as peer educators to extended family members and members of their support groups. These trained PLWHA will in turn reach individual cohorts of at least 10 other persons from among their social peers. With 63 facilities (including PMTCT sites), this will serve as an effective tool for reaching individuals in at least as many communities with balanced ABC messages.

A community awareness strategy will also be employed to serve the catchment areas of the hospital facilities, which will be linked with community mobilization efforts promoting HCT. During static and mobile HCT services, counselors will disseminate balanced ABC messages to recipient communities and clients through focused, small-group discussions and interpersonal communication. The key messages that will be conveyed are delay in sexual debut, secondary abstinence, mutual fidelity, prompt and complete treatment of all STIs, and promotion of need to ascertain HIV serostatus through HCT.

Several Harvard sites target most-at-risk populations (MARPs), including outpatient STI patients, border traders, military personnel, young male market agents, and motor mechanics. A prevention program for young male market agents has been established in the Ibadan marketplace and implemented through the Association for Reproductive Family Health (ARFH) NGO. HaltAIDS, a community based-NGO in the poor community of Tudun Wada in Jos, has an established community HCT center, which currently provides prevention messages, condoms and HCT to 150 community members per month. Prevention activities at these clinics provide risk-tailored educational materials and distribute condoms. In addition to comprehensive counseling on HIV prevention and risk reduction, HIV-infected individuals identified through this activity are referred for palliative care and evaluation for ART eligibility. An emphasis on reaching high-risk men also enhances prevention efforts and facilitates access to their partners. This funding will support

Activity Narrative: the implementation of behavioral interventions for MARP at stand-alone HCT centers, the development of educational prevention materials developed by ARFH and HaltAIDS and referral for STD diagnosis and treatment. Where appropriate, Harvard will build site capacity for STI syndromic management. Additionally, in Jos, we collaborate with Mashiah Foundation, a faith based organization which provides palliative care services for HIV-infected women and OVC. Mashiah also conducts mobile community outreach for HCT and provides ABC prevention messaging to the populations that it serves.

Harvard will also use the peer education model to target job peers who are healthcare workers. Healthcare workers at each site will be trained using established National peer education curricula and each will be requested to form peer groups of approximately 10 members from the healthcare worker community for dissemination of balanced ABC messaging. It is anticipated that these healthcare workers will continually serve as conduits for age appropriate prevention messaging not only for their work peers, but also for their social peers and all clients with whom they come in contact.

A focus of the program in COP09 will be continued improvement of the integration of prevention activities into the HIV care and treatment settings. Healthcare providers and lay counselors in these settings will be trained to appropriately deliver integrated ABC prevention messages and incorporate the messages into routine clinic visits using IEC materials and job aids. An appropriate balance of ABC will be tailored to the needs and social situation of each individual client in its presentation. Additionally, prevention activities will be incorporated into other points of service in each health facility (general outpatient clinics, emergency services, etc.), particularly into reproductive health services, including, family planning counseling, STI management and counseling, and risk-reduction counseling. Harvard supported sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; and IEC materials and provider delivered messages on disclosure. These interventions will be implemented using the recently adapted HIV Prevention in Care and Treatment Settings Prevention Package.

This funding will be also used to support the procurement and distribution of written prevention messages and condoms. These materials will provide patients and clients with HIV prevention information using the "ABC" model, including information about healthy behaviors, safer sexual practices, PMTCT, and condom usage. Prevention messages will also include information about other STIs. Condoms will be offered to all individuals at all sites and will be procured by Harvard from the Society for Family Health (SFH).

The target for the AB messaging campaign is 4,355 individuals. The target for the intensive campaign activity in other prevention strategies is 35,106 individuals. Additional staffing and training of counselors will also be provided by this funding, including a dedicated fulltime staff person. This activity will provide support for training of 366 individuals in AB messaging and 324 in condom and other prevention promotion.

EMPHASIS AREAS

ABC programming emphasizes local organization capacity building, human capacity development, and efforts to increase gender equity in HIV/AIDS programs. These activities also promote a rights-based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key components of the program. Through ABC activities, we place major emphasis on community mobilization and participation as an element of outreach for prevention efforts. We place major emphasis on training, infrastructure, and human resources in order to build the capacity of counselors and providers in a full range of prevention strategies. We also place emphasis on IEC as an essential element of outreach to high-risk populations, and on developing networks for linking these activities to HCT, PMTCT, and other ART activities to serve as a source of prevention information. Emphasis areas also include military populations (activities at 68 Military Hospital and Military Hospital Ikoyi, Lagos).

These activities address gender equity issues by providing equitable access to prevention services for men and women. In some cases, our activities seek to target men who may be at high risk for HIV in order to promote condom use as a means of prevention and access to services for their sexual partners. Male-targeted counseling seeks to address male norms and behaviors in order to encourage safer sexual practices. Strong prevention programs that accommodate the array of societal and cultural norms can also help reduce stigma and discrimination. Providing services at the community level will serve as an important platform from which general HIV/AIDS information can be provided and risk reduction strategies discussed.

POPULATIONS TARGETED:

Key populations targeted are the healthcare community in treatment facilities, PLWHA, youth and adults accessing HCT services, high-risk populations, and support group members and immediate families of PLWHA. Other target populations include discordant couples, pregnant women and religious leaders. Targeting these populations is important to encourage safe sexual practices, HCT, and other prevention measures. Health care workers will also be targeted for training on the most effective prevention measures for various risk groups.

CONTRIBUTION TO OVERALL PROGRAM AREA

These prevention activities are consistent with PEPFAR's goals for Nigeria, which aim to support a number of prevention strategies as a comprehensive prevention package. In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to various high-risk groups that they serve. Furthermore, these activities are consistent with the PEPFAR 5-year strategy, which seeks to scale-up prevention services, build capacity for long-term prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program. Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for all ABC activities. This will include the implementation of a plan to transition site oversight, management, and

Activity Narrative: training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

ABC activities relate to HCT, by increasing awareness of HIV. They also relate to Adult Care and Treatment and Pediatric Care and Treatment activities through dissemination of information by home-based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to OVC programming by targeting OVC. These activities are also linked to TB-HIV activities in that prevention messaging will be disseminated to individuals who are provided with HCT in a TB setting. Through training of personnel, these activities also link to Human Capacity Development. As certain activities focus on gender-related issues, this program area also links to Gender.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15652

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15652	15652.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$160,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02

Activity ID: 9771.25205.09

Planned Funds: \$59,950

Activity System ID: 25205

Activity Narrative: ACTIVITY DESCRIPTION

This activity represents funding for a contracted Nigerian program officer for activities in the area of Sexual Prevention. The program officer spends 100% of her efforts in AB and Other Prevention. The budget includes one FSN salary at 100% effort, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a TA visit for two weeks of in-country support by a seasoned prevention expert from the U.S. Department of Navy HIV Prevention Program and/or one of the U.S. Military HIV Research Program's PEPFAR Programs in Uganda, Kenya, Tanzania or HQ.

The prevention program officer will work as a member of the USG Prevention Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Prevention Working Group. The prevention program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site prevention programs. The prevention program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines. The prevention officer will also continue to support the GON in developing and implementing national prevention guidelines (e.g., National Condom Strategy).

New/Continuing Activity: Continuing Activity

Continuing Activity: 13163

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13163	9771.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$50,000
9771	9771.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$50,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5313.25190.09

Planned Funds: \$314,000

Activity System ID: 25190

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Addition of new epidemiological data
Revision of targets and emphasis areas

ACTIVITY DESCRIPTION:

Epidemiologic evidence indicates that throughout the world men and women in the military are amongst the most susceptible sub-populations to sexually transmitted infections (STIs), including HIV. In many African countries, uniformed services report HIV prevalence rates higher than national averages. In Cameroon, Nigeria's neighbor to the east, an HIV rate of 6.2% was reported in 1993 among the military compared to 2% in the general population. In Malawi, it has been reported that 25% to 50% of army officers are already HIV positive.

HIV prevalence figures are unavailable in the public domain for Nigeria's over 150,000 armed forces. However, in 2007, the Nigerian Ministry of Health implemented an Integrated Biological and Behavioral Surveillance Survey (IBBSS) among high-risk groups, which included the Nigerian Armed forces. This survey sampled 1861 personnel from military barracks located in six states. The study showed that while multiple partnerships are common among the armed forces, many do not consider themselves at risk of HIV. HIV prevalence rates vary across states, with armed forces in FCT reported at 1.1% while in Anambra the HIV prevalence rate among armed forces personnel was 7.6% (IBBSS 2007). Among the predominantly male occupational groups (armed forces, police, and transport workers), armed forces personnel consistently displayed a higher level of knowledge related to HIV risk (from 49 to 58 percent responding correctly to five knowledge-related questions). Of the groups represented in the study, HIV prevalence among the armed forces was consistently low, possibly due to the high reported condom use with commercial partners.

Based on this evidence, the US Department of Defense (DOD), in partnership with the Nigerian Military, will continue to provide prevention, care and treatment to Nigerian service members and the surrounding civilian community, which constitutes approximately 75% of the military's patient load. In COP09, the DOD-Nigerian Ministry of Defense (NMOD) HIV Program will continue to provide comprehensive AB and C prevention services to 20 military facilities and their surrounding communities. In line with the National Prevention Strategy, DOD will support the provision of a minimum of three interventions, which will include community awareness, 'Peer Education Plus' education and one other targeted strategy within the year that will be drawn from a combination of workplace and vulnerability programs. The planned activities which will be implemented to achieve these strategies, are outlined below.

In COP09, the program will continue to strengthen the DOD-NMOD partnership with the Armed Forces Programme on AIDS Control (AFPAC), an existing structure that coordinates prevention services for Nigerian Armed Forces. The DOD will support AFPAC in the training of 100 peer educators and 30 trainer-of-trainers on HIV/AIDS prevention by promoting abstinence, being faithful to one's partner, correct and consistent condom use, and effects of alcohol and drug use can have on sexual decision-making and how this relates to HIV/AIDS prevention.

Training will be conducted to promote skills and information on AB and C during pre-deployment and recruitment training. Prevention messaging will also include alcohol use, gender, sexual coercion, and violence. HIV counseling and testing (HCT) and other related referrals will be made to the nearest military site providing HIV/AIDS/STI related services. An estimated 6,500 military and civilian personnel will be reached by peer educators with programming on HIV/AIDS prevention through AB and C.

DOD will continue to support AFPAC to improve and reproduce Information, Education and Communication (IEC) materials to encourage and reinforce AB and C messages and information among military personnel. Materials will be vetted through DOD and the USG Prevention Technical Working Group prior to reproduction. These materials will be expected to reach 50,000 people, including both military and civilians. However, these individuals are not counted towards DOD's AB or C targets since distribution of materials may not be sufficient to consider a target "reached."

Another strategy is to increase the knowledge and build the capacity of HIV/AIDS prevention through abstinence among in-school youth in military barracks. Utilizing existing infrastructure, teachers and indigenous organizations will provide abstinence and sexuality life skills-based training and education to approximately 2,500 in-school youth. Efforts will focus on recruiting teachers to be trained. Funding will support logistics (e.g., manual production of materials), training, and support for each military school to conduct abstinence-only HIV/AIDS programming. A total of 100 teachers will be trained in the AB curriculum that provides abstinence only messaging and skills that foster youth empowerment and knowledge sharing to reach in-school youth. Training expanded to reach out-of-school youth will incorporate being faithful to one's partner and condom messages, as appropriate. Out-of-school youth will be accessed via youth centers, religious centers, recreational venues, and "mammy markets." This activity will reach 3,200 out of school youth with skills and messaging around abstinence and being faithful, and condom use, as appropriate. In addition, income-generating skills will be incorporated into the out-of-school AB and C training

DOD will continue to expand efforts with military based religious communities in order to reinforce AB messaging, awareness and education and will support training through the Directorate of Islamic Affairs and Directorate of Christian Services to reach 40 Imams and Priests from its 20 sites on HIV/AIDS education and prevention. These Imams and Priests will conduct abstinence, marital fidelity and gender related forums, workshops, and activities. They will provide AB related information on a continuous basis to an estimated number of 5,500 persons, which will include military personnel, their families and other civilians and clergy.

In collaboration with AFPAC and the Society for Family Health, DOD-NMOD will continue to help to strengthen the distribution of male condoms to sites and within sites. In COP 08, targeted condom service outlets were expanded to a total of 20 sites, which will be maintained throughout COP09. DOD, in

Activity Narrative: collaboration with the Ministry of Health, will supply female condoms to all sites. Through prior prevention activities in COP08, female military and civilian personnel exhibited strong demand for female-initiated prevention strategies, which included female condoms. In partnership with the Ministry of Health and AFPAC, DOD-NMOD will also provide information, training and skills to approximately 200 total persons (10 persons each site) on male and female condom use at 20 sites. A total of 100,000 across the 20 sites will be reached and have access to male and female condom related information, training and skills.

The DOD will also strengthen the capacity of existing groups, such as the Officers' Wives Clubs (OWCs) to conduct AB and C related activities as well as risk-reduction awareness and education activities. These OWCs have unique access to senior military officers, personnel wives, "Magajias" (women who control the barrack accommodation blocks and mammy markets) and other females within and around the barrack communities. The OWCs will implement outreach events and training activities within these 20 barracks to reach 100 women at each site, totaling estimated 2,000 women and additional 500 individuals including military personnel, their families and other civilians located within and around the barracks.

DOD-NMOD will support Barrack Health Committees to develop, incorporate and implement AB and condom related activities into their yearly work plans. In addition, these 20 site-based HIV/AIDS Committees will be supported to provide gender and male involvement related activities during military officers/rank and file mess social recreation activities to reach 2,000 adult males across the sites

Another component is to strengthen HIV prevention through STI management within NMOD. Activities will include improved quality of training, counseling, diagnosis and treatment services for approximately 2,000 military personnel, dependents and civilians in and around the barracks communities. Services include diagnosis and treatment (with Pen G, ceftriaxone, azithromycin, acyclovir) for syphilis (*treponema pallidum*), gonorrhea, chlamydia and herpes simplex virus. AB and C prevention messaging and condoms will be offered to all those receiving STI diagnoses and treatment. All individuals diagnosed with STIs will be referred to HCT and strongly encouraged to participate in regular testing.

All components will include specific efforts to include people living with HIV/AIDS (PLWHA) in activity planning and implementation. Several PLWHA support group members have already been active in HIV prevention activities within the military barracks; this partnership has helped to reduce stigma and discrimination in the military community. This partnership will be further enhanced by the provision of support to build the capacity of 10 of these PLWHA support groups, especially in the areas of leadership, project design, management and income generating activities and businesses.

In addition, DOD will provide technical support to AFPAC and EPIC to continue implementing a micro-finance loan program. In COP08, 100 representatives from the 3 barrack PLWHA support groups benefited from this program and in COP09 these groups will receive ongoing support to continue providing income generating activities to their members and other interested individuals within and around the military communities.

AB and C messages will also be provided to individuals accessing HCT, Care and Support, ARV and PMTCT services at military sites. Male and female condoms are provided free of charge.

In order to procure activity related commodities, \$150,000 was put into SCMS (\$75,000 each from AB and Other Prevention funding lines).

By the end of COP09, the DOD will support 20 NMOD sites in Edo, Benue, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, and Anambra.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

In conjunction with other DOD activities, and those of other partners, this activity will contribute to the provision of a comprehensive HIV and AIDS prevention package for the military population, civilian employees, their dependents and the communities surrounding military sites. This activity will contribute to the PEPFAR overall aim of reducing HIV infection rates in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in PMTCT, Condoms and Other Prevention, Counseling and Testing, Care and Support, TB/HIV, OVC, and ARV Services.

POPULATIONS TARGETED:

This activity targets the military, civilian employees, their dependents, and the communities surrounding military sites. In particular, this activity targets in- and out-of-school youth and youth drafted into formal military service.

EMPHASIS AREAS:

These activities focus on military populations, and gender, as specific programming is designed to reach female military personnel and civilians as well as address male norms.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13150

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13150	5313.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$555,000
6803	5313.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$150,000
5313	5313.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$200,000

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$108,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5268.09	Mechanism: USAID Track 2.0 Winrock AIM
Prime Partner: Winrock International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 9766.24960.09	Planned Funds: \$522,500
Activity System ID: 24960	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Abstinence and Be Faithful (AB) activities will focus on behavior change, risk reduction, partner reduction, and a reduction in dependency on transactional sex work among brothel based commercial sex workers (CSWs) through provision of income generating activities (IGA) aimed at providing alternative income and motivation for leaving sex work. The AIM Project will continue to implement AB activities in partnership with indigenous organizations (non-governmental, community-based, and faith-based organizations [NGOs, CBOs, FBOs]). In conformity with the recommended AB prevention strategy, CSW will be reached with a minimum package of three services from a pool of established best practices. The three strategies selected by the AIM project for the HIV prevention include community awareness campaigns, peer education and on-the-job support for peer educators, interventions addressing vulnerability issues such as IGAs, and essential life skills. These activities are aimed at reinforcing HIV prevention messages and services towards behavior change.

The AIM Project will continue to strengthen the capacity of its indigenous partner NGO/CBO/FBOs to implement HIV prevention services and facilitate behavior change among 2600 CSWs in its 15 PEPFAR states. Winrock AIM project expansion strategy responds to the HIV/AIDS epidemic by aiming at saturation, which is guided by prevalence and concentration of target population. The AIM project targets CSWs and out-of-school youth within selected communities. Priority is given to states with high HIV prevalence and a significant number of CSW and out-of-school youth. The fifteen states selected are: Adamawa, Anambra, Bauchi, Benue, Borno, Cross River, Edo, Imo, Kano, Lagos, Nassarawa, Niger, Oyo, Plateau and FCT.

Community Awareness Campaigns: The AIM Project will facilitate focus group discussions (FGDs) to assess the prevailing knowledge, attitude, behavior and practices (KABP) of sex workers towards HIV prevention within their communities. Community dialogues will be conducted to provide reinforcing messages on HIV prevention. AB messages will be collected or reproduced from other USAID implementing partners (IPs), such as Society for Family Health (SFH), and be disseminated to at least 2600 CSWs in the 15 states. Community awareness activities will also address issues of stigma and discrimination as well as the need for greater involvement of people living with HIV/AIDS (PLWHA) into all productive spheres of the community. Gender roles and vulnerability to HIV transmission as well as its impact on individuals, families and communities will also be addressed through the community awareness activities.

Peer Education (PE): At least 150 volunteer/former CSWs will be identified and trained as peer educators using the SFH and Government of Nigeria (GON) approved peer education (PE) model to encourage and sustain behavior change among CSWs. The volunteer/former CSWs will be trained on HIV prevention and interpersonal communication skills to promote accurate information on HIV transmission and prevention, partner reduction, correct and consistent condom usage, and life skills. Peer educators will visit CSWs regularly on a one-on-one basis to discuss, educate and disseminate HIV prevention messages. In addition to the training provided using the PE model, a standard set of HIV prevention messages will be provided to each peer educator, which will serve as guidance to ensure that each CSW receives similar, appropriate, accurate and balanced prevention messages. Each peer educator will monitor and report on their activities monthly. Furthermore, in view of the needs of this target group, peer educators will access and provide condoms during their visits and make referrals to other fixed condom outlets around the brothel.

Vulnerability Issues: The AIM Project will support IGAs to promote alternatives to commercial sex. Under this strategy, the AIM partners will train 2600 CSWs on vocational skills towards alternative means of sustaining livelihoods, such as bead making, tailoring, hairdressing, and food processing. The sex workers will also be trained in basic business skills that include how to record income and expenses, determine profit, set prices for their sale items, and encourage savings. Of the 2600 sex workers trained, sex workers who demonstrate a commitment to dropping out of the sex trade will receive small in-kind grants of up to \$200 designed to stimulate an alternative source of income. CSWs who do not qualify for an income generating grant will be referred to micro-finance institutions to access micro-loan services. Winrock International will facilitate the access of this micro-loan through training on business plan development and orientation on how to manage micro-loans. All 2600 CSW trained will receive essential life skills training that will include communication skills, decision making, problem solving, and condom negotiation in order to build their self esteem and to sustain behavior change. The AIM Project will collaborate with other USAID/PEPFAR partners and GON agencies to provide CSWs access to STI management, treatment, care and support services.

Condoms and Other Preventions: In COP 09, the AIM Project plans to reach individuals with balanced ABC messages in its 15 PEPFAR states. The AIM Project in partnership with indigenous NGO/CBO/FBOs will use several prevention strategies focused on behavior change, adoption of safer sex practices and provision of condom education among out-of-school-youth (OSY), particularly barbers and hairstylists. In the northern part of Nigeria, the project will reach out to tradition barbers ("Wanzamai") and provide them the HIV prevention services.

The AIM Project partners will be encouraged to conduct advocacy visits to key community stakeholders, including barbers, hairdresser and traditional barber associations, community, religious and political leaders to create an enabling environment for project implementation and ensure community participation and ownership of the project.

Through its local partners, the AIM Project will implement the condoms and other prevention program by providing a minimum package of three services from the GON National HIV/AIDS Prevention Plan of 2007, and the HIV/AIDS National Strategic Framework for Action 2005–2009 and established best practices for behavior change communication (BCC). The three strategies selected by the AIM Project for the HIV prevention includes: (1) specific population awareness campaigns; (2) structured peer education based on GON approved training curriculum, refresher trainings and on-the-job support for peer educators; and (3) community outreach that promote balanced ABC messaging, condom messaging and distribution.

Activity Narrative: AIM Project will utilize the following three strategies to implement behavior change activities and the adoption of safer sex practices amongst 13,000 barbers, hairstylists and traditional barbers.

Specific Population Awareness Campaigns: AIM partners will facilitate focus group discussions (FGDs) to obtain baseline data and assess the prevailing knowledge, attitude, behavior and practices (KABP) regarding HIV prevention within their communities. In addition, community dialogues will be conducted to provide reinforcing messages on HIV prevention. Appropriate information, education and communication (IEC) materials for out-of-school youth will be collected or reproduced from other USAID IPs and disseminated to at least 13,000 OSY in the selected 15 states. In addition to the balanced ABC prevention strategy, issues of stigma and discrimination, and greater involvement of PLWHA into all productive spheres of the community will be addressed.

Peer Education Model: AIM Project will select at least 300 barbers, hairstylists and traditional barbers to be trained as volunteer peer educators using the GON approved peer education curriculum. These barbers and hairstylist will be trained on interpersonal communication to promote HIV prevention that includes negotiation, assertiveness, decision making, problem solving, condom messaging, and facts and myths of HIV/AIDS. They will also be role models and positive peer models. Age appropriate prevention messages will be disseminated to reach at least 13,000 barbers, hairstylists and other out-of-school youth. Each peer educators will monitor and report on their activities monthly. Furthermore, in view of the needs of this target group, peer educators will access and provide condoms during their visits and make referrals to AIM project existing fixed condom service outlets (e.g., barber shops and hair salons).

Community Outreach: The AIM Project will encourage beneficiaries to go for counseling and testing services. In addition to balanced ABC messages, beneficiaries will receive condom demonstrations and distributions. AIM Project will acquire condoms from USAID IPs, such as SFH, that will be supplied to the partners for distribution through at least 150 fixed condom outlets (barbershops and hairdressing salons) in the 15 states through focal persons and peer educators in barbershops, hairstylist salons and other appropriate service outlets. The AIM Project anticipates acquiring about 90,000 units of condoms from SFH.

POPULATIONS BEING TARGETED

Targeted populations include commercial sex workers and out-of-school youth (particularly barbers, hairdressers, and traditional barbers).

CONTRIBUTION TO OVERALL PROGRAM AREA

The AIM Project will increase capacity of NGO/CBO/FBOs and communities to disseminate accurate information on HIV/AIDS prevention and the number of individuals trained to disseminate balanced ABC HIV Prevention messages, and consequently contribute in building HIV/AIDS competent communities.

LINKS TO OTHER ACTIVITIES

AIM project's AB and C&OP activities are linked to OVC activities and to other PEPFAR USG Partners' activities to ensure strong referrals to comprehensive prevention, care and treatment services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13173	9766.08	U.S. Agency for International Development	Winrock International	6404	5268.08	USAID Track 2.0 Winrock AIM	\$1,000,000
9766	9766.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$1,000,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,640

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$137,658

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7215.09

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 16929.24949.09

Planned Funds: \$15,300

Activity System ID: 24949

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency sexual prevention (AB) ICASS budget for FY09 is to provide necessary ICASS support for five USAID employees in the sexual prevention program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16929

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16929	16929.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$9,839

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10895.09

Prime Partner: PROHEALTH

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 25905.09

Activity System ID: 25905

Mechanism: USAID Track 2.0 ProHealth

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$600,000

Activity Narrative: Rivers and Cross River are two out of six states within the south-south geo-political region of Nigeria with high oil exploration and tourism activities. The south south geo-political region is most negatively impacted by the HIV/AIDS pandemic. The National AIDS and Reproductive Health Survey (NARHS 2005) revealed that this region had the highest prevalence of transactional sex and multiple sexual relationships with marital and non-marital partners. This region also had the highest number of individuals who had sex with non marital partners in 12 months preceding the survey. Two-thirds of women located in this region had more than one sexual partner in 12 months preceding the survey. The south-south region also had the highest rate of non-marital non-cohabiting sexual relationship in the country, including both heterosexual relationships and men who have sex with men (MSM). In addition, the south-south region has the worst stigma and discrimination national figures for family and non-family members who are living with HIV/AIDS. In the Nigerian Sentinel Survey of 2005, the south-south region had the second highest rate of HIV prevalence (following the north-central region).

Drivers of the HIV epidemic in the south-south region include high levels of transactional sex, poverty, cross generational sex, multiple partnering, oil glut and attendant liquidity, tourism, social insecurity, high cost of living, and cultural practices and festivals that encourage casual unprotected sex (e.g., the New Yam Festival). Secondary school-based studies in the region indicate that 22.6% of sexually active female adolescents had multiple sexual partners, with age at sexual debut at 14 years. Cross River State, with its rapid emergence of tourist spots (the TINAPA free trade zone and resort, for example) is likely to show increased sexual networking. In Rivers state, only 6.2% of sexually active individuals consistently and correctly use condoms with their partners. High risk behaviors have been found in the Niger Delta region, with about half of 15 to 22 years engaged in casual sex with commercial sex workers (CSWs) without condom. Peer pressure influence to engage in sex, unfavorable socio-cultural factors, gender norms, and low socioeconomic status are identified risk factors for early sexual debut, multiple partnerships and cross generational sexual activity in this region. Early sexual debut was common among uneducated female rural dwellers.

In view of the above, Pro Health International (PHI) seeks to establish sustainable behavior change among the target population of youth (15 – 25 years of age) in Rivers and Cross River states of the south-south region. Specific targeted behaviors include: delayed sexual debut until marriage; being faithful to one partner; and correct and consistent use of condoms. This will be done through messages on abstinence and fidelity in addition to facilitating increased knowledge of HIV/AIDS, risky sexual behaviors and risk personalization, and also through instituting interventions that encourage community-based normative changes to provide a congenial environment needed for sustained behavior change.

The behavior change objectives will be achieved using the minimum package intervention strategies of peer education, community- and school-based HIV clubs, and interpersonal communications targeting out-of-school and in-school youth with abstinence/be faithful (AB) messaging. Small group discussions, rallies and advocacy interventions at the community level and the formation of community based organizations will be used to address normative changes to support behavior change.

Pro Health's condoms and other protection (C&OP) strategy for COP09 is a peer-led, containment strategy targeted at PLWHAs within the community based on the premise that preventing a positive person from transmitting the virus is the most effective way to avert new infections through sexual transmission. The HARPIN sexual prevention program for COP 09 will have 4 intervention components; peer education plus (PEP); interpersonal communication; formation of community based HIV clubs; and community awareness campaigns/rallies targeting out-of-school in line with the minimum package as recommended by the National Prevention Plan. Peer education trainers (PETs) will be identified and trained with the Society for Family Health (SFH) PEP manual for out-of-school youth. Other in house trainings on volunteer management, advocacy and communication for social change, adolescent psychology, cultural and social studies, financial and administrative management will complement the PEP training. These trainings are geared towards building peer education specialists who will train additional peer educators (PE) and build the requisite environmental framework for achieving sustainable behavior change through the minimum package for sexual prevention. PETs will select 5 out of school peer education groups (PEG) in each LGA using a participatory approach at open community meetings. The out of school PEGs will be trained for a period of 6 months and then be required to reach their peers.

Peer educators will organize small discussion groups of their peers to discuss topics related to personal life and experiences. These discussion groups will be branded 'Club ABC' and develop later into community based organizations (CBOs). Peers will be reached individually with interpersonal communication as well. Local CBOs already involved in HIV/AIDS prevention will also be engaged in reaching the community.

The second component is peer education for in-school youth. They will be reached with the UNICEF Peer Education training manual, small group discussions, and school based HIV/AIDS clubs. 5 schools in each LGA will engage in the peer education program. Support from the State Ministry of Education will ensure that schools with ongoing interventions are prioritized. PETs will train PEs who will reach peers with AB messages. In addition, peers will be required to form small discussion groups around HIV/AIDS topics and issues relating to personal life and experiences. At about the sixth month of the program, the in-school peers and peer educators will then form a school based club branded as 'High Flyers Club'. In all, one thousand (1000) peer educators will be trained to reach twenty seven thousand two hundred and seventy three (27,273) of their peers (13,637 males and 13,636 females).

The third component involves advocacy for community level normative change, community participation and stigma reduction, with the consent and participation of relevant stakeholders. The state ministries of health, education, youth and sport, and social welfare will be informed and their consent and support sought to engender acceptability and participation. The local government councils will be visited to advocate support, commitment and eventual ownership of the program. Traditional leaders will be visited to canvas their support and permission to reach people with the programs. Other stakeholders in the community will be visited to rally their support and seek avenues through which the whole community can be reached.

Activity Narrative: Two advocacy officers (AOs) will utilize avenues, such as town meetings, trade union meetings, church services and gatherings, youth meetings, women groups, interest groups and other meetings within the community to facilitate discussions about stigma and discrimination against people living with HIV/AIDS (PLWHAs). These meetings will provide an atmosphere for open discussions on HIV/AIDS in the communities. The AOs will provide information on the magnitude of the HIV/AIDS problem and the community's ability to fight it. The AOs will additionally stimulate community discussions on cultural issues that fuel the HIV pandemic (e.g., sexual coercion, cross-generational sex, transactional sex and sexual abuse) through focused discussion group sessions, interpersonal communications, and other mechanisms. These meetings will target communities that are in close proximity to Pro Health International's (PHI) service provision points.

The fourth component will foster behavior change among PLWHAs to avert new infections. PLWHAs will be supported to adopt safer sexual behaviors as part of a comprehensive prevention approach. HARPIN will target PLWHAs and other youth in their communities with awareness campaigns that include rallies and interpersonal communication, peer education models using PLWA peer groups and age appropriate balanced ABC messaging and referrals to medical services. PLWHAs will be trained as PEs to provide information on various topics, including positive living, nutrition education, treatment education and adherence, sexually-transmitted infection (STI) counseling, and referrals to medical services, including HIV counseling and testing, PMTCT services and management of opportunistic infections. Trained PLWHA will reach other PLWHA/high risk persons with messages. There will be rallies in collaboration with other support groups aimed at reducing stigma and discrimination associated with HIV/AIDS. Advocacy visits will be made to relevant stakeholders and opinion leaders to introduce and solicit their support for the project. A total of 9,697 PLWHA (4,849 males and 4,848 females) will be reached through 100 trained PLWHAs.

Recognizing that HIV/AIDS care and treatment settings serve as strategic entry points for reaching large numbers of HIV-infected people, the HARPIN project will continue to engender linkages between community based prevention efforts targeting PLWHA and clinic-based, provider-delivered intervention to help prevent the spread of HIV and also protect the health of PLWHA. Training will be provided to healthcare providers in selected sites to provide routine care and treatment to HIV-positive patients and deliver important health information and preventive medical care, including treatment and/or referrals for STIs and family planning services. Health care providers will be supported to assess patients' risk and provide targeted prevention recommendations, which encourage sex partners to get tested, disclose HIV status to sex partners, abstain from sex or reduce the number of sex partners or maintain fidelity to one partner, use of condoms during each sex act and appreciate the consequences of having sex without a condom, and understand the relationship between alcohol use and how it affects adherence and increased risky behavior. Cross referrals will be provided between facility based interventions and the community based interventions to provide a continuum of care for PLWHA, expand program reach, and, encourage and sustain behavior change. One condom outlet for PLWHAs will be established for each of the six local government areas where this intervention will be implemented.

Contribution to overall program area:

The HARPIN Project's activities will address specific behaviors among youth with the aim of attaining positive and sustained behavior change in terms of primary/secondary abstinence practice, faithfulness to partners and correct and consistent use of condoms. The AB program will specifically provide knowledge of abstinence skills amongst youth, while prevention with positives interventions will contribute to containment of the disease by reducing transmission, re-infection or increased viral load among PLWHA. This will contribute to strengthening and expanding the capacity of the GON's response to HIV/AIDS epidemic and achievement of PERFAR goals of preventing 1,145,545 new infections.

Population being targeted:

Two primary population groups will be targeted in these sexual prevention activities. The first group will include young men and women (15-24 years old) while their corresponding figures-of-influence (parents, teachers and religious leaders) will be our secondary target. The second primary target group consists of PLWHAs, while their discordant sexual partners will be the secondary target audience in this category.

Emphasis area:

The emphasis areas for this program area are human capacity building and gender balance. Emphasis will be on building local capacity to ensure sustainability. CBOs within the community will be involved in programs to improve their knowledge and exposure in program design and implementation.

Key legislative issues:

Key legislative issues addressed include stigma and gender, with an emphasis on community norms that discourage stigma on PLWHA and enhance women's ability to access and utilize information on HIV/AIDS.

Link To Other Activities

The AB and C&OP activities carried out under PHI are linked with the organization's PMTCT activities and free healthcare efforts (with other funding).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10809.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 26205.09

Activity System ID: 26205

Mechanism: USAID Track 2.0 TBD2

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: [REDACTED]

Activity Narrative: USAID Nigeria is negotiating a new award which will provide integrated OVC programming. As is the practice when making new awards, OGAC will be informed when the award is ready, and the partner(s) and targets will be uploaded into COPRS. The targets developed for this activity are notional, as they may be subject to change during the course of the award negotiation, but the program as proposed is on a scale to potentially reach about 1,400 OVC and to provide support and training to 1,000 caregivers.

This element of the new activity will focus on providing AB prevention messages for OVCs and their caregivers in four states (Kaduna, Kano, Bauchi and Niger) to expand services of care and support and referral to treatment for children affected or infected by HIV and AIDS. This activity will collaborate with community OVC programs and FBOs to adapt and pilot an HIV prevention program for young adolescents prior to sexual debut (estimated 12 to 16 years). The proposed model program is abstinence-based and with condom and other prevention services as appropriate for age given to older OVCs and their caregivers.

Through its support to OVCs, the activity will facilitate organizational capacity building in prevention programs for a core local partner who will gradually transit to be the prime partner. It will work with already developed and successful child protection committees, train peer educators among them to reach their peers with abstinence message as well as facilitate adults/ child communication between caregivers and OVCs. Community Protection Committees (CPC) will also be used to reach children of HIV-affected families and will expand outreach to improve access to prevention of mother to child transmission services (PMTCT), economic strengthening and OVC services.

The activity will strengthen the capacity of indigenous organizations to respond to HIV/AIDS in their communities; provide quality comprehensive prevention services for AIDS OVCs. The minimum package intervention approach as defined in the national prevention plan will be utilized for reaching these OVCs and their caregivers.

This prevention intervention will also include educational activities that relate to 1) Trust Building and Group Cohesion; 2) Risks and Values; 3) Educate Yourself: Obtaining Information; 4) Educate Yourself: Examining Consequences; 5) Build Skills: Communication; 6) Information about Sexual Health; 7) Attitudes and Skills for Sexual Health; 8) Review and Community Project. Overall the program will help youth assess the short- and long-term impact of their decisions on themselves, their families, and their communities, help develop decision-making skills, develop communication skills, learn basic facts about HIV/AIDS, sexual health, condoms and other contraceptives, and learn refusal skills. The educational methods include in-school curricular activities and extra curricular activities including the PEP model. While the focus of the program is on HIV/AIDS, it is also involves a comprehensive education program that covers many topics including knowledge about risks associated with other sexually transmitted infections, teen pregnancy, violence, alcohol, and other drug use.

The partner will work with community groups that are trained and experienced in identifying vulnerable children and families, provide a strategic starting point for a project that will work with community-based systems to effectively reach OVC. The activity will complement the services of local agencies by reaching children and families that may not have access to HIV prevention services or lack opportunities to access information on HIV prevention. Issues of stigma through awareness activities, peer advocates, and support groups will be addressed. Linkages will be sought for nutritional and educational support with USG supported wrap-around activities.

CONTRIBUTION TO OVERALL PROGRAM AREA: This activity program area focus is on strengthening the capacity of families and communities to provide prevention services to OVCs and their caregivers. These activities contribute to the USG's PEPFAR strategy of preventing HIV for an identified vulnerable group and are also consistent with the National HIV Prevention plan.

LINKS TO OTHER ACTIVITIES: Linkages will be established with HIV/AIDS treatment centers and community care and support program to ensure that OVC and caregivers stay alive and in good health, to counseling and testing centers to enable family members to receive necessary support and to reduce the increase in numbers of HIV+ children.

POPULATION BEING TARGETED: This activity will target girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC, caregivers of OVC and other children/siblings living in OVC households in community settings using existing established and accepted organizations as service providers. In addition, religious and community leaders, leaders of women's organizations will be trained to combat stigma in their work.

EMPHASIS AREAS: The activity includes an emphasis on local organization capacity development and community mobilization, education and training. The program will aim to support equal numbers of males and female OVC and address economic and education factors that limit access to services of either gender.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9406.09

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 21687.25309.09

Activity System ID: 25309

Mechanism: HHS/CDC Track 2.0 Pop Council

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$290,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This activity also relates to activities in ARV and HCT.

In line with the provisions of the PEPFAR/CDC COP 08 funding requirements, Population Council (PC) will provide abstinence/be faithful (AB) and other prevention (OP) services to male most-at-risk populations (MARPs) through community awareness campaigns, peer education models, school based curricula, including a "Men as Partners" curriculum that stresses male involvement in prevention activities and explores definitions of gender roles, and other services, such as HIV counseling and testing (HCT) and sexually-transmitted infection (STI) management. This shall be provided through a multi partnership with Action Health Incorporated (AHI), Africa Regional Sexuality Resource Center (ARSRC), Alliance Rights Nigeria (ARN), and The Independent Project (TIP). The overall framework of the program targets the male MARPS in Lagos, Ibadan (Oyo State), and Abuja (FCT).

In COP08, Population Council initiated the Men's Health Network (MHN), a consortium of three key partners, including AHI, ARSRC, and ARN. To ensure the long term sustainability of the project, MHN is structured as a multi-donor social franchising model utilizing both private and public sector service delivery points to provide STI, HCT, and targeted condom/lubricant provisioning to high risk men (MARMs), particularly men who have sex with men (MSM). During COP08, the project identified and trained 24 service providers in three intervention locations – Lagos, Ibadan (Oyo), and Abuja (FCT) – with skills development, certified training in STI syndromic management, and HCT. Concurrently, a network of key opinion leaders (KOLs) functioned as peer educators to stimulate demand for clinical services among MARM/MSM. In addition, a peer education and diversity training curriculum was developed using the 'Men as Partners' approach and delivered in an age/gender specific manner to MARM/MSM, as well as adolescent boys and girls for AB prevention. A minimum of 18 KOLs were trained and deployed across the 3 sites. By the end of COP08, the project successfully delivered AB prevention using the proscribed minimum package to 16,000 beneficiaries. The condom and other prevention (C&OP) minimum package was delivered to 10,000 beneficiaries.

In COP 09, Pop Council's sexual prevention activity is limited to 3 sites and consists of several inter-related components: 1) the promotion of abstinence and fidelity for male adolescents and targeting MSM with "be faithful" messages, as part of a comprehensive male involvement curriculum addressing homophobia and violence; 2) increasing demand for and availability of condoms and other prevention activities, including STI management to MSM and their male and female partners; 3) providing clinic and community-based HIV care and treatment to MSM in a culturally and gender-sensitive manner; and 4) supporting a network of opinion leaders to advocate on behalf of MSM for increased awareness and sensitivity among service providers, community-leaders, and police, toward increased access and utilization of HIV prevention and STI management.

Nigeria has a population of approximately 140 million people with an adult HIV prevalence of 3.1% (UNAIDS July 2008 estimate). MARPS continue to serve as "reservoirs" of the HIV infection, thereby fuelling the epidemic in Nigeria. This group includes female sex workers (FSW), MSM, injection drug users (IDU), long distance truckers, uniformed professionals, and others whose practices and sexual networks put them increased risk of contracting and spreading sexually-transmitted infections (STIs).

The 2007 IBBSS shows varied overall HIV prevalence among MARPS with MSM having the second highest prevalence of 13.5% (25% in Lagos) compared to 25% among FSW. MSM are a particularly at-risk population in Nigeria. The MSM community is socially stigmatized and receives scant services to promote healthy sexual behavior and HIV/STI prevention. In Nigeria, nearly all informational education messages focus on heterosexual transmission of STI/HIV, and MSM are not sensitized to their own risk for contracting an STI. In addition, health professionals are largely unaware of their special needs. It is therefore paramount to include MSM in programs to prevent HIV/AIDS, since they are at high risk for HIV/STIs but are historically ignored by prevention campaigns and limited in their access to sexual health services.

The AB component of this intervention will include raising community awareness targeting MARMs including MSM, as well as young people in general with generic community dialogues, peer education through the use of social networks, and additional peer education through the use of role models. Project activities include: conducting male involvement peer education sessions at the community level targeting young adolescents with 'AB' messages; conducting peer education sessions at the community level targeting MSM with 'B Only' messages; conducting male involvement peer education sessions at the community level targeting young adolescents with 'A only' messages; developing a male involvement AB curriculum using AB prevention messages and gender roles, sexual rights, violence mitigation/avoidance training targeting adolescent boys; and training key opinion leaders (KOLs) in male involvement AB curriculum and management of peer education sessions.

In COP09, the project will reach 13,182 men and women with AB community outreach activities comprised of the minimum AB package. At the end of COP09, 3,295 individuals will be reached through abstinence only messages. KOLs among the MSM will be trained as both peer educators and role models, and as facilitators to map MSM social networks. Population Council has developed a comprehensive behavioral change communication (BCC) model comprising 'Men as Partners' (MAP) curriculum, which will also explore behavior change and safe sex practices through small group discussions, inter-personal communications, and community dialogues. A total of 48 individuals will be trained to promote MAP AB messaging through a gender-sensitization curriculum aimed to reduce male gender roles promoting violence, alcohol consumption/abuse, and sexual risk-taking. A beneficiary is considered 'reached' upon having participated in three of the following planned activities: community awareness campaign; peer education models; school-based approaches; peer education plus; and/or workplace programming.

The C&OP component of this intervention will include: activities to increase demand for prevention activities among MSM in Nigeria; the identification and mapping of 9 social support networks; identification, training and support of 27 opinion leaders promoting prevention and care-seeking behavior through BCC messages;

Activity Narrative: identification of 27 MSM-friendly provider networks offering services to MSMs; and the creation and support of 9 outlets to distribute and promote the correct and consistent use of condoms and lubricants to persons engaged in high-risk behaviors. This program will train healthcare providers to provide HCT, STI management, and condom and lubricant distribution in a gender sensitive manner. It will also engage the mass media in promoting men's health through TV and radio jingles. Quality assurance and quality improvement for STI syndromic management will be performed among public and private laboratories affiliated with the project, although no direct laboratory funding is provided under this agreement.

Population Council will aim to deliver these services through a comprehensive community HIV prevention package, in which clients receive IEC materials, condom and lubricants, interpersonal communications, and STI services, while community awareness sessions will also include focused small group discussions (SGDs), dialogues, workshops (MAP), and consolidation of ABC messages. In addition, 9,848 individuals will have been reached through local-language community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful; 27 individuals will have been trained in local languages to promote HIV prevention through behavior changes beyond abstinence and/or being faithful; and 2500 clients will have been treated for STIs using nationally approved syndromic management guidelines. A beneficiary is considered 'reached' with OP activities upon having participated in three of the following planned activities: community awareness campaigns; community outreach that provides condoms and lubricants; peer education models; workplace programming; and STI syndromic management and provision of pre-packaged STI therapies.

The AB and C&OP components to this program provide a vital linkage to onward referral services for OP program areas, specifically for men engaged in high risk practices. Access to quality HCT, STI and other health services will improve through the establishment of an MSM-friendly network of healthcare providers. In the first year, three public and private sector clinics were selected and shaped into MSM-friendly clinics. In subsequent years, the project will expand by 25% per year in terms of number of clinics and cities. Policy-level interventions are not specified in this activity; however, significant engagement with NACA, CISHAN, and complementary donors is essential to gradually move forward with rights-based agendas to support protection of services to MSM.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These activities contribute to the COP09 targets by reaching at least 13,182 individuals through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful individuals and 9,848 individuals through other behavior change beyond abstinence and/or being faithful. This is consistent with PEPFAR's 5-year Strategy for averting new infections in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity relates to Counseling and Testing and ARV. This service will also complement HCT services for those who ultimately test HIV negative. Through this program as well as basic care and support, Population Council will ensure access to quality HCT, STI and other health services through the establishment of an MSM-friendly network of healthcare providers.

POPULATIONS BEING TARGETED:

This activity will target adolescent and key opinion leaders (KOLs) and youth, as well as female sex workers (FSW), MSM, injection drug users (IDU), long distance truckers, and uniformed professionals. This program will train healthcare providers to provide HCT, STI management and condoms and lubricant distribution in a gender sensitive manner. It will also target males (both in- and out-of-school) within and around the target group communities, such as male spouses, friends, neighbors, and fiancés.

EMPHASIS AREA:

An emphasis area for this activity is human capacity development through a comprehensive community HCT package in which clients receive IEC materials, condom and lubricants, interpersonal communications, and STI services. Messages are reinforced through community awareness sessions, focused small group discussions, community dialogues, and workshops such as the MAP activity. Other emphasis areas include gender and reduction of stigma and discrimination.

COVERAGE AREAS:

Lagos, Oyo, FCT, Rivers and Imo states

New/Continuing Activity: Continuing Activity

Continuing Activity: 21687

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21687	21687.08	HHS/Centers for Disease Control & Prevention	Population Council	9406	9406.08		\$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10894.09

Prime Partner: Gembu Center for AIDS
Advocacy, Nigeria

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 25889.09

Activity System ID: 25889

Mechanism: USAID Track 2.0 GECHAAN

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$275,000

Activity Narrative: Gembu Centre for HIV/AIDS Advocacy Nigeria's (GECHAAN) The New Tomorrow's Project (TNTP) is presently operating in Sardauna Local Governance Area (LGA) in Taraba State. By the end of COP 08, TNTP will have conducted surveys and advocacy meetings in three additional sites—Gashaka, Kurmi and Bali in Taraba State—preparatory for expansion to these 3 LGAs in COP 09.

GECHAAN will expand its prevention program into three additional LGAs in 2009, namely, Gashaka, Kurmi and Bali. GECHAAN will work with LGA council officials and traditional councils to mobilize support for the project in their communities. TNTP prevention awareness creation activities will utilize community discussion forums, such as village meeting sessions and 'core encounter' support group sessions to disseminate HIV prevention messages and also to discuss community norms and social structures that increase risky sexual behavior. Other community awareness campaigns will include focus group discussions, rallies, and community dialogues in all the project sites. Mass media strategies, such as the "Voices of Hope" will be used to reinforce messages. TNTP will produce TV and Radio jingles that will be aired weekly to reach a wide range of viewers and listeners in the project sites. Additionally, experts in the field of HIV/AIDS will be invited to discuss relevant topics or issues on HIV/AIDS prevention messages on the weekly broadcasts. Using this medium, advertisements regarding the organization and its services will also be aired.

GECHAAN will emphasize HIV prevention education with women, youth and couples. GECHAAN will extend the abstinence clubs initiative that has already started in Sardauna LGA secondary schools and communities, and will also conduct youth prevention activities in the expanded project sites. In community forums, youth will have the opportunity to spend time with adult and youth role models to discuss their concerns and effective HIV prevention methods. Parents will be encouraged to be good role models and will be provided with skills to facilitate meaningful parent/child communication sessions in their homes. Such support will come from workshop trainings and IEC materials to enable parents to communicate more easily, accurately and effectively with their children on HIV/AIDS. Education seminars will also be provided for Islamic Religious Knowledge (IRK) and Christian Religious Knowledge (CRK) teachers on HIV/AIDS prevention messages. This will help strengthen moral values in schools in our service areas and lead to the formation of Religious Teachers Association on HIV/AIDS prevention. This has already begun in Sardauna LGA. TNTP will also collaborate with National Youth Service Corps and similar groups to strengthen the fight against HIV prevention in our service areas among youth.

Only individuals reached with three intervention strategies will be counted as being reached in accordance with the national prevention plan minimum package. These interventions will include curricula/non-curricula based approach, peer education (PE), and the 'peer education plus' (PEP) model.

Youth prevention messages will focus on: the importance of abstinence in preventing HIV transmission among unmarried individuals; deciding to delay sexual activity until marriage; development of skills among unmarried individuals for practicing abstinence; and the adoption of social and community norms that support delaying sex until marriage and discourage/denounce forced sexual activity among unmarried individuals.

Be faithful messages targeting married adults and couples will be focused on: the importance of being faithful and the role of fidelity in reducing the transmission of HIV among individuals in sexual relationships; elimination of casual sex and multiple sexual partnerships; developments of skills for sustaining marital fidelity; the adoption of social and community norms supportive of marital fidelity and partner reduction using strategies that respect and respond to local customs and norms; and adoption of community social norms that denounce forced sexual activity in marriage or in long-term partnerships.

GECHAAN will also organize seminars and/or trainings on micro finance, positive alternative sources of livelihood, skills acquisition, and essential life skills training for target groups in the project sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The GECHAAN project will contribute to prevention of new infections through Abstinence and Be faithful strategies that reach 12,500 persons (5,150 males and 7,350 females). 7,000 persons (2,750 males and 4,250 females) will be reached with abstinence only strategies within the national response. GECHAN will provide training to 1,200 individual in COP09.

POPULATIONS BEING TARGETED:

Target populations of the A/B Prevention messages include women, couples and youths, PLWHA, OVC and HIV/AIDS affected families, and community leaders.

LINKAGES: This program is linked to HCT, treatment and care, and home based care. The 'core encounter support group forum' for PLWHAs will also link with facility based services for prevention with positive interventions. This program will also work in synergy with its OVC component to provide prevention services to orphans and vulnerable children.

EMPHASIS AREAS: An emphasis area will be community forums that discuss norms and behaviors that will contribute to gender equity in accessing services and address some of the disparities that have placed women at greater disadvantage. Prevention activities will target both sexes with behavior change communication that promotes healthier concepts of maleness among the youth. This will reduce the vulnerability of women and girls to abuse, sexual coercion and also discourage multiple sexual partnerships. Effective parent/child communication will be emphasized as well.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10901.09	Mechanism: USAID Track 2.0 Hope WW Nigeria
Prime Partner: Hope Worldwide Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 25893.09	Planned Funds: \$270,000
Activity System ID: 25893	

Activity Narrative: This is a new activity which relates to other activities in the USG AB program.

Nigeria's HIV epidemic may be classified as 'generalized' but has marked unequal high prevalence among different subgroups, thus displaying the characteristics of a concentrated epidemic, largely among most-at-risk populations (MARPs). Youth aged 15 to 24 years in Nigeria have a higher than national average HIV prevalence rates (ANC sentinel survey, 2005). Research shows a significant increase in the proportion of 15-19 year olds who have never had sex; among males the proportion significantly increased from 77% to 83.0% and for females those who report never having had sex went from 73.0% to 80.1%. However, many youth still engage in risky behavior and about a third of males and 10% of females reported having sex with non-marital partners.

The Hope WorldWide Nigeria (HWWN) abstinence and be faithful (AB) program will target young people and adolescents aged 10-18 years for abstinence skills access and learning, and other information that will assist them in making healthy sexual choices to prevent HIV infection. Under this program, orphans and vulnerable children (OVC) who fall within the age bracket will benefit by learning skills to prevent HIV and other sexually transmitted infections (STIs) and have the opportunity to train as peer educators. This program will enhance self esteem of the target audience and help them acquire life skills and reinforce the values of abstaining from sex until marriage.

In COP09, the program will be implemented in six States in Nigeria namely, Federal Capital Territory-Abuja, Cross River, Delta, Lagos, Osun and Oyo. This effort will be delivered in partnership through capacity strengthening of the following implementing agencies (IAs): Initiative for People's Good Health (IPG- Ugep Cross River State), Positive Development Foundation (PDF- Calabar, Cross River State), Neighborhood Care Outreach (NCO- Calabar South, Cross River State), Integrated Development Initiative (IDI- Ikom, Cross River State), Counseling for Youths And Teenagers On HIV/AIDS in Nigeria (COYATOHAN- Ojo, Lagos), Living Hope Care (LIHOC- Ilesa, Osun state), Community of Women Living with HIV/AIDS (NCW+ Amuwo Odofin, Lagos), Positive Life Organization of Nigeria (PLON- Yaba, Lagos), and The International Church of Christ (ICOC- Lagos, Delta & Oyo), as multiplier organizations.

ACTIVITY DESCRIPTION

The first phase of activities under this program involve capacity building of IAs to provide quality comprehensive HIV prevention services to the target population. HWWN in COP09 will provide IAs with training in utilizing the following prevention methodologies and skills: abstinence curriculum; improved parenting; facilitation skills update; community mobilization; and Men As Partners methodology (MAP). The existing abstinence curriculum addresses personal and character issues, dating and marriage, peer issues, and social pressures. Gender-based violence, rape and abuse are also discussed over the intensive 8-hour youth project. These participatory youth discussions follow discussion guides and are led by trained facilitators. In view of the major role that parents play in the lives of young people, IA staff will be trained on how to deliver parenting curriculum to create opportunities for parents and guardians to improve communication with their children, and to create a supportive environment for young people to sustain positive behavior. Each of the training sessions will hold for 5 days. Secondary audiences will include those individuals whose behavior makes young people susceptible to sexual exploitation, such as adults in the communities. Additionally, societal norms and practices can also make adolescents and young people susceptible to sexual exploitation and HIV infection. The MAP methodology is designed to engage men in discussion with a view to addressing issues of masculinity, gender and sexual/domestic violence. Training on MAP methodology will be provided to IA staff to engage men in discussions in the communities during implementation of program activities. The training will hold for 3 days.

Based on the assessment carried out and uniqueness of each community, IAs will implement activities under the minimum package that better address the needs of their target population in their various communities. As part of HWWN's effort to implement activities and ensure program sustainability in line with PEPFAR principles, each of these IAs will conduct advocacy visits in their respective communities and engage leaders in community dialogue, and small-group discussions will be organized to engage the target population to assess risk levels and risk factors. This community awareness campaign will be followed by training of peer educators among the target population, the formation of AIDS awareness clubs in schools, and information dissemination activities in communities and churches to equip young people with abstinence skills. It is expected that these peer educators will reach out to their peers to sustain the messages delivered. OVCs between the ages 10 and 18 years under the ACCORD project will be reached and given the opportunity to train as peer educators to reach their peers and counterparts with abstinence information and skills. In COP09, 26 people will be trained as trainers of trainers (TOT); these people will be selected from the IAs and Child Care Forum (CCF) under the ACCORD project. The TOTs will train 240 OVC as peer educators for a total of 266 peer educators trained. In order to serve those who might be sexually active, messages on condoms will be provided to equip them with information and skills to avoid infection with HIV or other STIs and/or unwanted pregnancies. With these 3 approaches (Community Awareness Campaign, School Curricula Based approach and Condom Messaging) HWWN with partners will reach 10,961 individuals (4,748 males and 6,213 females) and 1,312 parents/adults making a total of 12,273 people (5,332 males and 6,941 females) in this reporting year.

To create an environment supportive of the messages and sustenance of positive behavior by young people, advocacy visits will be carried out to parents, principals and other community leaders to give support to peer education clubs formed to sustain the program effort. Parents will be engaged in small group discussions on faithfulness and impediments to conjugal fidelity, and how these affect children's behavior. Balanced ABC messages will be provided to strengthen faithfulness in marriages and thereby provide an enabling environment for young people to model their protective behaviors. Implementing agencies will apply the MAP methodology to address gender issues that surround domestic violence, masculinity, and coerced sex. 43 MAP workshops will be organized in this reporting year.

16 seminars will be organized to create opportunities for children to express how they feel about their communication with their parents and caregivers. Also, different fora will be organized for games that involve both children and parent/caregivers in a supportive atmosphere to explore improved

Activity Narrative: communications between parents and their children. Improved communication at home will assist adolescents to sustain positive behaviors, thereby preventing new infections among the target audience. Information Education Communication (IEC) materials will be distributed to reinforce messages.

HIV testing will be promoted in schools, churches and during support group sessions for parents and caregivers through voluntary HIV counseling and testing (HCT) campaigns to encourage knowledge of status, abstinence and fidelity. Individuals within the most-at-risk populations (MARPs) will be identified and referred to existing health centers for counseling and testing, and those testing positive will then be referred for treatment and care. International Church of Christ (ICOC), a multiplier organization, will be supported in the establishment of resource centres in Lagos and Ibadan, where youth and adults will be mobilized to utilize the facilities. At the centre, information on HIV and adolescent health will continue to be provided and IEC materials developed and produced under the AB program.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities provided in Cross River, Delta, Lagos, FCT, Osun and Oyo States will contribute considerably to the overall Emergency Plan prevention targets for Nigeria and to a strengthened populace with behaviors that impact positively on their communities and in a reduction in gender-based violence. Child Care forums (CCFs), Community Development Associations (CDAs), Parent-Teachers Association (PTAs) and other groups will be mobilized to create a more supportive normative environment for the practice of abstinence and fidelity.

LINKS TO OTHER ACTIVITIES

HWWN's AB activities related to HCT will be realized in collaboration with government-owned health centers and other programs that provide HIV testing to complement the effort of campaign. Vulnerable individuals will be referred to these centres for counseling and testing. AB activities will work together with the OVC program to provide curriculum-based abstinence skills to OVC at camps and Kids Clubs, and at the same time empower caregivers with parenting skills to better communicate with their children, especially on sexual and reproductive health issues.

POPULATIONS BEING TARGETED

The primary target audiences under this program are adolescent boys and girls aged 10-18 years, including OVC of that age. Others are adult men and women (parents and caregivers).

KEY LEGISLATIVE ISSUES ADDRESSED

The program addresses stigma and discrimination and gender issues by addressing male norms and behaviors to reduce violence and sexual coercion.

EMPHASIS AREAS

Program activities include a major emphasis on training in which a structured curriculum is used to deliver abstinence and parenting skills to targeted audience by trained staff. These trained individuals will then step down the acquired skills to their peers in their respective communities. The program has a minor emphasis on development of networks, linkages, and referral systems and IEC development.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$52,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3688.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15655.25268.09

Activity System ID: 25268

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSR relief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$145,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

In COP08 AIDSRelief (AR) is providing support to 31 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites. In COP09 Sexual Prevention services will be offered through 34 local partner treatment facilities (LPTF), 19 satellite sites, and 1 community based program in 16 states including Abuja, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nassarawa, Ondo, Plateau, and Taraba. All HIV programs supported by AR promote abstinence until marriage, and mutual fidelity within marriage. AR does not finance, promote or distribute condoms. In line with its HIV Policy, however, AR does provide age-appropriate, complete and accurate information about condoms to its partners as part of its HIV activities. AR will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing prevention services to individuals reached through a balanced portfolio of prevention activities. Through the involvement of AR as a partner in this activity, PEPFAR Nigeria will extend its reach with AB services in more states and communities. AR will provide full and accurate information on prevention services. In COP 09, AR will dedicate a staff to focus on sexual prevention activities.

The program will support local partner treatment facility (LPTF) activities targeting HIV+ clients, their families and communities who access care at these points of service. Prevention priorities will include behavior change for risk reduction and risk avoidance and counseling and testing. All AR supported LPTFs will provide education and training to patients and community health volunteers on secondary prevention. This includes encouraging appropriate status disclosure according to OGAC and national guidelines, counseling for sero-discordant couples, risk reduction and adherence to ART, and training for health workers and peer outreach workers. Programs will include reducing societal stigma through appropriate health education at facility and community levels and reducing gender based violence. There will be structured peer education that includes systematic training curricula, refresher training, and training on essential life skills. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to adolescents, especially orphans and vulnerable children receiving both facility and home based support. AR through this program will cover the communities with AB messages conveyed through multiple media. Through this methodology, a large number of people will be reached with messages via one method or another; however, in line with the National Minimum Prevention Package requirements, the counted group will be those individuals that would have received AB messaging: on a regular basis and via the three strategies AR will employ (community awareness campaigns, peer education models and peer education plus activities). AR anticipates reaching 6,591 people (2,636 male and 3,955 female) directly through community awareness campaigns, peer education models and peer education plus activities; indirect beneficiaries are those who receive messages via other multiple media.

Data from the 2005 ANC Survey and the National HIV/AIDS and Reproductive Health Survey indicate a high level of infection among 15 to 29 year olds together with a low level of risk perception (28%). AR will incorporate messages that address behavior change, reduction of number of sexual partners, trans-generational and transactional sex, sexually transmitted infections (STIs), and drug abuse into its services. The strong community and adherence programs developed by LPTFs in the AR program will continue to serve as the foundation for outreach to communities. In COP09, the program will continue to ensure that all sites provide education to patients and community health volunteers on secondary prevention. Couple centered prevention will also be emphasized. Prevention activities will include distribution of patient education materials, community sensitization, increased couple testing, promotion of LPTF couple support groups, and advocacy for risk reduction strategies for discordant relationships. High risk reduction measures will include treatment of STIs and to a lesser extent interventions on drug abuse. Couples will be treated at LPTFs or other referral centers that offer specialized treatment for STIs, where necessary. AIDSRelief will provide full and accurate information on HIV prevention to all patients, as appropriate. AR sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure. These interventions will be implemented using the recently adapted HIV Prevention in Care and Treatment Settings Prevention Package, which includes several training packages and job aids.

Fidelity in relationships will be promoted through information, education and communication (IEC) materials and enlisting the support of religious leaders in community-led peer education plus activities, such as drama groups. A family-centered approach will provide opportunities to maximize prevention messaging to all family members. Linkages with CRS' OVC program will further promote messages that emphasize abstinence and fidelity and the avoidance of high risk behaviors. AR will explore with its faith-based partners opportunities for extending these messages into faith-based schools and developing peer educators in schools. AR will draw on culturally appropriate prevention messaging material for these activities. AR will enhance capacity development and partnership with the Federal government, State governments, Local governments, CBO, and women's groups. Special messages targeting the males will be emphasized. AR will implement its AB services while providing full and accurate information on other prevention services in the area.

Training will be an integral part of this program and will be directed at facility staff, community level staff and religious leaders. A total of 180 people (60 facility staff plus 120 community volunteers and religious leaders) will be trained and given skills to be able to promote abstinence and being faithful messages to patients, their families and communities.

Strategic information (SI) is crosscutting in all program areas. AIDSRelief SI activities will incorporate program level reporting to enhance the effectiveness and efficiency of both paper-based and computerized patient monitoring and management (PMM) systems, assure data quality and continuous quality improvement, and promote data use for program decision making across all LPTFs. In COP09, AR will carry out site visits to provide technical assistance that will ensure continued quality data collection, data entry, data validation and analysis, and dissemination of findings across a range of stakeholders. It will provide relevant, LPTF-specific technical assistance to develop specific data quality improvement plans. It will also capture and report on individuals reached with abstinence and be faithful prevention messages using

Activity Narrative: relevant data collection tools and the PMM system.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support; therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AR Sexual Prevention activities emphasize the integration of prevention activities with treatment and care services. Use of community awareness campaigns, the peer educator model, and peer education plus activities (community drama, dance events, etc.) allows dissemination of Sexual Prevention messaging. This activity contributes to the USG target of preventing 1,145,545 new infections by 2009 through the promotion of AB and A-only messaging in a comprehensive approach.

LINKS TO OTHER ACTIVITIES

Sexual prevention activities will be linked to HCT, basic care and support (through dissemination of information by home based care providers and ultimately by decreasing demand on care services through decreased prevalence), ARV services, ARV drugs, OVC, TB/HIV, laboratory services, and SI activities.

The program will also seek to link up with other CBOs/FBOs that serve the same geographic areas, as well as partners working in other sectors, wherever possible to collaborate on meeting the needs of the community. It also will seek to link the various cadres of government (Federal, State and Local government) and seek effective collaboration with relevant NGOs.

POPULATIONS TARGETED:

Key populations targeted are the healthcare community in treatment facilities, PLWHA, youths and adults accessing HCT services, support group members and family members of PLWHA.

KEY LEGISLATIVE ISSUES ADDRESSED

AB activities promote a rights based approach to prevention with positives and other vulnerable members of society and equal access to information and services. The activities will also address issues of stigma and discrimination through the education of individuals and communities reached.

EMPHASIS AREAS

This activity has an emphasis on training and community mobilization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15655

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15655	15655.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7830.09	Mechanism: HHS/CDC RFA TBD/FMOH
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 25631.09	Planned Funds: ██████████
Activity System ID: 25631	

Activity Narrative: As a result of the Nigerian Federal Ministry of Health (FMOH)'s HIV/AIDS Division's (HAD) mandate, which is national in scope, the funded activities will be implemented in a way that covers the entire country in COP09; however, HAD will focus most of the activities on underserved populations in Nigeria. With this funding, HAD will build the capacity of its staff at the National, State and Local Government levels to lead an integrated health sector response. HAD staff capacity will be improved through a comprehensive training in integrated program management that will ensure that sexual prevention program related trainings, supervision, service provision and quality assurance activities are carried out in line with nationally and internationally acceptable standards. Through this grant, HAD will also ensure that the National Prevention Technical Working Group (TWG) meets as scheduled in their operational plan. HAD will also facilitate the distribution and dissemination of the Prevention Standard Operation Procedures (SOP) and Guidelines to ensure they are understood and adhered to by prevention service providers across Nigeria. HAD will also develop a mechanism for feedback on both documents from end users.

Expected outcomes of this technical approach will include: improved capacity through routine site visits by HAD staff at all levels; improved advisory functions by the Prevention Technical Working Group; and adherence to national standards for prevention service provision by all service providers.

HAD will achieve these outcomes through a three-pronged approach of: 1) Training national, state, and local government level staff; enabling and facilitating meetings of the Prevention TWG; and the development of SOPs, guidelines, training curricula, and manuals. Specifically, training of HAD staff at the National, State and Local Government Levels will focus on supervisory and monitoring skills following a gap analysis and development of appropriate training programs. This will be followed by adaptation of existing supervisory and monitoring tools. HAD will enable and facilitate meetings of the Prevention TWG and work in collaboration with the TWG to visit service delivery sites and collate and analyze supervisory reports to serve as a basis for advisory functions of the TWG. The inactive National HIV/AIDS partners' forum will be reactivated to meet on a biannual basis. HAD will develop SOPs, guidelines, training curriculum and manuals for program areas that currently do not have such manuals. HAD will also disseminate and distribute these materials to end users (service providers) through national and state level workshops. HAD will also ensure that feedback is received from the end-users, articulated and forwarded to the appropriate TWG to enhance their coordination function.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 555.09

Prime Partner: International Foundation for
Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15679.25228.09

Activity System ID: 25228

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$50,000

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to HCT, PMTCT, Basic Care and Support, TB/HIV, and Strategic Information.

IFESH will continue its COP08 Abstinence/Be Faithful (AB) and other sexual prevention programs in COP09. These will be implemented in line with PEPFAR Nigeria guidance for providing a comprehensive package of prevention services to individuals through a balanced portfolio of activities. IFESH's goal is to contribute to a reduction in HIV prevalence among youth, particularly in the most-at-risk age group of 15-24 year olds, promote mutual fidelity among married adults, and encourage safe sexual practices. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence. In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years.

In COP09, IFESH will continue its implementation of AB programming in underserved areas in Nigeria and will couple these activities with condoms and other prevention programs, as well as linkages to counseling and testing services, where appropriate. This activity will be implemented at the community level and will be reinforced through national level mass media campaigns by other USG partners, such as the successful Zip-Up campaign.

In-school youth will be targeted with AB messaging using the non curricula school-based activities, peer education, and peer education plus strategies. These are derived from the recommended national minimum package for sexual prevention activities. Abstinence clubs will be formed in schools and activities such as film and game shows/quiz contests on AB messaging will be conducted. A total of 30 peer educators selected from four schools will be trained in AB messaging and will work closely with IFESH to improve program quality. For an individual to be counted as having been reached, (s)he must have received all three listed interventions.

Priority populations to be targeted by AB and other prevention messaging, will be out-of school youth, persons living with HIV/AIDS (PLWHAs), transport workers, orphans and vulnerable children (OVC) receiving home based support, and clients accessing HIV counseling and testing (HCT) services. These target groups will be reached with a minimum of three strategies selected from the following: community awareness campaigns, HCT outreach, STI counseling or management, condom messaging/distribution, and peer education models. Out-of school youth will be reached through community outreach and community youth groups. PLWHAs and OVCs will be reached through support groups, and transport workers will be reached at their motor parks through their unions. IFESH will implement this activity at both the facility and community levels with messages conveyed in multiple fora. Each person will be reached with messages in appropriate dose and intensity, delivered on a regular basis to stimulate behavior change

As a component of community based programming, messages will be communicated through local drama presentations and singers drawn from the community. Information imparted will include the basics of HIV prevention, especially condoms and other prevention (COP) and performers will be encouraged to build prevention themes into their songs to promote sexual partner reduction and consistent condom use. A total of 70 persons, including but not limited to health care workers, peer educators, teachers, religious leaders and community volunteers will be trained in C&OP messaging. Community outreach will target most-at-risk individuals with the purpose of limiting further infections. Doctors and counselors in STI, ante-natal care (ANC) and postnatal clinics will distribute condoms and conduct prevention-with-positives advocacy messages (i.e., HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages, and IEC materials on disclosure). For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risk behaviors, and risk reduction strategies, including condom use.

Condoms will be procured from Society for Family Health (SFH) for all IFESH sites. The provision of condoms will be accompanied by individual and/or group counseling and demonstrations from experienced counselors on their proper use. Information, education and communication (IEC) materials tailored to address the unique risks that individuals from high risk groups face and the correct and consistent use of condoms will also be provided in all sites and all points of service within those sites.

A complete prevention package of materials utilizing both AB and COP programming will be distributed at all HCT sites and at all points of service in health care facilities where IFESH is working. This will include AB IEC materials and condoms. IFESH will target communities where registered clients live for the purpose of community and school based AB messaging in order to continue to reinforce messages provided in the facility setting.

There will be continued evaluation of current sexual prevention activities within communities that will be used to guide specific activities to be conducted under each strategy in the target communities. Gaps in programming identified in COP08 will be addressed so that IFESH can effectively work within and contribute to a comprehensive and harmonized national program. AB messages will be balanced with concurrent condoms and other prevention messaging where appropriate, and will be integrated with services provided by IFESH in a total of 34 sites (20 HCT sites including facility-based, 10 DOTS sites, and four schools) and surrounding communities in two states (Imo and Rivers). The program will be designed to achieve maximum coverage for these communities with balanced ABC messaging. Individuals will be reached on a regular basis with a minimum of three of the listed prevention strategies IFESH will employ.

The target for this intensive prevention campaign is 2,273 persons (1,200 males and 1,073 females) for AB messaging and 4,242 (2,400 males and 1,842 females) persons for COP messaging. All in all, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 1,000 children and adolescents (600 males and 400 females), particularly focused on in-school youth and OVC receiving home based support. A total of 100 people will be trained in the two program areas.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Activity Narrative: IFESH activities are in line with the PEPFAR vision of enhancing indigenous capacity to provide integrated HIV/AIDS services from the community to the national level, and in the process strengthen the health care system and the capacity of local development partners. These prevention activities are consistent with PEPFAR's five year goals for Nigeria, which plan to prevent 1,145,545 new infections through a number of prevention strategies including (but not limited to) condoms and other prevention to specific high risk groups.

In order to be maximally effective, the prevention messages developed at different sites will be targeted to the various high risk groups that they serve. These activities are in line with the PEPFAR 5 year strategy, which seeks to scale up prevention services, build capacity for long term prevention programs and target outreach to promote correct and consistent use of condoms with MARPs to reduce the risk of HIV infection.

The continuation of IFESH-supported services in HCT and PMTCT as well as STI management will help facilitate the scale up of the overall program, and increase utilization of these services, expected to result from other prevention and outreach initiatives.

LINKS TO OTHER ACTIVITIES:

This activity relates to HCT, PMTCT, basic care and support, TB/HIV, and strategic information. Prevention for positives counseling, including promotion of condom use will be an important component of post-test counseling in STI clinics. Prevention for positives counseling will be incorporated into counseling for persons receiving antiretroviral (ARV) treatment. This service will also complement HCT services for those who ultimately test HIV-negative. Through this program as well as basic care and support, IFESH will ensure access to STI treatment.

POPULATIONS BEING TARGETED:

This activity focuses on discordant couples, STI patients, TB patients, PMTCT patients, PLWHA, and youth. Training will also be focused on healthcare workers, counselors, and volunteers.

EMPHASIS AREA:

An emphasis area for this activity is human capacity development in order to build the organizational capacity of HCT service outlets to provide a full range of prevention strategies, including correct and consistent use of condoms to persons attending these centers. Other emphasis areas include gender and local organization capacity building

COVERAGE AREAS:

Rivers and Imo states

New/Continuing Activity: Continuing Activity

Continuing Activity: 15679

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15679	15679.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self -Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$11,150

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$12,500

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9692.09

Mechanism: HHS/CDC Track 2.0 APIN

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 22511.25335.09

Planned Funds: \$88,948

Activity System ID: 25335

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over four of its PEPFAR supported sites to APIN, Ltd (APIN). The sites include Lagos University Teaching Hospital (LUTH), Nigerian Institute of Medical Research (NIMR), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH). The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University. Since HVAB and HVOP activities are combined, the narratives for the 2 corresponding sections have been merged.

During COP08, APIN assumed management responsibility for 2 sites (Sacred Heart Catholic Hospital in Lantoro, Ogun State and Primary Health Center-Iru on Victoria Island, Lagos) and is adding 4 additional sites (LUTH, NIMR, OWH, and MGH) during COP09. APIN will continue sexual prevention programming activities at all 6 sites in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached, thereby improving the effectiveness of this messaging, through a balanced portfolio of prevention activities, including abstinence and be faithful messaging (AB) along with condoms and other prevention (C&OP; ABC in combination). APIN will assist PEPFAR Nigeria in extending its reach of ABC services through the APIN supported sites. Through its other program areas, APIN has a large population of HIV-positive adults, adolescents and children to which it is already providing services; this group forms part of the core target population for age appropriate ABC messaging that is provided by APIN through its prevention with positives (PwP) activities including sexually-transmitted infection (STI) screening and management, condom provision, sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and testing of sex partners and children in the HIV clinic setting. In addition, APIN will target activities to HIV-negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence.

In COP09, APIN will implement ABC activities at both the facility and community levels utilizing the minimum prevention package strategy as contained in the National Prevention Plan. This package includes: 1) community outreach campaigns; 2) peer education; 3) infection control activities; and 4) STI management/treatment. The goal of the program is to focus on targeted communities and saturate those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another; however, the target group will be those individuals that will have received C&OP messaging: (1) on a regular basis; and, (2) via at least 3 of the 4 strategies employed by APIN.

AB activities conducted at the local level by APIN will be reinforced through national-level mass media campaigns by other USG partners, such as the successful Zip-Up campaign. AB messages promoting abstinence and mutual fidelity, and addressing issues of concurrent and multiple sexual partnerships will be balanced with concurrent condoms and other prevention messaging, where appropriate and will be integrated with treatment and care services in our 6 sites.

A key age group for AB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. This age cohort, for both men and women, represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are reached with appropriate interventions.

APIN will collaborate with community-based organizations (CBOs) and PLWHA support groups at its facilities and surrounding communities in other PEPFAR programming activities. These support groups will utilize peer education model and community awareness campaigns to disseminate ABC messaging to other PLWHA and to wider audiences. Support group activities will include the dissemination of prevention information for HIV-infected individuals (funded under basic care and support) as well as community outreach to high-risk populations to encourage HIV counseling and testing (HCT) and healthy behaviors, including recommendations for partner notification and condom use. For HIV-negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks, and risk reduction strategies including HIV testing.

A community awareness strategy will also be employed to serve catchment areas of the hospital facilities, which will be linked with community mobilization efforts promoting HCT. During static and mobile HCT services, counselors will be disseminating balanced ABC messages to recipient communities and clients through focused group discussions and interpersonal communication. Key messages that will be conveyed include: delay in sexual debut, secondary abstinence, mutual fidelity, prompt and complete treatment of all STIs, and promotion of need to ascertain HIV serostatus through HCT.

APIN sites will target most at risk populations (MARPs), including outpatient STI patients, border traders, young male market agents, and motor mechanics. APIN's HCT site at PHC-Iru on Victoria Island serves the Kuramo area, a community with a large number of MARPs where most residents are sex- and bar-workers, and have HIV prevalence greater than 60%. Prevention activities at these clinics provide condoms and educational materials targeting the risks faced by this population in particular. In addition to comprehensive counseling on HIV prevention and risk reduction, HIV-infected individuals identified through this activity will be referred for palliative care and evaluation for ART eligibility. An emphasis on men with high-risk behaviors through these community-based efforts will also enhance prevention efforts and facilitate access to their partners.

A focus of the program in COP09 will be continued improvement of the integration of prevention activities into the HIV care and treatment settings; specifically, healthcare providers and lay counselors in care and treatment settings will be trained to appropriately deliver integrated ABC prevention messages and incorporate the messages into routine clinic visits using IEC materials and job aids. An appropriate balance of ABC will be tailored to the needs and social situation of each individual client in its presentation. In addition to the integration of such services into the HIV-specific treatment setting, prevention activities will be assimilated into other points of service in each health facility (general outpatient clinics, emergency services, etc.), particularly into reproductive health services including family planning counseling, STI

Activity Narrative: management and counseling, and risk-reduction counseling.

This funding will also be used to support the procurement and distribution of written prevention messages and condoms. The materials will provide patients and clients with HIV prevention information using the "ABC" model, including information about healthy behaviors, safer sexual practices, PMTCT, and condom usage. Prevention messages will also include information about other STIs. Condoms will be offered to all individuals at all sites and will be provided to APIN by the Society for Family Health (SFH).

The target for the AB messaging campaign is 3,645 individuals. In addition, age-appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to children and adolescents, particularly focused on those orphans and vulnerable children receiving both facility- and home-based support. The target for this intensive activity campaign (condom and other prevention) is 7,197 individuals. Additional staffing and training of counselors will also be provided by this funding, including a dedicated full-time staff person. This activity will provide support for training of 112 individuals in AB messaging. An additional 99 individuals will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, including condom promotion and STD prevention.

EMPHASIS AREAS

ABC programming emphasizes local organization capacity building, human capacity development and efforts to increase gender equity in HIV/AIDS programs. These activities also promote a rights-based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key to the program. Through ABC activities, we place major emphasis on community mobilization and participation, as an element of outreach for prevention efforts. Additionally, we place major emphasis on training as well as infrastructure and human resources in order to build the capacity of counselors and providers in a full range of prevention strategies. We also reinforce that information, education and communication are essential elements of outreach to high-risk populations, and that developing networks for linking these activities to HCT, PMTCT, and other ART activities serves as a source of prevention information.

These activities address gender equity issues by providing equal access to prevention services for men and women. In some cases, our activities seek to target men who may be at high risk for HIV in order to promote condom use as a means of prevention and access to services for their sexual partners. Male-targeted counseling seeks to address male norms and behaviors in order to encourage safer sexual practices. Strong prevention programs that accommodate the array of societal and cultural norms can also help reduce stigma and discrimination. The provision of such services at the community level will serve as an important platform from which general HIV/AIDS information can be provided and risk reduction strategies discussed.

POPULATIONS TARGETED:

Key populations targeted are the healthcare community in treatment facilities, PLWHA, youths and adults accessing HCT services at either static or mobile within catchment areas of the treatment sites, high-risk populations, support group members and immediate families of PLWHA. Other target populations include discordant couples, pregnant women and religious leaders. Targeting these populations is important to encourage safe sexual practices, HCT and other prevention measures. Health care workers will also be targeted for training on the most effective prevention measures for various risk groups.

CONTRIBUTION TO OVERALL PROGRAM AREA

These prevention activities are consistent with PEPFAR's goals for Nigeria, which aim to support a number of prevention strategies as a comprehensive prevention package. In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to various high-risk groups that they serve. Furthermore, these activities are consistent with the PEPFAR 5-year strategy, which seeks to scale-up prevention services, build capacity for long-term prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program. Additionally, the long term sustainability of the prevention portfolio is more assured as APIN, a Nigerian organization, assumes management responsibility for more sites previously managed by Harvard.

LINKS TO OTHER ACTIVITIES:

ABC activities relate to HCT, by increasing awareness of HIV. They also relate to adult and pediatric care and support activities through dissemination of information by home-based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to OVC programming by targeting OVC. The provision of such services at the community level will serve as an important platform from which general HIV/AIDS information can be provided and risk reduction strategies discussed. This program area also links to Strategic Information (SI) as all progress will be monitored by the SI programming and to Gender as specific programs will be targeted to be gender-appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22511

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22511	22511.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$90,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$64,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4133.09	Mechanism: HHS/CDC Track 2.0 Africare
Prime Partner: Africare	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 9879.25293.09	Planned Funds: \$50,000
Activity System ID: 25293	

Activity Narrative: ACTIVITY DESCRIPTION

In COP 08, Abstinence & Be Faithful (AB) services were provided to 2,000 individuals in 25 service outlets in Lagos Rivers and Bayesla states. Sixty (60) people were trained, including teachers, religious leaders, students, and other peer educators. Condoms and other prevention services were provided at 23 sites, 4,286 most at risk persons (MARPs) were reached, and 100 peer educators were trained on the use of advocacy tool kits.

In COP 09, Africare will be consolidating the implementation of its sexual transmission prevention programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached, and improving the effectiveness of the prevention messages, through a balanced portfolio of prevention activities including messages on abstinence and being faithful, distribution of condoms and support for other forms of prevention. The program aims to: promote abstinence, fidelity and related community and social norms; implement the minimum prevention package of services within the targeted populations; develop a comprehensive prevention package of services for persons engaged in high-risk behaviors; and integrate these services into care and treatment settings and other health related settings.

AB messages will continue to promote abstinence, including delay of sexual debut or secondary abstinence, and fidelity (including partner reduction and mutual fidelity), while addressing related social and community norms. The target population for AB programming will be: TB DOTS patients, uniformed service personnel, incarcerated persons, transport workers, and in-school and out-of-school youth. Four strategically chosen sites will be added to the existing 25 service outlets, which will result in a total of 29 outlets for AB services in COP 09. In addition, age/culturally appropriate abstinence only messages and secondary abstinence messages will be conveyed to 500 children and young adults, particularly focused on in-school youths and orphans/vulnerable children receiving home based support, and through peer education in schools. These services will be integrated with the HCT and OVC programs as well as the palliative care and TB/HIV programs, and appropriate messages will be given in support group settings as part of prevention for positives activities. Out of school youth will be targeted to receive AB messages at vocational training centers. The program will contribute to the reduction of new infections by reaching 2,273 individuals (1,000 male and 1,273 female) with intensive AB services. 1,137 of these will be reached with abstinence messages alone. Where appropriate, AB programs will be implemented alongside C&OP services at Africare-supported facilities and communities.

Twelve persons will be trained in AB messages and programming. This number includes teachers, religious leaders, students, and peer educators. Those who were trained in the preceding year will be given refresher training. All trained individuals will receive training materials and job aids as reference materials. The capacity building of health teachers, religious leaders, students, and peer educators will ensure sustainability and ongoing community activities.

A comprehensive prevention package that will include IEC materials for both AB and C&OP programs and condoms will be distributed to all HCT sites and at all points of service in supported health facilities. Africare will continue to target communities where registered clients live in order to reinforce messages provided in the facility setting. As a component of the community based and school based programs, AB messages will be integrated into games and sports activities. Activities highlighting role models, drama presentations and film shows will be organized for in- and out-of-school youth. The peer education model will be used to organize formal peer groups that will then actively develop AB messaging campaigns for their peers through the formation of school Anti-AIDS clubs and HIV/AIDS Committees.

C&OP activities will be implemented at facility and community levels utilizing a combination of strategies aimed at saturating focus communities with messages conveyed in multiple fora. Condoms and other prevention (C&OP) programs will be provided at 30 outlets (16 health facilities, 5 stand alone HCT sites, 5 workplaces, and 4 brothels). An anticipated 4,242 individuals will be reached with C&OP programs that promote correct and consistent condom use, referral to HIV Counseling & Testing (HCT) sites, referral into STI management, and messages aimed at reducing other risks of persons engaged in high-risk behaviors. C&OP programming will focus on at-risk (out of school) youth, long distance drivers and other mobile populations, targeted alcohol users, women engaged in prostitution and transactional sex relationships (both brothel-based and non-brothel-based), incarcerated populations, PLWHA, and members of the uniformed services. It is expected that a combination of sexual prevention message approaches will ensure clients are effectively reached with prevention interventions. In line with the National guidelines for a minimum prevention package, individuals will be reached with a minimum of three interventions that will include community awareness campaigns, peer education models and school or work based activities, as appropriate.

Bridge populations, including students in institutions of higher learning who are involved in transactional sex or high end commercial sex work, will be targeted for sexual prevention activities through campus based outreach programs aimed at providing education, condoms and peer support.

Africare will follow existing methodology for measuring achievements in AB programming, through program officers dedicated to providing oversight and guidance on prevention activities under AB and C&OP programs. Members of the National Youth Services Corps (NYSC) will be actively recruited as peer education trainers and supported in collaboration with the states and UNICEF to work alongside program officers.

Trained health care workers, counselors and peer educators will provide the comprehensive Prevention with Positives (PwP) package, including counseling on partner disclosure, family planning and STI management, partner testing, risk reduction and adherence counseling, and correct consistent condom use to infected individuals. Africare will participate in the development of the National prevention with positives training manual and its implementation across the sites. Prevention for positives packages for those living positively with HIV will be included in care services and will involve activities such as HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention

Activity Narrative: messages and IEC materials on disclosure.

For HIV negative individuals, education on HIV/AIDS transmission, risks, and risk reduction strategies including correct and consistent condom use will be provided.

C&OP activities will include condom distribution, education on correct and consistent use of condoms, and referral/provision of STI diagnosis and syndromic management of STIs. As a component of the community outreach strategy, Africare will support drama presentations, film shows and conduct road shows on a regular basis in the targeted communities. This strategy will be closely linked to the peer education model strategy as community groups will be organized and will help guide the development of community events. Peer educators will also work one-on-one with community members to provide education on condom use and to distribute condoms. Africare will discuss avenues of addressing sexual activities in the prisons with the authorities.

Africare's C&OP workplace strategy will focus on the formal work sector and brothel-based commercial sex workers as well non-brothel settings like beer parlours and night clubs where transactional sex may occur under the influence of alcohol. Free condoms will be given at these locations. Using a peer education approach, Africare will select peer facilitators from these locations and train them to provide HIV prevention messages to their peers and patrons on a routine basis. The key messages will include correct and consistent condom use in all sex acts, prompt and complete treatment of STIs and testing for HIV. Advocacy with brothel, beer parlour and night clubs owners will be carried out to support the female sex workers in enforcing a 100% condom use policy in their establishments and to encourage patrons on condoms use. Workplace strategies focused on the organized sector will also include training of peer educators to promote condom use. In addition, Africare will work with the management of the organizations to identify strategic centralized mechanisms to reach their employees with COP messages and condom distribution.

Africare will train 37 new peer educators made up of community group members, health care workers, counselors and volunteers in appropriate provision of condom and other prevention services. Peer educators will be trained on the use of advocacy tool kits including IEC materials, condoms and job aids. They will also be taught participatory monitoring and evaluation to enable them to monitor their progress against project objectives. Health care workers, counselors and home based care volunteers will be trained on condom use and syndromic STI diagnosis and treatment.

Condoms will be procured from Society for Family Health (SFH) for all Africare sites. Condom provision will be accompanied by individual and/or group counseling and demonstrations on proper use. Culturally appropriate IEC materials tailored to address the unique risks that individuals from high risk groups face and the correct and consistent use of condoms will also be provided through the community groups, peer groups, and in all Africare-supported health facilities.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity area will contribute to the overall PEPFAR goals of preventing further new infections and reducing HIV incidence and prevalence rates in Nigeria. It will also help to lay the foundation for more sustainable HIV intervention programs in Nigeria through a focus on community based responses.

LINKS TO OTHER ACTIVITIES

This activity will be integrated with counseling and testing, basic care and support, TB/HIV, OVC, PMTCT, and strategic information. Prevention for positives counseling to include condom use will be an important component of post-test counseling in the STI clinics and in follow up care and support activities. This service will also complement HCT services for those who ultimately test HIV negative. Through this program as well as basic care and support, Africare will ensure access to STI treatment.

POPULATIONS BEING TARGETED

The focus population for this activity will be youth (in/out of school), HCT clients, TB DOTS patients, the uniformed service personnel, incarcerated persons, and transport workers, commercial sex workers. It will also target community leaders, brothel and night club owners and management of corporate organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

Project activities will increase gender equity in young adults. Male involvement would be specifically addressed through the Union of transport workers and the Market men/Butchers associations who would receive intensive advocacy and campaigning in sexual prevention through HCT-linked outreach activities. High risk urban dwelling male youth will be reached through continuing advocacy and sensitization at stadium and sports arena outreach activities on weekends when they gather for scheduled sports activities. The program will reach out to religious organizations and leaders to provide culturally and religiously appropriate sexual prevention messages and emphasize the need to reduce the instance of cross generational sex.

EMPHASIS AREAS

This activity includes major emphasis on information, education, and communication with minor emphasis on community mobilization and training.

COVERAGE AREAS

Sites are located in states chosen based upon high prevalence in the most recent 2005 HIV sero-survey and geo-political distribution. These states include Rivers and Bayelsa (South-South zone) and Lagos (South West zone).

New/Continuing Activity: Continuing Activity

Continuing Activity: 12986

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12986	9879.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$337,500
9879	9879.07	HHS/Centers for Disease Control & Prevention	Africare	4161	4133.07	Cooperative Agreement	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,237

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7602.09	Mechanism: USAID Track 2.0 FS C-Change
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 16927.24921.09	Planned Funds: ██████████
Activity System ID: 24921	

Activity Narrative: In COP 09, the C-Change program (previously known as PHDC) will fill identified gaps in the mass media approach to prevention of sexual transmission of HIV in Nigeria, build capacity of USG Implementing Partners to implement BCC program strategies targeted at abstinence, being faithful, and condoms and other prevention (ABC) services and increase the reach of the prevention program while ensuring that BCC strategies are informed by available epidemiologically relevant and target specific data.

C-Change will conduct a strategic assessment of the current communication programming situation in country and a needs assessment that will include a review of BCC materials. C-Change will build capacity of individual USG prevention partners to appropriately design and implement their own outreach activities and to produce information, education, and communication (IEC) materials in support of their prevention objectives using effective messaging and BCC strategies. Assisted implementing partners (IPs) will develop and implement behavior change interventions to address appropriate ABC messages to the youth of Nigeria. Messages will focus on abstinence, delay of sexual debut, and secondary abstinence. Messaging will be age specific and culturally appropriate and will target in- and out-of-school youth under the age of 15. C-Change will train 180 individuals from IP project sites in peer education skills. Trained peer educators will be provided with assistance in coordinating peer education clubs in schools and communities. Activities of the peer education clubs will increase knowledge and build capacity of other club members. Trained peer educators will also focus on strengthening the capacity of the peer education clubs to develop guidelines for operation and detailed responsibilities of members. Peer educators will target most-at-risk populations (MARPs), including persons living with HIV/AIDS (PLWHAs), in- and out-of-school youth, as well as couples.

The 180 core ABC peer educators will reach out to an additional 32,840 youth through peer education activities. Peer educators will use materials and strategies developed by C-Change in collaboration with USG IPs to reinforce behavioral change and risk reduction messages. C-Change will assist IPs to reinforce messages at the community level through the use of electronic media and various innovative communication channels, appropriate to the community, such as drama and local folkloric genres. The sexual prevention program will also be strengthened through the initiation of a national level behavioral change communication (BCC) strategy and through enhanced behavior change via mass media activities that reinforce other USG-funded interpersonal communications and community-based outreach activities.

C-Change will build capacity of IPs to implement BCC programs using strategies that respect and respond to local customs, and social and community norms. Programming is expected to: support delay of sexual debut; develop skills in unmarried individuals for practicing abstinence and negotiation for safe sex while transitioning from abstinence; address coerced sexual activity and transactional sex; emphasize the importance of faithfulness in reducing the transmission of HIV; support partner reduction; and develop skills for sustaining marital fidelity. This will entail development of the 'Be faithful' messaging component of sexual prevention activities of IPs to target couples using mass media, print, and religious and community gatherings, including counseling service provision. C-Change will train 120 individuals from IP project sites who will reach out to 21,894 individuals with developed messages and materials (including audio visual aids) targeted at fidelity, partner reduction and messages that focus on HIV counseling and testing to reduce incidence of HIV and AIDS. C-Change will assist IPs in targeting community and traditional leaders and organizations by focusing on messages to be promoted during planned advocacy visits and community intervention programs. C-Change will work with IPs to develop thematic messages that are culturally appropriate and acceptable as well as explore activities that are favorable for the faith based settings. Messages will also promote linkages to other program areas, including counseling and testing, STI treatment and other facility based services.

C-Change will assist IPs to address the mobilization of communities to address norms and behaviors on cross generational and transactional sex, promote increased male involvement in prevention activities and improved health seeking behaviors. Also addressed in the intervention will be: issues of stigma and discrimination; promoting behavioral change among blood donors and potential donors to embrace non-remunerated blood donations; and promoting injection safety. C-Change will adhere to recommendations made in the National Prevention Plan and National Behavior Change Communication Strategy and utilize a balanced AB+C approach in its interventions. C-Change will collaborate with the National Agency for the Control of AIDS (NACA) and national media to ensure sustainability and support of NACA BCC efforts. C-Change will also provide technical assistance to the BCC committee of the National Prevention Technical Working Group and support BCC activities in the wider public health (FMoH) programming.

C-Change will ensure data quality and continuous quality improvement of activities by encouraging IPs to develop effective peer education activity monitoring forms and build capacity in monitoring and evaluation of communication programs through periodic monitoring and supportive supervision site visits to verify planned implementation as well as to provide technical assistance that will ensure continued quality data collection

CONTRIBUTIONS TO OVERALL PROGRAM AREA

C-Change's contribution to the overall sexual prevention activities will be by building technical capacities of implementing partners to review and develop strategies for working with different target audiences including MARPs and other segments of the general population, resulting in more sustainable prevention programming.

LINKS TO OTHER ACTIVITIES

These activities will be linked to community program development, HCT, Gender, HCT, PMTCT, Blood Safety, Injection Safety, TB HIV, treatment, care and SI.

POPULATIONS BEING TARGETED

Targeted populations for this activity include: staff of implementing agencies, MARPs, young people, couples, religious organizations and media organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

The activity will help address male norms and behaviors, and community norms and values while

Activity Narrative: emphasizing benefits of reducing violence and coercion through messaging delivered through such activities as couple counseling and testing.

EMPHASIS AREAS

This activity will emphasize Behavior Change Communication with a focus on strategy and message development directed at sexual prevention.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16927

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16927	16927.08	U.S. Agency for International Development	To Be Determined	7602	7602.08	USAID Track 2.0 FS PHDC	

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7405.09

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16991.24924.09

Activity System ID: 24924

Mechanism: USAID Track 2.0 FS AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$2,145,000

Activity Narrative: ACTIVITY DESCRIPTION:

AIDSTAR will be required to identify and build planning and managerial capacity of local partners as well as strengthen local technical capacity to deliver high-quality comprehensive AB prevention programs and services aimed at promoting partner reduction and preventing transactional sex.

Specific activities will entail the identification and building the capacity of indigenous faith-based and community-based organizations (FBOs and CBOs) to provide high quality prevention programming that will bring about effective behavior change as it relates to reduction of multiple sexual partners and transactional sex. In addition, AIDSTAR will undertake community based activities to facilitate normative changes that enhance the practice of abstinence and mutual fidelity. These activities will address adults, and men in particular, with messages that promote fidelity, discourage male norms that encourage risky behaviors, encourage partner reduction through risk reduction messages and personal risk perceptions skills. Activities will also focus on unmarried young men and women across the board who are at high risk owing to contextual factors (domestic workers, street vendors, etc.). Messages will be tailored to each target group. Activities to prevent transactional sex and or protect youth involved in transactional sexual relationships will focus on skills based HIV education for vulnerable young women and young men with broad based community activities that create supportive normative environment for the practice of abstinence and fidelity. Influencers of young people, including parents, teachers, religious leaders and community leaders will also be reached. These interventions will be reinforced with mass media activities that highlight the importance of mutual fidelity, risk behavior reduction and avoidance of transactional sex. AIDSTAR will concentrate activities in areas that will be identified through secondary analysis of national behavioral data generated through the Project SEARCH data triangulation exercise and the NARHS+ survey.

AIDSTAR will utilize a minimum package of interventions identified from a pool of best practices in the national prevention plan to provide high quality prevention interventions for the population group identified. These interventions include: peer education interventions, peer education plus models, workplace programs, community awareness campaigns, school based program approaches, intervention programs to address issues of vulnerability, provision of STI management, and infection control measures in clinical settings. The national prevention plan 2007-2009 recommends that a minimum of three of these interventions be used to reach each target while mass media activities will serve as reinforcement. The AIDSTAR prevention program will build capacity of community-based, faith-based, and other non-governmental organizations (CBOs, FBOs and NGOs) to provide this minimum package intervention for the specific population groups. Technically this will entail familiarizing the organizations with the minimum package modules and adopting a program approach that ensures delivery of the package.

AIDSTAR will reach 97,500 individuals utilizing minimum package interventions that promote abstinence and/or being faithful (AB) with 32,500 individuals reached through interventions that promotes abstinence only (a subset of total reached with AB).

500 individuals will be trained to promote HIV/AIDS prevention programs and 25 organizations will receive capacity building toward high quality prevention programs for identified high risk population.

AIDSTAR will document and disseminate best practices; successful and innovative approaches with lessons learned and share these with their implementing agencies as well as other partners within the PEPFAR program in Nigeria. In COP 09, a particular focus will be on lessons learned on effective approaches for improving linkages between clinical services and community based services to provide basis for strengthening the prevention with positives programs and other specific interest high risk groups programs.

Implementation will be through NGOs, CBOs and FBOs whose capacity has been built by AIDSTAR and who have the capacity for rapid scale up. Within the initial 6 months of implementation, capacity-building for provision of prevention (AB) services for identified FBOs and CBOs will be carried out, followed by development of materials on prevention of cross generational and transactional sex. AIDSTAR interventions will be in line with national priority plan and national prevention plan.

Geographic location will be negotiated with the GON with South-South, South-East and North-Central states considered as prime regions for selection, considering gaps in the PEPFAR response and based on the location of identified high risk groups from review of behavioral surveillance data of prevalence among these groups.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The programs and activities implemented will increase the reach of AB interventions into epidemiologically important populations to better address gaps in coverage and to better address specific behaviors within underserved populations. This AIDSTAR prevention program, delivered through implementing agencies, will contribute to strengthening and expanding the capacity of the Nigerian response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of preventing 1,145,545 new infections.

LINKS TO OTHER ACTIVITIES

This activity also links with OVC and SI activities (i.e., the Project SEARCH activity for data informed program design).

POPULATIONS BEING TARGETED:

Populations targeted in these AB activities will include younger unmarried men and women and their corresponding figures-of-influence (parents, teachers and religious leaders) and adult males to better address issues around cross-generational and transactional sex.

KEY LEGISLATIVE ISSUES ADDRESSED:

Key legislative issues will address male norms and behaviors, and increased equity and access to information and services for women.

EMPHASIS AREAS:

Activity Narrative: The service delivery component will focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16991

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16991	16991.08	U.S. Agency for International Development	John Snow, Inc.	7405	7405.08	USAID Track 2.0 FS AIDSTAR	\$3,000,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3691.09	Mechanism: USAID Track 2.0 Pop Council
Prime Partner: Population Council	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5315.24926.09	Planned Funds: \$514,500
Activity System ID: 24926	

Activity Narrative: THIS IS A CONTINUATION OF COP08

The COP08 intervention strategy delivered an intensive set of abstinence/be faithful (AB) interventions to a highly targeted group of beneficiaries (i.e., adolescent girls and their male partners), promoted protective male norms and behaviors, and linked communities and service delivery points through direct referral. The AB package consists of community awareness campaigns, peer education, social support activities, curricula- and non-curricula-based programs, and mass media activities. Community awareness campaigns are realized through small group discussions, interpersonal communications, and community dialogues. Trained community advocates reach target groups through their gatekeepers in different places in the communities to provide HIV prevention messages. Peer education is accomplished through the safe spaces youth clubs (SSYC) model consisting of a series of 14 modules led by trained peer mentors and reinforced by social peers of lay religious leaders supporting abstinence and delay in marriage. Social support activities include life skills training, savings mobilization, and income generation. Curricula- and non-curricula-based approaches incorporate secular topics of HIV/AIDS prevention, reproductive health, hygiene, and life-skills in Islamiya school curricula and after-school activities. Mass media activities use radio spots/jingles and phone-in radio discussion slots to stimulate public dialogue and debate on early marriage, vulnerability of young girls, protective practices of men, and risk reduction through AB.

This intervention is being carried out through 4 local partners (Adolescent Health and Information Projects [AHIP], Federation of Muslim Women Association of Nigeria [FOMWAN], Islamic Education Trust [IET] and African Health Project [AfrHP]) in Adamawa, Bauchi, Benue, Borno, FCT, Kano, Nassarawa and Niger States. Faith-based organizations (AHIP, FOMWAN and IET) reach target groups and members of the communities with AB messages while AfrHP is involved in condom messaging and other prevention activities.

In COP09, activities will include the above strategies to reach the target groups (young women 10-24 years), their gatekeepers (their husbands and parents) and stakeholders (community and religious leaders and women leaders) with AB messages, such that three messages overlap to reach targeted beneficiaries.

The peer health methodology that was introduced in COP07 as Safe Space Youth Clubs (SSYCs) with an initial 24 clubs and expanded to 124 clubs in COP08 will be maintained and further expanded to 150 clubs in COP09. The curriculum of the clubs takes 6 months to complete, and the best of the graduating young women will have acquired knowledge and skills to become mentors of succeeding new clubs. The activities of these clubs will reach young women 10-24 years old who are in-school or out-of-school, single, married, divorced, widowed or separated and who in most cases have few economic opportunities, life-skills, or knowledge of reproductive health, HIV/AIDS, and STI issues. The contents of the SSYCs curriculum include strong HIV prevention messages (AB), condom messages, pre-marital counseling, leadership, skills development, and financial literacy that will equip the young women with income generating skills and savings mobilization. Concurrently, members of the clubs will be reached with HIV counseling, interpersonal communications, and condom messages among other messages.

The second strategy by which the target groups will be reached with HIV prevention messages involves community awareness campaigns through small group discussions, interpersonal communications and community dialogues. Youth who are out-of-school, married, divorced, or separated and those who are not members of SSYCs will be reached through HIV prevention messages by community advocates (5 in each state; 60 in the network) who were not selected as mentors in each of the project states.

In the project states, target groups also participate actively in Islamiya schools that operate in the evenings as well as in after-school activities. The community advocates are teachers in these schools. Target groups will be reached with HIV/AIDS prevention, reproductive health, and hygiene messages. This will form a forum where members of the SSYCs will network with those who are not members of the clubs and consequently share their experiences and knowledge of the HIV prevention.

This strategy involves reaching target groups with prevention messages that include social support, life skills training, saving mobilization and income generation. Members of SSYCs will be given training on "Financial Literacy" – an Islamic method of teaching the young methods of business acumen and knowledge of meeting their needs and generating income. When members graduate with the necessary skills they will be able to form smaller clubs that will be independent and sustainable.

It is intended that a member of the club will be able to share accurate knowledge of HIV prevention with at least 3 of her peers in schools, within the family and in their communities such that the activities of these clubs will be able to reach 23,386 beneficiaries (5,386 males and 18,000 females) with an intensive AB package and 2,400 'A-only' messages (600 males and 1,800 females).

The training of local organizations personnel will take place at two levels. Population Council will set up a training coordinating unit in the program support department of its office to carry out training of trainers. This will facilitate the training of the project officers, community advocates and mentors in the necessary skills which enable them to handle step-down training at the community level. The mentors will be equipped with the right skills to lead members of the girls' clubs in HIV prevention messages, leadership and skills development. Through this training, local partners will acquire skills and competency that will enable them to be able to seek funding independently from USG and other sources, as well as to serve as a profit center for HIV/AIDS prevention activities. 400 individuals will be trained to promote HIV/AIDS prevention through AB messaging.

Population Councils Condoms and Other Prevention activity will contribute to the Emergency Plan Five-Year Strategy in preventing new HIV infections among vulnerable youth, especially male counterparts of the target groups of the project (young women aged 10-24 years). These males include in-school, out-of-school, husbands of young women, and those engaged to be married and who are most at risk and/or underserved, by promoting the delay of sexual initiation and abstinence to reduce HIV prevalence or avert infection.

Activity Narrative: In COP08, community advocates have been sensitized on condom messages and use, and referral points have been identified for condom distribution in the eight project states. Youth clubs have also been established. In COP09, the following strategies will be adopted in the implementation of C&OP activities:

- 1)Community outreach focusing on HIV counseling, training on the use of condoms and condom messaging and distribution
- 2)Peer health education among males of different age groups in the communities
- 3)Specific population awareness campaigns directed to males in communities
- 4)Provision of STI management and training on STI syndromic management

Twenty community advocates will be trained to promote HIV/AIDS prevention through C&OP messaging and will be trained on HIV counseling to facilitate referral of male contacts to designated referral points in the different communities. In COP07 and COP08 an average of 8 referral points were identified in each of the project states by the focal officers and community advocates who have been working with the local partner (AfrHP). The COP09 activity will be a continuation of the COP08 community mobilization. In all the communities where Population Council targets young women 10-24 years of age, there are males of the same category who are spouses or close associates of these women and the older men who have relationship with the girls. The trained community advocates will be meeting these young men with HIV prevention (AB) and correct condom use messages, thus providing balanced ABC messages.

There will also be a step-down training for males in mosques and churches by the trained community advocates and the trained males will reach their peers in mosques after the Friday prayers. Muslim marriages and special occasions (usually religious occasions) will provide forums for ABC messages among males of the same peer group. The behavior change communications component of the project will develop information, education and communication materials that will facilitate the community mobilization on condom and other prevention among the males at the community level.

The third strategy targets specific population awareness campaigns at the various locations of the project states. African Health Project will sensitize the referral points and other locations that are close to where these men live and will form the initial opening of public private sector condom outlets. A total of 400,000 condoms have been requested from USAID/PEPFAR for distribution in the project locations (64 condom service outlets). The community and religious leaders will be reached with other prevention messages through this strategy. Community advocates will be trained to organize community meetings in strategic locations of each state in the form of 'days of dialogues,' which was used in COP06 and COP07 to reach these leaders. Consequently, a community environment conducive to open discussions on sexuality and HIV prevention will be provided.

AfrHP will collaborate with AHIP and other clinics in the project states to train clinic personnel in each of the 8 project states on syndromic management of STIs such that the services of comprehensive treatment of STIs will reach many contacts in the states. This will facilitate the existence of a friendly clinic in each of the 8 states where correct education on the use of condom could be given to referred contacts. Activities at the clinics will include STI counseling for affected individuals. This is another strategy to reach contacts with condom and other prevention messages.

Through the above strategies, the number of individuals to be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful will be 15,591 (12,000 males and 3,591 females). The strategies will ensure that at least three messages overlap on the males to be counted in the communities.

Target Populations

In COP07 and COP08, the activities addressed HIV risks for men both as gatekeepers to reach young girls with information and resources to prevent HIV, but also as MARPs who place married young girls at risk for HIV. In COP09, condom and other prevention activities will target males around the communities of the target groups. These are men who are spouses, friends, neighbours and fiancés of the target groups and they greatly influence the initiation of sexual intercourse among the young women. These males are both in-school and out-of-school and some are older men who pose the risk of multiple sex partners to the young women. In most of the project states, there is a culture of male suitors meeting with their prospective future brides in specific locations in the communities, mostly in the evenings. The activity will explore this practice to reach these males with HIV prevention messages by using the SSYCs members to train the girls in attendance who can consequently reach the males. The activity will also reach out to community and religious leaders who will facilitate advocacy at the community level and this will go a long way toward reducing socio-cultural barriers to the interventions. Public dialogues and IEC materials will address behavior change beyond abstinence and/or being faithful, including targeting those behaviors that increase risk for HIV transmission, such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, or having sex with an HIV-positive partner.

This activity will contribute to the Emergency Plan Five-Year Strategy in preventing new HIV infections among vulnerable youth—especially unmarried adolescent girls and those engaged to be married—who are most at risk and underserved by promoting the delay of sexual initiation and abstinence to reduce HIV prevalence or avert infection.

Links to Other Activities

This project increases demand and creates linkages for ART, HCT, and PMTCT services by partner IPs through education, promotion and referral by community advocates.

Program Evaluation

In order to assess the level of achievement of objectives of the project and to collect relevant information on lessons learned that will facilitate further studies and interventions in the project region an endline evaluation will be conducted in COP09. The planning, fieldwork and the data analysis as well as report

Activity Narrative: generation and dissemination will be carried out in the last half of the COP year.
New/Continuing Activity: Continuing Activity

Continuing Activity: 13091

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13091	5315.08	U.S. Agency for International Development	Population Council	6386	3691.08	USAID Track 2.0 Pop Council	\$1,000,000
6729	5315.07	U.S. Agency for International Development	Population Council	4176	3691.07	HIV Prevention Project for Vulnerable Youth in Northern Nigeria	\$825,000
5315	5315.06	U.S. Agency for International Development	Population Council	3691	3691.06	HIV Prevention Project for Vulnerable Youth in Northern Nigeria	\$386,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3809.09	Mechanism: HHS/CDC Track 2.0 ECEWS
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 15656.25281.09	Planned Funds: \$50,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Activity Description

ECEWS is a continuing partner in the program area of Sexual Prevention in COP09. In COP 08 ECEWS provided sexual prevention services to individuals, including MARPs in 35 sites (14 facility-based and 21 community sites) in Akwa Ibom and Cross River states. In COP 09, ECEWS will expand its services to Abia State. ECEWS will implement its sexual prevention activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of the prevention messaging) through a balanced portfolio of prevention activities in Abstinence, Be faithful (AB) and Condoms and Other Prevention (C&OP). Through the involvement of ECEWS as a partner in this activity, PEPFAR Nigeria will further its development of an integrated comprehensive prevention portfolio. In COP09 ECEWS will continue to provide community outreach to individuals identified as high risk for HIV and direct them to counseling and testing while promoting prevention through activities other than abstinence and be faithful messages. This activity will focus on condom use promotion among most at risk populations and referral to ECEWS supported and/or other local PEPFAR-supported HCT sites. Condoms and other prevention activities will be provided in 25 sites (7 sites developed under COP07 and 18 sites developed under COP08) targeting 7,576 most at risk persons (MARPs) which include STI patients, PLWHA, incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers in Akwa Ibom and Cross River states.

ECEWS' goal for its new activities in the AB program is to contribute to a reduction in HIV prevalence among youths, particularly in the at-risk age group of 15-24 year olds, and to promote mutual fidelity among married adults. The 2005 ANC survey in Nigeria reported that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence. In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated that 69% of the general population perceive themselves to be at no risk, while an additional 28% perceive themselves to be at low risk of contracting HIV. The survey also demonstrated significant reports of transactional sex (11%) among young women aged 15-29 years. It is expected that a combination of prevention messaging approaches will ensure they are effectively reached with prevention interventions. This activity will be implemented at the community level and will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign of Society for Family Health (SFH).

ECEWS will implement AB programming in underserved areas in Nigeria and will couple these activities with condoms and other prevention program services and with counseling and testing program services. The implementation of the AB activities will utilize a combination of multiple strategies, including community awareness campaigns, peer education models, peer education plus activities, and a school-based approach in line with the National minimum prevention package requirement. The target group will be those individuals who will have received AB messaging: (1) on a regular basis and (2) via at least three of the four strategies ECEWS will employ (community awareness campaigns, peer education models, peer education plus activities, and school based activities). The police and other uniformed service men, incarcerated persons, and in-school and out-of-school youth will be reached with AB messages. The target for this intensive AB messaging campaign is 2,273 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 1,000 children and adolescents, particularly focused on in-school youth as well as orphans and vulnerable children (OVC) receiving home based support. ECEWS will implement C&OP activities at both facility and community levels utilizing a combination of multiple strategies, including community outreach campaigns, specific population awareness, peer education models, work place program and STI management in line with the National minimum prevention package requirement. The goal of the program is to focus on the communities targeted and saturate them with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received condom/other prevention messaging: (1) on a regular basis and (2) via all three of the strategies ECEWS will employ (community outreach campaigns, peer education models, and STI management/treatment). The target for this intensive C&OP activity campaign is 7,576 individuals. These will comprise 1,000 commercial sex workers, clients in STI clinics, uniformed personnel and out of school youth. In addition, ECEWS will support its partners to integrate Prevention with Positives (PwP) activities into care and treatment settings. The PwP package will include counseling for status disclosure, partner testing, discordance, adherence to ART, risk reduction, safer sex & pregnancy, and STI management.

Community outreach programs will target most at risk individuals with the purpose of preventing geographical spread. As a component of the community based programming, messages shall be communicated through local dramas and singers that are found in the brothel clubs, parks, gardens and barracks. Community members will be taught the basics of HIV prevention, especially C&OP and encouraged to weave prevention themes into their songs promoting partner reduction and consistent condom use. Health care providers and counselors in STI clinics will be trained to distribute condoms and include condom use promotion in targeted messages to infected individuals. Prevention with positives activities include HCT for family members and sex partners, counseling for discordant couples, counseling on status disclosure, healthy lifestyles and positive living, prevention messages and IEC materials. For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks and other information about the disease, and provide risk reduction strategies including condom use. ECEWS will incorporate syndromic STI diagnosis and treatment into its prevention portfolio, thereby improving compliance with treatment as referrals are avoided.

This funding year will include periodic assessments that will be used to guide specific activities to be conducted under each strategy in the target communities. Efforts will be made to identify gaps in AB programming so that ECEWS can work effectively within and contribute to a comprehensive and harmonized national program. AB messages will be balanced with concurrent condom and other prevention messaging, where appropriate and will be integrated with services provided by ECEWS in a total of 30 sites (25 sites inclusive of condom and other prevention activities and 10 schools) in 3 states (Akwa Ibom, Cross River and Abia states). AB messaging only will be provided to 20 target community sites, including

Activity Narrative: FBOs/CBOs, and A-only messaging will be prioritized in 10 school based sites in Akwa Ibom, Cross River and Abia states

C&OP and AB programming will be prioritized in communities identified through a COP07 and COP08 supported community assessment that mapped out areas of high sexual networking (barracks, parks, markets, gardens, and brothels). ECEWS will expand its advocacy activities with owners and managers (including chairladies of commercial sex workers) of relevant establishments to enable access to the sex workers and to introduce the peer education program. Using a model tested in Thailand and South Africa, ECEWS will work with brothel owners to encourage 100% condom use. Free condoms will be given to brothels, and sex workers will be advised to insist on condom use with each client. ECEWS will continue to select peer facilitators from each brothel and train them to provide HIV prevention messages to their peers on a daily basis. Key messages will include correct and consistent condom use in all sex acts, prompt and complete treatment of STIs and testing for HIV. Community advocacy with brothel owners will be primarily to support the sex workers in enforcing a "no rubber no show" policy in their establishments. Peer facilitators will be taught participatory monitoring and evaluation to enable them to monitor their progress against collective objectives. In addition, a yearly survey will be conducted on the outcome of activities.

In COP 09 a total of 20 counselors, teachers, peer educators, religious leaders will be trained to conduct effective prevention interventions inclusive of AB messaging. Retraining will also be conducted for 30 individuals previously trained under COP 08. For C&OP, a total of 10 individuals will be trained in addition to 50 individuals trained in COP 08. Review meetings and retraining will be conducted for a total of 60 individuals in condoms and other prevention activities.

ECEWS also has experience in conducting school based approaches to HIV education and under this program will serve 10 schools in its communities. School based programs will include interactive learning activities that will include life skill acquisition and HIV education.

Condoms will be procured from Society for Family Health (SFH) for all ECEWS sites. The provision of condoms will be accompanied by individual and/or group counseling and demonstrations from experienced counselors on their proper use. Information, education and communication (IEC) materials tailored to address the unique risks that individuals from high risk groups face and information on correct and consistent use of condoms will also be provided in all sites at all points of service within those sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ECEWS is in line with the PEPFAR vision to enhance indigenous capacity to provide integrated HIV/AIDS services from the community to the national level, and in this process to strengthen the health care system and local implementing partners. These prevention activities are consistent with PEPFAR's five year goals for Nigeria, which plan to prevent 1,145,545 new infections through a number of prevention strategies including (but not limited to) condoms and other prevention to specific high risk groups. In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to the various high risk groups that they serve. Furthermore, these activities are in line with the PEPFAR 5 year strategy which seeks to scale up prevention services, build capacity for long term prevention programs and target outreach to promote correct and consistent use of condoms with MARPs to reduce the risk of HIV infection for these populations with the purpose of limiting the spread of the virus. The ECEWS-supported services in prevention outreach initiatives help facilitate the scale up of the overall program, and increase utilization of HCT and STI management services.

LINKS TO OTHER ACTIVITIES:

This activity will be integrated with Counseling and Testing, Care and Support, and TB/HIV. ECEWS will collaborate with community based organizations (CBOs), faith based organizations (FBOs), and PLWHA support groups in the communities in which it will be conducting other PEPFAR programmatic activities. The support groups will also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA utilizing the peer education model. The CBOs and FBOs will serve as appropriate partners in reaching wider audiences through the peer education plus model and community awareness campaigns conducted under the supervision of ECEWS and will include activities such as drama presentations, musical events, and road shows/rallies.

POPULATIONS BEING TARGETED:

The focus population for AB activities will be In and Out-of-School Youth. It will also target community/religious leaders and parents. C&OP will target discordant couples, general outpatients and STI patients, PLWHA, incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers.

COVERAGE AREAS:

Akwa Ibom, Cross River and Abia States

New/Continuing Activity: Continuing Activity

Continuing Activity: 15656

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15656	15656.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$25,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$18,390,491

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3809.09	Mechanism: HHS/CDC Track 2.0 ECEWS
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5656.25282.09	Planned Funds: \$250,000
Activity System ID: 25282	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Activity Description

ECEWS is a continuing partner in the program area of Sexual Prevention in COP09. In COP 08 ECEWS provided sexual prevention services to individuals, including MARPs in 35 sites (14 facility-based and 21 community sites) in Akwa Ibom and Cross River states. In COP 09, ECEWS will expand its services to Abia State. ECEWS will implement its sexual prevention activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached (thereby improving the effectiveness of the prevention messaging) through a balanced portfolio of prevention activities in Abstinence, Be faithful (AB) and Condoms and Other Prevention (C&OP). Through the involvement of ECEWS as a partner in this activity, PEPFAR Nigeria will further its development of an integrated comprehensive prevention portfolio. In COP09 ECEWS will continue to provide community outreach to individuals identified as high risk for HIV and direct them to counseling and testing while promoting prevention through activities other than abstinence and be faithful messages. This activity will focus on condom use promotion among most at risk populations and referral to ECEWS supported and/or other local PEPFAR-supported HCT sites. Condoms and other prevention activities will be provided in 25 sites (7 sites developed under COP07 and 18 sites developed under COP08) targeting 7,576 most at risk persons (MARPs) which include STI patients, PLWHA, incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers in Akwa Ibom and Cross River states.

ECEWS' goal for its new activities in the AB program is to contribute to a reduction in HIV prevalence among youths, particularly in the at-risk age group of 15-24 year olds, and to promote mutual fidelity among married adults. The 2005 ANC survey in Nigeria reported that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence. In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated that 69% of the general population perceive themselves to be at no risk, while an additional 28% perceive themselves to be at low risk of contracting HIV. The survey also demonstrated significant reports of transactional sex (11%) among young women aged 15-29 years. It is expected that a combination of prevention messaging approaches will ensure they are effectively reached with prevention interventions. This activity will be implemented at the community level and will be reinforced through national level mass media campaigns by other USG partners such as the successful Zip-Up campaign of Society for Family Health (SFH).

ECEWS will implement AB programming in underserved areas in Nigeria and will couple these activities with condoms and other prevention program services and with counseling and testing program services. The implementation of the AB activities will utilize a combination of multiple strategies, including community awareness campaigns, peer education models, peer education plus activities, and a school-based approach in line with the National minimum prevention package requirement. The target group will be those individuals who will have received AB messaging: (1) on a regular basis and (2) via at least three of the four strategies ECEWS will employ (community awareness campaigns, peer education models, peer education plus activities, and school based activities). The police and other uniformed service men, incarcerated persons, and in-school and out-of-school youth will be reached with AB messages. The target for this intensive AB messaging campaign is 2,273 individuals. In addition, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 1,000 children and adolescents, particularly focused on in-school youth as well as orphans and vulnerable children (OVC) receiving home based support. ECEWS will implement C&OP activities at both facility and community levels utilizing a combination of multiple strategies, including community outreach campaigns, specific population awareness, peer education models, work place program and STI management in line with the National minimum prevention package requirement. The goal of the program is to focus on the communities targeted and saturate them with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received condom/other prevention messaging: (1) on a regular basis and (2) via all three of the strategies ECEWS will employ (community outreach campaigns, peer education models, and STI management/treatment). The target for this intensive C&OP activity campaign is 7,576 individuals. These will comprise 1,000 commercial sex workers, clients in STI clinics, uniformed personnel and out of school youth. In addition, ECEWS will support its partners to integrate Prevention with Positives (PwP) activities into care and treatment settings. The PwP package will include counseling for status disclosure, partner testing, discordance, adherence to ART, risk reduction, safer sex & pregnancy, and STI management.

Community outreach programs will target most at risk individuals with the purpose of preventing geographical spread. As a component of the community based programming, messages shall be communicated through local dramas and singers that are found in the brothel clubs, parks, gardens and barracks. Community members will be taught the basics of HIV prevention, especially C&OP and encouraged to weave prevention themes into their songs promoting partner reduction and consistent condom use. Health care providers and counselors in STI clinics will be trained to distribute condoms and include condom use promotion in targeted messages to infected individuals. Prevention with positives activities include HCT for family members and sex partners, counseling for discordant couples, counseling on status disclosure, healthy lifestyles and positive living, prevention messages and IEC materials. For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks and other information about the disease, and provide risk reduction strategies including condom use. ECEWS will incorporate syndromic STI diagnosis and treatment into its prevention portfolio, thereby improving compliance with treatment as referrals are avoided.

This funding year will include periodic assessments that will be used to guide specific activities to be conducted under each strategy in the target communities. Efforts will be made to identify gaps in AB programming so that ECEWS can work effectively within and contribute to a comprehensive and harmonized national program. AB messages will be balanced with concurrent condom and other prevention messaging, where appropriate and will be integrated with services provided by ECEWS in a total of 30 sites (25 sites inclusive of condom and other prevention activities and 10 schools) in 3 states (Akwa Ibom, Cross River and Abia states). AB messaging only will be provided to 20 target community sites, including

Activity Narrative: FBOs/CBOs, and A-only messaging will be prioritized in 10 school based sites in Akwa Ibom, Cross River and Abia states

C&OP and AB programming will be prioritized in communities identified through a COP07 and COP08 supported community assessment that mapped out areas of high sexual networking (barracks, parks, markets, gardens, and brothels). ECEWS will expand its advocacy activities with owners and managers (including chairladies of commercial sex workers) of relevant establishments to enable access to the sex workers and to introduce the peer education program. Using a model tested in Thailand and South Africa, ECEWS will work with brothel owners to encourage 100% condom use. Free condoms will be given to brothels, and sex workers will be advised to insist on condom use with each client. ECEWS will continue to select peer facilitators from each brothel and train them to provide HIV prevention messages to their peers on a daily basis. Key messages will include correct and consistent condom use in all sex acts, prompt and complete treatment of STIs and testing for HIV. Community advocacy with brothel owners will be primarily to support the sex workers in enforcing a "no rubber no show" policy in their establishments. Peer facilitators will be taught participatory monitoring and evaluation to enable them to monitor their progress against collective objectives. In addition, a yearly survey will be conducted on the outcome of activities.

In COP 09 a total of 20 counselors, teachers, peer educators, religious leaders will be trained to conduct effective prevention interventions inclusive of AB messaging. Retraining will also be conducted for 30 individuals previously trained under COP 08. For C&OP, a total of 10 individuals will be trained in addition to 50 individuals trained in COP 08. Review meetings and retraining will be conducted for a total of 60 individuals in condoms and other prevention activities.

ECEWS also has experience in conducting school based approaches to HIV education and under this program will serve 10 schools in its communities. School based programs will include interactive learning activities that will include life skill acquisition and HIV education.

Condoms will be procured from Society for Family Health (SFH) for all ECEWS sites. The provision of condoms will be accompanied by individual and/or group counseling and demonstrations from experienced counselors on their proper use. Information, education and communication (IEC) materials tailored to address the unique risks that individuals from high risk groups face and information on correct and consistent use of condoms will also be provided in all sites at all points of service within those sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ECEWS is in line with the PEPFAR vision to enhance indigenous capacity to provide integrated HIV/AIDS services from the community to the national level, and in this process to strengthen the health care system and local implementing partners. These prevention activities are consistent with PEPFAR's five year goals for Nigeria, which plan to prevent 1,145,545 new infections through a number of prevention strategies including (but not limited to) condoms and other prevention to specific high risk groups. In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to the various high risk groups that they serve. Furthermore, these activities are in line with the PEPFAR 5 year strategy which seeks to scale up prevention services, build capacity for long term prevention programs and target outreach to promote correct and consistent use of condoms with MARPs to reduce the risk of HIV infection for these populations with the purpose of limiting the spread of the virus. The ECEWS-supported services in prevention outreach initiatives help facilitate the scale up of the overall program, and increase utilization of HCT and STI management services.

LINKS TO OTHER ACTIVITIES:

This activity will be integrated with Counseling and Testing, Care and Support, and TB/HIV. ECEWS will collaborate with community based organizations (CBOs), faith based organizations (FBOs), and PLWHA support groups in the communities in which it will be conducting other PEPFAR programmatic activities. The support groups will also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA utilizing the peer education model. The CBOs and FBOs will serve as appropriate partners in reaching wider audiences through the peer education plus model and community awareness campaigns conducted under the supervision of ECEWS and will include activities such as drama presentations, musical events, and road shows/rallies.

POPULATIONS BEING TARGETED:

The focus population for AB activities will be In and Out-of-School Youth. It will also target community/religious leaders and parents. C&OP will target discordant couples, general outpatients and STI patients, PLWHA, incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers.

COVERAGE AREAS:

Akwa Ibom, Cross River and Abia States

New/Continuing Activity: Continuing Activity

Continuing Activity: 13033

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13033	5656.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$267,000
6746	5656.07	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	4182	3809.07	Cooperative Agreement	\$0
5656	5656.06	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	5971	5971.06	Cooperative Agreement	\$175,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$63,186

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3691.09	Mechanism: USAID Track 2.0 Pop Council
Prime Partner: Population Council	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 15662.24927.09	Planned Funds: \$514,500
Activity System ID: 24927	

Activity Narrative: THIS IS A CONTINUATION OF COP08

The COP08 intervention strategy delivered an intensive set of abstinence/be faithful (AB) interventions to a highly targeted group of beneficiaries (i.e., adolescent girls and their male partners), promoted protective male norms and behaviors, and linked communities and service delivery points through direct referral. The AB package consists of community awareness campaigns, peer education, social support activities, curricula- and non-curricula-based programs, and mass media activities. Community awareness campaigns are realized through small group discussions, interpersonal communications, and community dialogues. Trained community advocates reach target groups through their gatekeepers in different places in the communities to provide HIV prevention messages. Peer education is accomplished through the safe spaces youth clubs (SSYC) model consisting of a series of 14 modules led by trained peer mentors and reinforced by social peers of lay religious leaders supporting abstinence and delay in marriage. Social support activities include life skills training, savings mobilization, and income generation. Curricula- and non-curricula-based approaches incorporate secular topics of HIV/AIDS prevention, reproductive health, hygiene, and life-skills in Islamiya school curricula and after-school activities. Mass media activities use radio spots/jingles and phone-in radio discussion slots to stimulate public dialogue and debate on early marriage, vulnerability of young girls, protective practices of men, and risk reduction through AB.

This intervention is being carried out through 4 local partners (Adolescent Health and Information Projects [AHIP], Federation of Muslim Women Association of Nigeria [FOMWAN], Islamic Education Trust [IET] and African Health Project [AfrHP]) in Adamawa, Bauchi, Benue, Borno, FCT, Kano, Nassarawa and Niger States. Faith-based organizations (AHIP, FOMWAN and IET) reach target groups and members of the communities with AB messages while AfrHP is involved in condom messaging and other prevention activities.

In COP09, activities will include the above strategies to reach the target groups (young women 10-24 years), their gatekeepers (their husbands and parents) and stakeholders (community and religious leaders and women leaders) with AB messages, such that three messages overlap to reach targeted beneficiaries.

The peer health methodology that was introduced in COP07 as Safe Space Youth Clubs (SSYCs) with an initial 24 clubs and expanded to 124 clubs in COP08 will be maintained and further expanded to 150 clubs in COP09. The curriculum of the clubs takes 6 months to complete, and the best of the graduating young women will have acquired knowledge and skills to become mentors of succeeding new clubs. The activities of these clubs will reach young women 10-24 years old who are in-school or out-of-school, single, married, divorced, widowed or separated and who in most cases have few economic opportunities, life-skills, or knowledge of reproductive health, HIV/AIDS, and STI issues. The contents of the SSYCs curriculum include strong HIV prevention messages (AB), condom messages, pre-marital counseling, leadership, skills development, and financial literacy that will equip the young women with income generating skills and savings mobilization. Concurrently, members of the clubs will be reached with HIV counseling, interpersonal communications, and condom messages among other messages.

The second strategy by which the target groups will be reached with HIV prevention messages involves community awareness campaigns through small group discussions, interpersonal communications and community dialogues. Youth who are out-of-school, married, divorced, or separated and those who are not members of SSYCs will be reached through HIV prevention messages by community advocates (5 in each state; 60 in the network) who were not selected as mentors in each of the project states.

In the project states, target groups also participate actively in Islamiya schools that operate in the evenings as well as in after-school activities. The community advocates are teachers in these schools. Target groups will be reached with HIV/AIDS prevention, reproductive health, and hygiene messages. This will form a forum where members of the SSYCs will network with those who are not members of the clubs and consequently share their experiences and knowledge of the HIV prevention.

This strategy involves reaching target groups with prevention messages that include social support, life skills training, saving mobilization and income generation. Members of SSYCs will be given training on "Financial Literacy" – an Islamic method of teaching the young methods of business acumen and knowledge of meeting their needs and generating income. When members graduate with the necessary skills they will be able to form smaller clubs that will be independent and sustainable.

It is intended that a member of the club will be able to share accurate knowledge of HIV prevention with at least 3 of her peers in schools, within the family and in their communities such that the activities of these clubs will be able to reach 23,386 beneficiaries (5,386 males and 18,000 females) with an intensive AB package and 2,400 'A-only' messages (600 males and 1,800 females).

The training of local organizations personnel will take place at two levels. Population Council will set up a training coordinating unit in the program support department of its office to carry out training of trainers. This will facilitate the training of the project officers, community advocates and mentors in the necessary skills which enable them to handle step-down training at the community level. The mentors will be equipped with the right skills to lead members of the girls' clubs in HIV prevention messages, leadership and skills development. Through this training, local partners will acquire skills and competency that will enable them to be able to seek funding independently from USG and other sources, as well as to serve as a profit center for HIV/AIDS prevention activities. 400 individuals will be trained to promote HIV/AIDS prevention through AB messaging.

Population Councils Condoms and Other Prevention activity will contribute to the Emergency Plan Five-Year Strategy in preventing new HIV infections among vulnerable youth, especially male counterparts of the target groups of the project (young women aged 10-24 years). These males include in-school, out-of-school, husbands of young women, and those engaged to be married and who are most at risk and/or underserved, by promoting the delay of sexual initiation and abstinence to reduce HIV prevalence or avert infection.

Activity Narrative: In COP08, community advocates have been sensitized on condom messages and use, and referral points have been identified for condom distribution in the eight project states. Youth clubs have also been established. In COP09, the following strategies will be adopted in the implementation of C&OP activities:

- 1) Community outreach focusing on HIV counseling, training on the use of condoms and condom messaging and distribution
- 2) Peer health education among males of different age groups in the communities
- 3) Specific population awareness campaigns directed to males in communities
- 4) Provision of STI management and training on STI syndromic management

Twenty community advocates will be trained to promote HIV/AIDS prevention through C&OP messaging and will be trained on HIV counseling to facilitate referral of male contacts to designated referral points in the different communities. In COP07 and COP08 an average of 8 referral points were identified in each of the project states by the focal officers and community advocates who have been working with the local partner (AfrHP). The COP09 activity will be a continuation of the COP08 community mobilization. In all the communities where Population Council targets young women 10-24 years of age, there are males of the same category who are spouses or close associates of these women and the older men who have relationship with the girls. The trained community advocates will be meeting these young men with HIV prevention (AB) and correct condom use messages, thus providing balanced ABC messages.

There will also be a step-down training for males in mosques and churches by the trained community advocates and the trained males will reach their peers in mosques after the Friday prayers. Muslim marriages and special occasions (usually religious occasions) will provide forums for ABC messages among males of the same peer group. The behavior change communications component of the project will develop information, education and communication materials that will facilitate the community mobilization on condom and other prevention among the males at the community level.

The third strategy targets specific population awareness campaigns at the various locations of the project states. African Health Project will sensitize the referral points and other locations that are close to where these men live and will form the initial opening of public private sector condom outlets. A total of 400,000 condoms have been requested from USAID/PEPFAR for distribution in the project locations (64 condom service outlets). The community and religious leaders will be reached with other prevention messages through this strategy. Community advocates will be trained to organize community meetings in strategic locations of each state in the form of 'days of dialogues,' which was used in COP06 and COP07 to reach these leaders. Consequently, a community environment conducive to open discussions on sexuality and HIV prevention will be provided.

AfrHP will collaborate with AHIP and other clinics in the project states to train clinic personnel in each of the 8 project states on syndromic management of STIs such that the services of comprehensive treatment of STIs will reach many contacts in the states. This will facilitate the existence of a friendly clinic in each of the 8 states where correct education on the use of condom could be given to referred contacts. Activities at the clinics will include STI counseling for affected individuals. This is another strategy to reach contacts with condom and other prevention messages.

Through the above strategies, the number of individuals to be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful will be 15,591 (12,000 males and 3,591 females). The strategies will ensure that at least three messages overlap on the males to be counted in the communities.

Target Populations

In COP07 and COP08, the activities addressed HIV risks for men both as gatekeepers to reach young girls with information and resources to prevent HIV, but also as MARPs who place married young girls at risk for HIV. In COP09, condom and other prevention activities will target males around the communities of the target groups. These are men who are spouses, friends, neighbours and fiancés of the target groups and they greatly influence the initiation of sexual intercourse among the young women. These males are both in-school and out-of-school and some are older men who pose the risk of multiple sex partners to the young women. In most of the project states, there is a culture of male suitors meeting with their prospective future brides in specific locations in the communities, mostly in the evenings. The activity will explore this practice to reach these males with HIV prevention messages by using the SSYCs members to train the girls in attendance who can consequently reach the males. The activity will also reach out to community and religious leaders who will facilitate advocacy at the community level and this will go a long way toward reducing socio-cultural barriers to the interventions. Public dialogues and IEC materials will address behavior change beyond abstinence and/or being faithful, including targeting those behaviors that increase risk for HIV transmission, such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, or having sex with an HIV-positive partner.

This activity will contribute to the Emergency Plan Five-Year Strategy in preventing new HIV infections among vulnerable youth—especially unmarried adolescent girls and those engaged to be married—who are most at risk and underserved by promoting the delay of sexual initiation and abstinence to reduce HIV prevalence or avert infection.

Links to Other Activities

This project increases demand and creates linkages for ART, HCT, and PMTCT services by partner IPs through education, promotion and referral by community advocates.

Program Evaluation

In order to assess the level of achievement of objectives of the project and to collect relevant information on lessons learned that will facilitate further studies and interventions in the project region an endline evaluation will be conducted in COP09. The planning, fieldwork and the data analysis as well as report

Activity Narrative: generation and dissemination will be carried out in the last half of the COP year.
New/Continuing Activity: Continuing Activity

Continuing Activity: 15662

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15662	15662.08	U.S. Agency for International Development	Population Council	6386	3691.08	USAID Track 2.0 Pop Council	\$350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7602.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16927.24922.09

Activity System ID: 24922

Mechanism: USAID Track 2.0 FS C-Change

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Activity Narrative: In COP 09, the C-Change program (previously known as PHDC) will fill identified gaps in the mass media approach to prevention of sexual transmission of HIV in Nigeria, build capacity of USG Implementing Partners to implement BCC program strategies targeted at abstinence, being faithful, and condoms and other prevention (ABC) services and increase the reach of the prevention program while ensuring that BCC strategies are informed by available epidemiologically relevant and target specific data.

C-Change will conduct a strategic assessment of the current communication programming situation in country and a needs assessment that will include a review of BCC materials. C-Change will build capacity of individual USG prevention partners to appropriately design and implement their own outreach activities and to produce information, education, and communication (IEC) materials in support of their prevention objectives using effective messaging and BCC strategies. Assisted implementing partners (IPs) will develop and implement behavior change interventions to address appropriate ABC messages to the youth of Nigeria. Messages will focus on abstinence, delay of sexual debut, and secondary abstinence. Messaging will be age specific and culturally appropriate and will target in- and out-of-school youth under the age of 15. C-Change will train 180 individuals from IP project sites in peer education skills. Trained peer educators will be provided with assistance in coordinating peer education clubs in schools and communities. Activities of the peer education clubs will increase knowledge and build capacity of other club members. Trained peer educators will also focus on strengthening the capacity of the peer education clubs to develop guidelines for operation and detailed responsibilities of members. Peer educators will target most-at-risk populations (MARPs), including persons living with HIV/AIDS (PLWHAs), in- and out-of-school youth, as well as couples.

The 180 core ABC peer educators will reach out to an additional 32,840 youth through peer education activities. Peer educators will use materials and strategies developed by C-Change in collaboration with USG IPs to reinforce behavioral change and risk reduction messages. C-Change will assist IPs to reinforce messages at the community level through the use of electronic media and various innovative communication channels, appropriate to the community, such as drama and local folkloric genres. The sexual prevention program will also be strengthened through the initiation of a national level behavioral change communication (BCC) strategy and through enhanced behavior change via mass media activities that reinforce other USG-funded interpersonal communications and community-based outreach activities.

C-Change will build capacity of IPs to implement BCC programs using strategies that respect and respond to local customs, and social and community norms. Programming is expected to: support delay of sexual debut; develop skills in unmarried individuals for practicing abstinence and negotiation for safe sex while transiting from abstinence; address coerced sexual activity and transactional sex; emphasize the importance of faithfulness in reducing the transmission of HIV; support partner reduction; and develop skills for sustaining marital fidelity. This will entail development of the 'Be faithful' messaging component of sexual prevention activities of IPs to target couples using mass media, print, and religious and community gatherings, including counseling service provision. C-Change will train 120 individuals from IP project sites who will reach out to 21,894 individuals with developed messages and materials (including audio visual aids) targeted at fidelity, partner reduction and messages that focus on HIV counseling and testing to reduce incidence of HIV and AIDS. C-Change will assist IPs in targeting community and traditional leaders and organizations by focusing on messages to be promoted during planned advocacy visits and community intervention programs. C-Change will work with IPs to develop thematic messages that are culturally appropriate and acceptable as well as explore activities that are favorable for the faith based settings. Messages will also promote linkages to other program areas, including counseling and testing, STI treatment and other facility based services.

C-Change will assist IPs to address the mobilization of communities to address norms and behaviors on cross generational and transactional sex, promote increased male involvement in prevention activities and improved health seeking behaviors. Also addressed in the intervention will be: issues of stigma and discrimination; promoting behavioral change among blood donors and potential donors to embrace non-remunerated blood donations; and promoting injection safety. C-Change will adhere to recommendations made in the National Prevention Plan and National Behavior Change Communication Strategy and utilize a balanced AB+C approach in its interventions. C-Change will collaborate with the National Agency for the Control of AIDS (NACA) and national media to ensure sustainability and support of NACA BCC efforts. C-Change will also provide technical assistance to the BCC committee of the National Prevention Technical Working Group and support BCC activities in the wider public health (FMoH) programming.

C-Change will ensure data quality and continuous quality improvement of activities by encouraging IPs to develop effective peer education activity monitoring forms and build capacity in monitoring and evaluation of communication programs through periodic monitoring and supportive supervision site visits to verify planned implementation as well as to provide technical assistance that will ensure continued quality data collection

CONTRIBUTIONS TO OVERALL PROGRAM AREA

C-Change's contribution to the overall sexual prevention activities will be by building technical capacities of implementing partners to review and develop strategies for working with different target audiences including MARPs and other segments of the general population, resulting in more sustainable prevention programming.

LINKS TO OTHER ACTIVITIES

These activities will be linked to community program development, HCT, Gender, HCT, PMTCT, Blood Safety, Injection Safety, TB HIV, treatment, care and SI.

POPULATIONS BEING TARGETED

Targeted populations for this activity include: staff of implementing agencies, MARPs, young people, couples, religious organizations and media organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

The activity will help address male norms and behaviors, and community norms and values while

Activity Narrative: emphasizing benefits of reducing violence and coercion through messaging delivered through such activities as couple counseling and testing.

EMPHASIS AREAS

This activity will emphasize Behavior Change Communication with a focus on strategy and message development directed at sexual prevention.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16927

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16927	16927.08	U.S. Agency for International Development	To Be Determined	7602	7602.08	USAID Track 2.0 FS PHDC	

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7830.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 12969.25298.09

Activity System ID: 25298

Mechanism: HHS/CDC RFA TBD/FMOH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds:

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP 08, Abstinence & Be Faithful (AB) services were provided to 2,000 individuals in 25 service outlets in Lagos Rivers and Bayesia states. Sixty (60) people were trained, including teachers, religious leaders, students, and other peer educators. Condoms and other prevention services were provided at 23 sites, 4,286 most at risk persons (MARPs) were reached, and 100 peer educators were trained on the use of advocacy tool kits.

In COP 09, Africare will be consolidating the implementation of its sexual transmission prevention programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached, and improving the effectiveness of the prevention messages, through a balanced portfolio of prevention activities including messages on abstinence and being faithful, distribution of condoms and support for other forms of prevention. The program aims to: promote abstinence, fidelity and related community and social norms; implement the minimum prevention package of services within the targeted populations; develop a comprehensive prevention package of services for persons engaged in high-risk behaviors; and integrate these services into care and treatment settings and other health related settings.

AB messages will continue to promote abstinence, including delay of sexual debut or secondary abstinence, and fidelity (including partner reduction and mutual fidelity), while addressing related social and community norms. The target population for AB programming will be: TB DOTS patients, uniformed service personnel, incarcerated persons, transport workers, and in-school and out-of-school youth. Four strategically chosen sites will be added to the existing 25 service outlets, which will result in a total of 29 outlets for AB services in COP 09. In addition, age/culturally appropriate abstinence only messages and secondary abstinence messages will be conveyed to 500 children and young adults, particularly focused on in-school youths and orphans/vulnerable children receiving home based support, and through peer education in schools. These services will be integrated with the HCT and OVC programs as well as the palliative care and TB/HIV programs, and appropriate messages will be given in support group settings as part of prevention for positives activities. Out of school youth will be targeted to receive AB messages at vocational training centers. The program will contribute to the reduction of new infections by reaching 2,273 individuals (1,000 male and 1,273 female) with intensive AB services. 1,137 of these will be reached with abstinence messages alone. Where appropriate, AB programs will be implemented alongside C&OP services at Africare-supported facilities and communities.

Twelve persons will be trained in AB messages and programming. This number includes teachers, religious leaders, students, and peer educators. Those who were trained in the preceding year will be given refresher training. All trained individuals will receive training materials and job aids as reference materials. The capacity building of health teachers, religious leaders, students, and peer educators will ensure sustainability and ongoing community activities.

A comprehensive prevention package that will include IEC materials for both AB and C&OP programs and condoms will be distributed to all HCT sites and at all points of service in supported health facilities. Africare will continue to target communities where registered clients live in order to reinforce messages provided in the facility setting. As a component of the community based and school based programs, AB messages will be integrated into games and sports activities. Activities highlighting role models, drama presentations and film shows will be organized for in- and out-of-school youth. The peer education model will be used to organize formal peer groups that will then actively develop AB messaging campaigns for their peers through the formation of school Anti-AIDS clubs and HIV/AIDS Committees.

C&OP activities will be implemented at facility and community levels utilizing a combination of strategies aimed at saturating focus communities with messages conveyed in multiple fora. Condoms and other prevention (C&OP) programs will be provided at 30 outlets (16 health facilities, 5 stand alone HCT sites, 5 workplaces, and 4 brothels). An anticipated 4,242 individuals will be reached with C&OP programs that promote correct and consistent condom use, referral to HIV Counseling & Testing (HCT) sites, referral into STI management, and messages aimed at reducing other risks of persons engaged in high-risk behaviors. C&OP programming will focus on at-risk (out of school) youth, long distance drivers and other mobile populations, targeted alcohol users, women engaged in prostitution and transactional sex relationships (both brothel-based and non-brothel-based), incarcerated populations, PLWHA, and members of the uniformed services. It is expected that a combination of sexual prevention message approaches will ensure clients are effectively reached with prevention interventions. In line with the National guidelines for a minimum prevention package, individuals will be reached with a minimum of three interventions that will include community awareness campaigns, peer education models and school or work based activities, as appropriate.

Bridge populations, including students in institutions of higher learning who are involved in transactional sex or high end commercial sex work, will be targeted for sexual prevention activities through campus based outreach programs aimed at providing education, condoms and peer support.

Africare will follow existing methodology for measuring achievements in AB programming, through program officers dedicated to providing oversight and guidance on prevention activities under AB and C&OP programs. Members of the National Youth Services Corps (NYSC) will be actively recruited as peer education trainers and supported in collaboration with the states and UNICEF to work alongside program officers.

Trained health care workers, counselors and peer educators will provide the comprehensive Prevention with Positives (PwP) package, including counseling on partner disclosure, family planning and STI management, partner testing, risk reduction and adherence counseling, and correct consistent condom use to infected individuals. Africare will participate in the development of the National prevention with positives training manual and its implementation across the sites. Prevention for positives packages for those living positively with HIV will be included in care services and will involve activities such as HCT for family members and sex

Activity Narrative: partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure.

For HIV negative individuals, education on HIV/AIDS transmission, risks, and risk reduction strategies including correct and consistent condom use will be provided.

C&OP activities will include condom distribution, education on correct and consistent use of condoms, and referral/provision of STI diagnosis and syndromic management of STIs. As a component of the community outreach strategy, Africare will support drama presentations, film shows and conduct road shows on a regular basis in the targeted communities. This strategy will be closely linked to the peer education model strategy as community groups will be organized and will help guide the development of community events. Peer educators will also work one-on-one with community members to provide education on condom use and to distribute condoms. Africare will discuss avenues of addressing sexual activities in the prisons with the authorities.

Africare's C&OP workplace strategy will focus on the formal work sector and brothel-based commercial sex workers as well non-brothel settings like beer parlours and night clubs where transactional sex may occur under the influence of alcohol. Free condoms will be given at these locations. Using a peer education approach, Africare will select peer facilitators from these locations and train them to provide HIV prevention messages to their peers and patrons on a routine basis. The key messages will include correct and consistent condom use in all sex acts, prompt and complete treatment of STIs and testing for HIV. Advocacy with brothel, beer parlour and night clubs owners will be carried out to support the female sex workers in enforcing a 100% condom use policy in their establishments and to encourage patrons on condoms use. Workplace strategies focused on the organized sector will also include training of peer educators to promote condom use. In addition, Africare will work with the management of the organizations to identify strategic centralized mechanisms to reach their employees with COP messages and condom distribution.

Africare will train 37 new peer educators made up of community group members, health care workers, counselors and volunteers in appropriate provision of condom and other prevention services. Peer educators will be trained on the use of advocacy tool kits including IEC materials, condoms and job aids. They will also be taught participatory monitoring and evaluation to enable them to monitor their progress against project objectives. Health care workers, counselors and home based care volunteers will be trained on condom use and syndromic STI diagnosis and treatment.

Condoms will be procured from Society for Family Health (SFH) for all Africare sites. Condom provision will be accompanied by individual and/or group counseling and demonstrations on proper use. Culturally appropriate IEC materials tailored to address the unique risks that individuals from high risk groups face and the correct and consistent use of condoms will also be provided through the community groups, peer groups, and in all Africare-supported health facilities.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity area will contribute to the overall PEPFAR goals of preventing further new infections and reducing HIV incidence and prevalence rates in Nigeria. It will also help to lay the foundation for more sustainable HIV intervention programs in Nigeria through a focus on community based responses.

LINKS TO OTHER ACTIVITIES

This activity will be integrated with counseling and testing, basic care and support, TB/HIV, OVC, PMTCT, and strategic information. Prevention for positives counseling to include condom use will be an important component of post-test counseling in the STI clinics and in follow up care and support activities. This service will also complement HCT services for those who ultimately test HIV negative. Through this program as well as basic care and support, Africare will ensure access to STI treatment.

POPULATIONS BEING TARGETED

The focus population for this activity will be youth (in/out of school), HCT clients, TB DOTS patients, the uniformed service personnel, incarcerated persons, and transport workers, commercial sex workers. It will also target community leaders, brothel and night club owners and management of corporate organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

Project activities will increase gender equity in young adults. Male involvement would be specifically addressed through the Union of transport workers and the Market men/Butchers associations who would receive intensive advocacy and campaigning in sexual prevention through HCT-linked outreach activities. High risk urban dwelling male youth will be reached through continuing advocacy and sensitization at stadium and sports arena outreach activities on weekends when they gather for scheduled sports activities. The program will reach out to religious organizations and leaders to provide culturally and religiously appropriate sexual prevention messages and emphasize the need to reduce the instance of cross generational sex.

EMPHASIS AREAS

This activity includes major emphasis on information, education, and communication with minor emphasis on community mobilization and training.

COVERAGE AREAS

Sites are located in states chosen based upon high prevalence in the most recent 2005 HIV sero-survey and geo-political distribution. These states include Rivers and Bayelsa (South-South zone) and Lagos (South West zone).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15667

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15667	15667.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$150,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,237

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9692.09	Mechanism: HHS/CDC Track 2.0 APIN
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 22512.25336.09	Planned Funds: \$254,715
Activity System ID: 25336	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over four of its PEPFAR supported sites to APIN, Ltd (APIN). The sites include Lagos University Teaching Hospital (LUTH), Nigerian Institute of Medical Research (NIMR), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH). The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University. Since HVAB and HVOP activities are combined, the narratives for the 2 corresponding sections have been merged.

During COP08, APIN assumed management responsibility for 2 sites (Sacred Heart Catholic Hospital in Lantoro, Ogun State and Primary Health Center-Iru on Victoria Island, Lagos) and is adding 4 additional sites (LUTH, NIMR, OWH, and MGH) during COP09. APIN will continue sexual prevention programming activities at all 6 sites in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached, thereby improving the effectiveness of this messaging, through a balanced portfolio of prevention activities, including abstinence and be faithful messaging (AB) along with condoms and other prevention (C&OP; ABC in combination). APIN will assist PEPFAR Nigeria in extending its reach of ABC services through the APIN supported sites. Through its other program areas, APIN has a large population of HIV-positive adults, adolescents and children to which it is already providing services; this group forms part of the core target population for age appropriate ABC messaging that is provided by APIN through its prevention with positives (PwP) activities including sexually-transmitted infection (STI) screening and management, condom provision, sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and testing of sex partners and children in the HIV clinic setting. In addition, APIN will target activities to HIV-negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence.

In COP09, APIN will implement ABC activities at both the facility and community levels utilizing the minimum prevention package strategy as contained in the National Prevention Plan. This package includes: 1) community outreach campaigns; 2) peer education; 3) infection control activities; and 4) STI management/treatment. The goal of the program is to focus on targeted communities and saturate those communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another; however, the target group will be those individuals that will have received C&OP messaging: (1) on a regular basis; and, (2) via at least 3 of the 4 strategies employed by APIN.

AB activities conducted at the local level by APIN will be reinforced through national-level mass media campaigns by other USG partners, such as the successful Zip-Up campaign. AB messages promoting abstinence and mutual fidelity, and addressing issues of concurrent and multiple sexual partnerships will be balanced with concurrent condoms and other prevention messaging, where appropriate and will be integrated with treatment and care services in our 6 sites.

A key age group for AB activities is youth/young adults aged 15-24 years as this encompasses the highest prevalence age group. This age cohort, for both men and women, represents the working age group in Nigeria; it is expected that a combination of prevention messaging approaches will ensure they are reached with appropriate interventions.

APIN will collaborate with community-based organizations (CBOs) and PLWHA support groups at its facilities and surrounding communities in other PEPFAR programming activities. These support groups will utilize peer education model and community awareness campaigns to disseminate ABC messaging to other PLWHA and to wider audiences. Support group activities will include the dissemination of prevention information for HIV-infected individuals (funded under basic care and support) as well as community outreach to high-risk populations to encourage HIV counseling and testing (HCT) and healthy behaviors, including recommendations for partner notification and condom use. For HIV-negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks, and risk reduction strategies including HIV testing.

A community awareness strategy will also be employed to serve catchment areas of the hospital facilities, which will be linked with community mobilization efforts promoting HCT. During static and mobile HCT services, counselors will be disseminating balanced ABC messages to recipient communities and clients through focused group discussions and interpersonal communication. Key messages that will be conveyed include: delay in sexual debut, secondary abstinence, mutual fidelity, prompt and complete treatment of all STIs, and promotion of need to ascertain HIV serostatus through HCT.

APIN sites will target most at risk populations (MARPs), including outpatient STI patients, border traders, young male market agents, and motor mechanics. APIN's HCT site at PHC-Iru on Victoria Island serves the Kuramo area, a community with a large number of MARPs where most residents are sex- and bar-workers, and have HIV prevalence greater than 60%. Prevention activities at these clinics provide condoms and educational materials targeting the risks faced by this population in particular. In addition to comprehensive counseling on HIV prevention and risk reduction, HIV-infected individuals identified through this activity will be referred for palliative care and evaluation for ART eligibility. An emphasis on men with high-risk behaviors through these community-based efforts will also enhance prevention efforts and facilitate access to their partners.

A focus of the program in COP09 will be continued improvement of the integration of prevention activities into the HIV care and treatment settings; specifically, healthcare providers and lay counselors in care and treatment settings will be trained to appropriately deliver integrated ABC prevention messages and incorporate the messages into routine clinic visits using IEC materials and job aids. An appropriate balance of ABC will be tailored to the needs and social situation of each individual client in its presentation. In addition to the integration of such services into the HIV-specific treatment setting, prevention activities will be assimilated into other points of service in each health facility (general outpatient clinics, emergency services, etc.), particularly into reproductive health services including family planning counseling, STI

Activity Narrative: management and counseling, and risk-reduction counseling.

This funding will also be used to support the procurement and distribution of written prevention messages and condoms. The materials will provide patients and clients with HIV prevention information using the "ABC" model, including information about healthy behaviors, safer sexual practices, PMTCT, and condom usage. Prevention messages will also include information about other STIs. Condoms will be offered to all individuals at all sites and will be provided to APIN by the Society for Family Health (SFH).

The target for the AB messaging campaign is 3,645 individuals. In addition, age-appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to children and adolescents, particularly focused on those orphans and vulnerable children receiving both facility- and home-based support. The target for this intensive activity campaign (condom and other prevention) is 7,197 individuals. Additional staffing and training of counselors will also be provided by this funding, including a dedicated full-time staff person. This activity will provide support for training of 112 individuals in AB messaging. An additional 99 individuals will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, including condom promotion and STD prevention.

EMPHASIS AREAS

ABC programming emphasizes local organization capacity building, human capacity development and efforts to increase gender equity in HIV/AIDS programs. These activities also promote a rights-based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key to the program. Through ABC activities, we place major emphasis on community mobilization and participation, as an element of outreach for prevention efforts. Additionally, we place major emphasis on training as well as infrastructure and human resources in order to build the capacity of counselors and providers in a full range of prevention strategies. We also reinforce that information, education and communication are essential elements of outreach to high-risk populations, and that developing networks for linking these activities to HCT, PMTCT, and other ART activities serves as a source of prevention information.

These activities address gender equity issues by providing equal access to prevention services for men and women. In some cases, our activities seek to target men who may be at high risk for HIV in order to promote condom use as a means of prevention and access to services for their sexual partners. Male-targeted counseling seeks to address male norms and behaviors in order to encourage safer sexual practices. Strong prevention programs that accommodate the array of societal and cultural norms can also help reduce stigma and discrimination. The provision of such services at the community level will serve as an important platform from which general HIV/AIDS information can be provided and risk reduction strategies discussed.

POPULATIONS TARGETED:

Key populations targeted are the healthcare community in treatment facilities, PLWHA, youths and adults accessing HCT services at either static or mobile within catchment areas of the treatment sites, high-risk populations, support group members and immediate families of PLWHA. Other target populations include discordant couples, pregnant women and religious leaders. Targeting these populations is important to encourage safe sexual practices, HCT and other prevention measures. Health care workers will also be targeted for training on the most effective prevention measures for various risk groups.

CONTRIBUTION TO OVERALL PROGRAM AREA

These prevention activities are consistent with PEPFAR's goals for Nigeria, which aim to support a number of prevention strategies as a comprehensive prevention package. In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to various high-risk groups that they serve. Furthermore, these activities are consistent with the PEPFAR 5-year strategy, which seeks to scale-up prevention services, build capacity for long-term prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program. Additionally, the long term sustainability of the prevention portfolio is more assured as APIN, a Nigerian organization, assumes management responsibility for more sites previously managed by Harvard.

LINKS TO OTHER ACTIVITIES:

ABC activities relate to HCT, by increasing awareness of HIV. They also relate to adult and pediatric care and support activities through dissemination of information by home-based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to OVC programming by targeting OVC. The provision of such services at the community level will serve as an important platform from which general HIV/AIDS information can be provided and risk reduction strategies discussed. This program area also links to Strategic Information (SI) as all progress will be monitored by the SI programming and to Gender as specific programs will be targeted to be gender-appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22512

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22512	22512.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$50,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$32,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5230.09	Mechanism: HHS/CDC RFA TBD
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 15664.25229.09	Planned Funds: ██████████
Activity System ID: 25229	

Activity Narrative: ACTIVITY DESCRIPTION:

These funds are to be used by the award recipients of the FY09 HHS/CDC RFA, with emphasis on local implementing partners, to implement the prevention of sexual transmission portfolio, specifically in the condoms and other prevention program, in new underserved areas in Nigeria. This will provide community outreach to an estimated 3,500 individuals identified as high risk for acquiring HIV and direct them into counseling and testing while promoting prevention through activities that include abstinence, being faithful, and appropriate and consistent use of condom messaging. The activities will focus on condom use in high risk populations and intervention or referral for sexually transmitted infection (STI) syndromic management, interventions regarding development of prevention skills, such as negotiating safer sex, and linkages to the provision of HIV counseling and testing (HCT) services. Community activities to engage most-at-risk populations (MARPS) will be supported through this award. The activities will focus on identifying MARPS and individuals who test positive within the local PEPFAR network of HCT/PMTCT (prevention of mother-to-child transmission)/DOTS (direct observed treatment for TB) services. Clients will be the focus of messages aimed at reducing HIV transmission in high risk populations, including correct and consistent condom-use messages. Existing support groups or associations of People Living With HIV/AIDS (PLWHA) will have access to condoms and be targeted with 'prevention for positives' messages (funded under care) and skills on positive living, to reduce transmission and re-infection. This activity will provide referrals to basic care and support services as well as anti-retroviral treatment services for those identified to be in need.

This activity will provide training to PLWHA as peer educators and lay counselors to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. This RFA will strengthen the developed sustainability plan both at program and country level and will collaborate with other existing implementing partners to build capacity and reach proposed indicators.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will increase local capacity to provide prevention services to most-at-risk populations.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in Basic Care and Support, TB/HIV, HCT, and antiretroviral treatment. This activity provides community outreach to individuals identified as high risk for acquiring HIV and directs them into counseling and testing. Pregnant women who test positive will be referred to PMTCT services, and others will be referred into HIV treatment services as well as care and support services, as appropriate.

EMPHASIS AREAS:

This activity has an emphasis on gender equity and addresses male norms and behaviors.

TARGET POPULATION:

This activity will target MARPs, HIV positive pregnant women, and PLWHA.

COVERAGE AREAS will be determined when awarded and will reach underserved expansion states.

***The USG Nigeria team is proposing estimated targets in the narratives and not in the target tables in the COPRS for open solicitations for USAID APS and CDC RFAs. These solicitations have not been awarded at this time and targets will only be finalized and reflected in the target tables of COPRS after negotiations have been concluded and the award has been made.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15664

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15664	15664.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$150,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5236.09

Mechanism: USAID Track 2.0 APS TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 25633.09

Planned Funds: [REDACTED]

Activity System ID: 25633

Activity Narrative: The funds requested to support USAID's Annual Program Statement APS No. 620-08-002: Support for Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services) for this program area are required for awards made under this open solicitation.

Additive funding resources are required for new awards that are in progress and will be partially funded using COP08 funds. These applications have passed both the concept paper and full application reviews by the Technical Evaluation Committee (TEC) and are in the final stages of negotiation, with awards expected in early 2009. Details of these awards are still procurement sensitive; however awards are being negotiated with new local partners that will be awarded as Prime partners, partners whose prevention activities will continue throughout the COP09 funding period.

Second year funding resources are required to fund applications selected for award during the COP08 program period, but which are currently being negotiated. These applications have passed both the concept paper and full application reviews by the TEC and are in the final stages of negotiation, with awards expected in early 2009. Details of these awards are still procurement sensitive. However, these same partners will continue with activities throughout the COP09 funding period.

In conjunction with the open APS, a solicitation for concept papers is expected to be announced in February 2009. Resources will be required for the first year of funding for these applications which will be selected during the COP09 program period.

Funds that will be required to implement and continue these awards under the Sexual Prevention program areas are estimated at \$495,000.

One of the cornerstones of the CSO/FBO APS is support to national/regional-level agencies that have many chapters or branches that can in turn reach out to community-based organizations. This will allow local programs to reach deep into communities and help the Emergency Plan in Nigeria expand its reach. The CSO/FBO APS was also created to build the capacity of local organizations working in HIV/AIDS because a significant number of Nigerian organizations are new, have little organizational capacity, and often lack linkages with other programs. The CSO/FBO APS will only fund applicants that have clear plans to build their own technical, organizational, and administrative capacities and clear linkages with other programs.

Community participation in HIV/AIDS prevention programs often provides a strong foundation for sustainable prevention interventions. The CSO/FBO APS will support rapid scale up of the reach and scope of existing prevention activities implemented by NGOs with larger networks or partners that enter into strong consortia. Grantees under the CSO/FBO APS will implement several of the following activities, depending upon their capacity and speciality: 1) scale-up skills-based HIV prevention education, with the involvement of parents and guardians, especially for younger youth and girls; 2) stimulate broad community dialogue on healthy norms, avoiding risk behaviors, and the importance of finding out one's HIV status; 3) reinforce the protecting authority of parents and other primary caregivers; 4) address sexual coercion and exploitation of vulnerable groups, particularly young girls; 5) strengthen early prevention interventions based on abstinence until marriage for at-risk youth; 6) promote the image of successful, respected men as upstanding and faithful; and 7) find supportive leaders and role models at all levels who will promote being faithful and discourage coercion, alcohol abuse, and cross-generational sex. Messages that highlight the benefits of abstinence until marriage, and fidelity in marriage will also be integrated into counseling services. APS partners seeking C&OP programming support will also be expected to comply with the National Prevention guidelines for appropriate service delivery of condoms and risk-reduction messaging and interventions in line with the minimum package. Targeted outreach to MARPS will be expected. Applications from groups with the capacity and programming ability to provide a balanced prevention activity will also be encouraged.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: As has been the case with the APS in the past, targets are negotiated with each awardee based on the proposed program and demographic/geographic area during award negotiations and in accordance with specified minimum cost per targets. After being approved by the TEC, OGAC is copied on the award memo to the Contracts Officer to ensure that appropriate targets and associated costs have been negotiated. Targets and related awardee information will be uploaded into COPRS at that time.

Scaling up of prevention, involvement of PLWHAs and youth, and encouraging peer educators to work together with community health care providers will contribute directly to the interest of the US Global HIV/AIDS Strategy. The programs will increase the reach of prevention programs into rural areas in high prevalence states with a focus on underserved populations, while stimulating the demand for other HIV/AIDS related services offered by GoN and other USG partners.

This activity substantively contributes to Nigeria's 5-Year Strategy by emphasizing youth, especially young women, and couples as a priority population for C&OP interventions; and developing strong links between prevention programs and other care and treatment programs.

LINKS TO OTHER ACTIVITIES: All partners will implement activities across the spectrum of program areas and are expected to provide clear linkages between their own activities. The grantees will be expected to link with multi-media activities, whenever possible, and to build on the new local partners to the current mix of partners providing prevention, care and treatment in Nigeria.

The overarching focus of the APS has been to bring new local partners to the current mix of partners providing prevention, care, and treatment in Nigeria. It has been successful in many ways; however, challenges related to local partners' management capacity have slowed the process and have created uncertainties about their ability to implement in the accountable and transparent manner the USG requires of recipients. Therefore a project (Leadership, Management, and Sustainability [LMS]) added to the portfolio during COP07, will assist with improved management, accountability, transparency, and other capacity building activities. LMS will guide new partners through the solicitation and award process, as well

Activity Narrative: as assist them to put accountable and transparent systems in place that allow their first year of implementation to proceed smoothly and ensure rapid achievement of results. Although the CTOs and activity managers for these new local partners remain within the USAID technical team, LMS is a key member of the extended team and provides invaluable support in developing the capacity of the new awardees. All of the local partners applying for APS funds can benefit from the management support being provided by LMS. In addition, LMS can provide technical assistance specifically in the area of Condom and Other Prevention programming, as many local partners may not have this type of institutional capacity at the time of award.

POPULATIONS BEING TARGETED: Final applications are subject to negotiation, but illustrative examples of targeted populations include: out-of-school youth; most at risk populations, religious and community leaders and opinion makers; commercial businesswomen; and community-based support groups.

KEY LEGISLATIVE ISSUES ADDRESSED: Illustrative examples of key legislative issues that have been proposed contain activities that will address male norms and behaviors, increase women's rights, reduce violence and coercion, increase the use of volunteers, and decrease stigma and discrimination.

EMPHASIS AREAS: All awards resulting from the APS will be to local partners or have strong roots in the community and therefore all will have a major emphasis on Community Mobilization/Participation and Local Organization Capacity Building. The service delivery component of these awards will have a key focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7143.09	Mechanism: USAID Track 2.0 FS Community Reach
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 25635.09	Planned Funds: \$182,500
Activity System ID: 25635	

Activity Narrative: Pact, through its Community REACH project will continue to provide a mechanism for rapidly providing assistance, through grants, to local organizations that include but are not limited to non-governmental (NGO), community-based (CBO) and faith-based (FBO) organizations that have the potential to support both the USG objectives and those of the Government of Nigeria (GoN) in HIV prevention programming. In order to work towards sustainability, Pact would emphasize host country organizational capacity building and technical assistance as important elements of an effective sub-grant program. COP09 funding is provided in the sexual transmission prevention program area but as a result of this emphasis, indicator targets and reporting are to be found in the health systems strengthening program area.

In COP 09, Community Reach will address key gaps in abstinence, be faithful, and condom and other prevention (ABC) programming in Nigeria, such as: low capacity of local partners to implement large-scale programs; lack of a comprehensive package to promote abstinence, fidelity and related changes in communities and social norms; lack of FBO and CBO organizational capacity to implement high quality ABC prevention programming that will bring about effective behavior change interventions with harmonized messaging; poor coverage of rural areas with prevention programming; inadequate monitoring and supervision skills of implementing partners; weak referral networks between facility and community-based partners; too few programs that address the needs of adolescents, particularly females; and a paucity of programs that address youth who are transitioning from abstinence to becoming sexually active.

In COP08, ABC partners provided a recommended minimum package of services from a pool of established best practices to reach a target. These best practices include: the peer education model; "PEP plus" model; curriculum and non-curriculum based school programs, community awareness campaigns; and interventions that address age-appropriate income generation activities and essential life skills, among others. In COP08, partners utilized a minimum of three of these interventions to reach a target and these were reinforced with mass media activities. The minimum package of services ensures that the intended behavior change outcomes are achieved and provides a proxy tool for measuring targets reached with ABC services.

In order to both increase the capacity of local organizations to deliver HIV services and to expand the ability of the USG/Nigeria team to meet its PEPFAR goals for COP 09, the USG/Nigeria team has determined that it is necessary to add an additional capacity-building model to its current portfolio.

PACT will continue to mobilize and support community-based responses to ABC programming through an effective and transparent grant award and administration system for the provision of responsive, fast-track grant-making assistance to organizations responding to identified gaps in the ABC prevention program of Nigeria. PACT will also provide HIV/AIDS implementers with access to financial resources and high quality technical expertise to assist in achieving and effectively reporting results while complying with USG financial and administrative requirements and build sustainability through provision of technical assistance to local sub-grantees in their capacity to deliver quality ABC services at the grassroots level. The PACT Community REACH program aims to strengthen referrals and linkages for increased access to ABC programs through capacity-building of sub-grantees, fostering sustainability, and documenting evidence-based best practices, lessons learned and new approaches, tools, and methodologies by engaging with local sub-grantees and creating economic advancement opportunities through the active engagement of private or business sectors in work force development for persons affected by HIV/AIDS and other caregivers.

PACT/Community REACH's ABC program will also continue to focus on quickly mobilizing local/indigenous civil society organizations (CSOs), NGOs, and FBOs in the Southeast, North Central and South-South geopolitical regions of Nigeria to play essential roles in filling the gaps identified in the ABC Prevention services and provide grants to these grassroots organizations for comprehensive ABC services delivery according to OGAC guidance and in line with the government of Nigeria HIV Prevention Plan and the Nigeria strategic framework. Capacity building and service delivery capacity support will be provided to these organizations to enable them to be sustainable and eligible to directly access donor funding. PACT/Community Reach will identify, map and provide grants to established CBOs formed from ongoing prevention program efforts and provide technical support to enhance their ability to continue providing behavior maintenance activities in their rural communities.

Specific programmatic gaps that PACT/Community REACH will address include: mobilization of funding and sub-granting to these organizations for ABC services provision; and assistance to indigenous CSOs, CBOs and FBOs to develop strong programming, management and monitoring skills, with the ultimate goal of graduating these local sub-partners to becoming prime partners themselves. PACT/Community REACH in COP 09 will support 250 local/indigenous CSOs, CBOs and FBOs identified in the South-South, South East and North Central geo-political zones of Nigeria with capacity building and/or small grants.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to PEPFAR goal of capacity development and system strengthening of local and indigenous organizations for provision and sustenance of HIV prevention activities. It also contributes to increased coverage and reach of the PERPFAR prevention program to the most in need (rural areas and grass root populations).

LINKS TO OTHER ACTIVITIES

Activities will be linked to Human Capacity Development, Gender, HCT, PMTCT, TB HIV, treatment, care and SI.

POPULATIONS BEING TARGETED

The target populations for these activities will include individuals in the rural areas reached by local and grass root indigenous organizations offering ABC prevention services in these rural areas. Population will include men, women, youths, children and PLWHAs in the rural areas.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9406.09

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 21706.25310.09

Activity System ID: 25310

Mechanism: HHS/CDC Track 2.0 Pop Council

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$325,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This activity also relates to activities in ARV and HCT.

In line with the provisions of the PEPFAR/CDC COP 08 funding requirements, Population Council (PC) will provide abstinence/be faithful (AB) and other prevention (OP) services to male most-at-risk populations (MARPs) through community awareness campaigns, peer education models, school based curricula, including a "Men as Partners" curriculum that stresses male involvement in prevention activities and explores definitions of gender roles, and other services, such as HIV counseling and testing (HCT) and sexually-transmitted infection (STI) management. This shall be provided through a multi partnership with Action Health Incorporated (AHI), Africa Regional Sexuality Resource Center (ARSRC), Alliance Rights Nigeria (ARN), and The Independent Project (TIP). The overall framework of the program targets the male MARPS in Lagos, Ibadan (Oyo State), and Abuja (FCT).

In COP08, Population Council initiated the Men's Health Network (MHN), a consortium of three key partners, including AHI, ARSRC, and ARN. To ensure the long term sustainability of the project, MHN is structured as a multi-donor social franchising model utilizing both private and public sector service delivery points to provide STI, HCT, and targeted condom/lubricant provisioning to high risk men (MARMs), particularly men who have sex with men (MSM). During COP08, the project identified and trained 24 service providers in three intervention locations – Lagos, Ibadan (Oyo), and Abuja (FCT) – with skills development, certified training in STI syndromic management, and HCT. Concurrently, a network of key opinion leaders (KOLs) functioned as peer educators to stimulate demand for clinical services among MARM/MSM. In addition, a peer education and diversity training curriculum was developed using the 'Men as Partners' approach and delivered in an age/gender specific manner to MARM/MSM, as well as adolescent boys and girls for AB prevention. A minimum of 18 KOLs were trained and deployed across the 3 sites. By the end of COP08, the project successfully delivered AB prevention using the proscribed minimum package to 16,000 beneficiaries. The condom and other prevention (C&OP) minimum package was delivered to 10,000 beneficiaries.

In COP 09, Pop Council's sexual prevention activity is limited to 3 sites and consists of several inter-related components: 1) the promotion of abstinence and fidelity for male adolescents and targeting MSM with "be faithful" messages, as part of a comprehensive male involvement curriculum addressing homophobia and violence; 2) increasing demand for and availability of condoms and other prevention activities, including STI management to MSM and their male and female partners; 3) providing clinic and community-based HIV care and treatment to MSM in a culturally and gender-sensitive manner; and 4) supporting a network of opinion leaders to advocate on behalf of MSM for increased awareness and sensitivity among service providers, community-leaders, and police, toward increased access and utilization of HIV prevention and STI management.

Nigeria has a population of approximately 140 million people with an adult HIV prevalence of 3.1% (UNAIDS July 2008 estimate). MARPS continue to serve as "reservoirs" of the HIV infection, thereby fuelling the epidemic in Nigeria. This group includes female sex workers (FSW), MSM, injection drug users (IDU), long distance truckers, uniformed professionals, and others whose practices and sexual networks put them increased risk of contracting and spreading sexually-transmitted infections (STIs).

The 2007 IBBSS shows varied overall HIV prevalence among MARPS with MSM having the second highest prevalence of 13.5% (25% in Lagos) compared to 25% among FSW. MSM are a particularly at-risk population in Nigeria. The MSM community is socially stigmatized and receives scant services to promote healthy sexual behavior and HIV/STI prevention. In Nigeria, nearly all informational education messages focus on heterosexual transmission of STI/HIV, and MSM are not sensitized to their own risk for contracting an STI. In addition, health professionals are largely unaware of their special needs. It is therefore paramount to include MSM in programs to prevent HIV/AIDS, since they are at high risk for HIV/STIs but are historically ignored by prevention campaigns and limited in their access to sexual health services.

The AB component of this intervention will include raising community awareness targeting MARMs including MSM, as well as young people in general with generic community dialogues, peer education through the use of social networks, and additional peer education through the use of role models. Project activities include: conducting male involvement peer education sessions at the community level targeting young adolescents with 'AB' messages; conducting peer education sessions at the community level targeting MSM with 'B Only' messages; conducting male involvement peer education sessions at the community level targeting young adolescents with 'A only' messages; developing a male involvement AB curriculum using AB prevention messages and gender roles, sexual rights, violence mitigation/avoidance training targeting adolescent boys; and training key opinion leaders (KOLs) in male involvement AB curriculum and management of peer education sessions.

In COP09, the project will reach 13,182 men and women with AB community outreach activities comprised of the minimum AB package. At the end of COP09, 3,295 individuals will be reached through abstinence only messages. KOLs among the MSM will be trained as both peer educators and role models, and as facilitators to map MSM social networks. Population Council has developed a comprehensive behavioral change communication (BCC) model comprising 'Men as Partners' (MAP) curriculum, which will also explore behavior change and safe sex practices through small group discussions, inter-personal communications, and community dialogues. A total of 48 individuals will be trained to promote MAP AB messaging through a gender-sensitization curriculum aimed to reduce male gender roles promoting violence, alcohol consumption/abuse, and sexual risk-taking. A beneficiary is considered 'reached' upon having participated in three of the following planned activities: community awareness campaign; peer education models; school-based approaches; peer education plus; and/or workplace programming.

The C&OP component of this intervention will include: activities to increase demand for prevention activities among MSM in Nigeria; the identification and mapping of 9 social support networks; identification, training and support of 27 opinion leaders promoting prevention and care-seeking behavior through BCC messages;

Activity Narrative: identification of 27 MSM-friendly provider networks offering services to MSMs; and the creation and support of 9 outlets to distribute and promote the correct and consistent use of condoms and lubricants to persons engaged in high-risk behaviors. This program will train healthcare providers to provide HCT, STI management, and condom and lubricant distribution in a gender sensitive manner. It will also engage the mass media in promoting men's health through TV and radio jingles. Quality assurance and quality improvement for STI syndromic management will be performed among public and private laboratories affiliated with the project, although no direct laboratory funding is provided under this agreement.

Population Council will aim to deliver these services through a comprehensive community HIV prevention package, in which clients receive IEC materials, condom and lubricants, interpersonal communications, and STI services, while community awareness sessions will also include focused small group discussions (SGDs), dialogues, workshops (MAP), and consolidation of ABC messages. In addition, 9,848 individuals will have been reached through local-language community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful; 27 individuals will have been trained in local languages to promote HIV prevention through behavior changes beyond abstinence and/or being faithful; and 2500 clients will have been treated for STIs using nationally approved syndromic management guidelines. A beneficiary is considered 'reached' with OP activities upon having participated in three of the following planned activities: community awareness campaigns; community outreach that provides condoms and lubricants; peer education models; workplace programming; and STI syndromic management and provision of pre-packaged STI therapies.

The AB and C&OP components to this program provide a vital linkage to onward referral services for OP program areas, specifically for men engaged in high risk practices. Access to quality HCT, STI and other health services will improve through the establishment of an MSM-friendly network of healthcare providers. In the first year, three public and private sector clinics were selected and shaped into MSM-friendly clinics. In subsequent years, the project will expand by 25% per year in terms of number of clinics and cities. Policy-level interventions are not specified in this activity; however, significant engagement with NACA, CISHAN, and complementary donors is essential to gradually move forward with rights-based agendas to support protection of services to MSM.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These activities contribute to the COP09 targets by reaching at least 13,182 individuals through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful individuals and 9,848 individuals through other behavior change beyond abstinence and/or being faithful. This is consistent with PEPFAR's 5-year Strategy for averting new infections in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity relates to Counseling and Testing and ARV. This service will also complement HCT services for those who ultimately test HIV negative. Through this program as well as basic care and support, Population Council will ensure access to quality HCT, STI and other health services through the establishment of an MSM-friendly network of healthcare providers.

POPULATIONS BEING TARGETED:

This activity will target adolescent and key opinion leaders (KOLs) and youth, as well as female sex workers (FSW), MSM, injection drug users (IDU), long distance truckers, and uniformed professionals. This program will train healthcare providers to provide HCT, STI management and condoms and lubricant distribution in a gender sensitive manner. It will also target males (both in- and out-of-school) within and around the target group communities, such as male spouses, friends, neighbors, and fiancés.

EMPHASIS AREA:

An emphasis area for this activity is human capacity development through a comprehensive community HCT package in which clients receive IEC materials, condom and lubricants, interpersonal communications, and STI services. Messages are reinforced through community awareness sessions, focused small group discussions, community dialogues, and workshops such as the MAP activity. Other emphasis areas include gender and reduction of stigma and discrimination.

COVERAGE AREAS:

Lagos, Oyo, FCT, Rivers and Imo states

New/Continuing Activity: Continuing Activity

Continuing Activity: 21706

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21706	21706.08	HHS/Centers for Disease Control & Prevention	Population Council	9406	9406.08		\$350,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10895.09

Prime Partner: PROHEALTH

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 25917.09

Activity System ID: 25917

Mechanism: USAID Track 2.0 ProHealth

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$320,000

Activity Narrative: Rivers and Cross River are two out of six states within the south-south geo-political region of Nigeria with high oil exploration and tourism activities. The south south geo-political region is most negatively impacted by the HIV/AIDS pandemic. The National AIDS and Reproductive Health Survey (NARHS 2005) revealed that this region had the highest prevalence of transactional sex and multiple sexual relationships with marital and non-marital partners. This region also had the highest number of individuals who had sex with non marital partners in 12 months preceding the survey. Two-thirds of women located in this region had more than one sexual partner in 12 months preceding the survey. The south-south region also had the highest rate of non-marital non-cohabiting sexual relationship in the country, including both heterosexual relationships and men who have sex with men (MSM). In addition, the south-south region has the worst stigma and discrimination national figures for family and non-family members who are living with HIV/AIDS. In the Nigerian Sentinel Survey of 2005, the south-south region had the second highest rate of HIV prevalence (following the north-central region).

Drivers of the HIV epidemic in the south-south region include high levels of transactional sex, poverty, cross generational sex, multiple partnering, oil glut and attendant liquidity, tourism, social insecurity, high cost of living, and cultural practices and festivals that encourage casual unprotected sex (e.g., the New Yam Festival). Secondary school-based studies in the region indicate that 22.6% of sexually active female adolescents had multiple sexual partners, with age at sexual debut at 14 years. Cross River State, with its rapid emergence of tourist spots (the TINAPA free trade zone and resort, for example) is likely to show increased sexual networking. In Rivers state, only 6.2% of sexually active individuals consistently and correctly use condoms with their partners. High risk behaviors have been found in the Niger Delta region, with about half of 15 to 22 years engaged in casual sex with commercial sex workers (CSWs) without condom. Peer pressure influence to engage in sex, unfavorable socio-cultural factors, gender norms, and low socioeconomic status are identified risk factors for early sexual debut, multiple partnerships and cross generational sexual activity in this region. Early sexual debut was common among uneducated female rural dwellers.

In view of the above, Pro Health International (PHI) seeks to establish sustainable behavior change among the target population of youth (15 – 25 years of age) in Rivers and Cross River states of the south-south region. Specific targeted behaviors include: delayed sexual debut until marriage; being faithful to one partner; and correct and consistent use of condoms. This will be done through messages on abstinence and fidelity in addition to facilitating increased knowledge of HIV/AIDS, risky sexual behaviors and risk personalization, and also through instituting interventions that encourage community-based normative changes to provide a congenial environment needed for sustained behavior change.

The behavior change objectives will be achieved using the minimum package intervention strategies of peer education, community- and school-based HIV clubs, and interpersonal communications targeting out-of-school and in-school youth with abstinence/be faithful (AB) messaging. Small group discussions, rallies and advocacy interventions at the community level and the formation of community based organizations will be used to address normative changes to support behavior change.

Pro Health's condoms and other protection (C&OP) strategy for COP09 is a peer-led, containment strategy targeted at PLWHAs within the community based on the premise that preventing a positive person from transmitting the virus is the most effective way to avert new infections through sexual transmission. The HARPIN sexual prevention program for COP 09 will have 4 intervention components; peer education plus (PEP); interpersonal communication; formation of community based HIV clubs; and community awareness campaigns/rallies targeting out-of-school in line with the minimum package as recommended by the National Prevention Plan. Peer education trainers (PETs) will be identified and trained with the Society for Family Health (SFH) PEP manual for out-of-school youth. Other in house trainings on volunteer management, advocacy and communication for social change, adolescent psychology, cultural and social studies, financial and administrative management will complement the PEP training. These trainings are geared towards building peer education specialists who will train additional peer educators (PE) and build the requisite environmental framework for achieving sustainable behavior change through the minimum package for sexual prevention. PETs will select 5 out of school peer education groups (PEG) in each LGA using a participatory approach at open community meetings. The out of school PEGs will be trained for a period of 6 months and then be required to reach their peers.

Peer educators will organize small discussion groups of their peers to discuss topics related to personal life and experiences. These discussion groups will be branded 'Club ABC' and develop later into community based organizations (CBOs). Peers will be reached individually with interpersonal communication as well. Local CBOs already involved in HIV/AIDS prevention will also be engaged in reaching the community.

The second component is peer education for in-school youth. They will be reached with the UNICEF Peer Education training manual, small group discussions, and school based HIV/AIDS clubs. 5 schools in each LGA will engage in the peer education program. Support from the State Ministry of Education will ensure that schools with ongoing interventions are prioritized. PETs will train PEs who will reach peers with AB messages. In addition, peers will be required to form small discussion groups around HIV/AIDS topics and issues relating to personal life and experiences. At about the sixth month of the program, the in-school peers and peer educators will then form a school based club branded as 'High Flyers Club'. In all, one thousand (1000) peer educators will be trained to reach twenty seven thousand two hundred and seventy three (27,273) of their peers (13,637 males and 13,636 females).

The third component involves advocacy for community level normative change, community participation and stigma reduction, with the consent and participation of relevant stakeholders. The state ministries of health, education, youth and sport, and social welfare will be informed and their consent and support sought to engender acceptability and participation. The local government councils will be visited to advocate support, commitment and eventual ownership of the program. Traditional leaders will be visited to canvas their support and permission to reach people with the programs. Other stakeholders in the community will be visited to rally their support and seek avenues through which the whole community can be reached.

Activity Narrative: Two advocacy officers (AOs) will utilize avenues, such as town meetings, trade union meetings, church services and gatherings, youth meetings, women groups, interest groups and other meetings within the community to facilitate discussions about stigma and discrimination against people living with HIV/AIDS (PLWHAs). These meetings will provide an atmosphere for open discussions on HIV/AIDS in the communities. The AOs will provide information on the magnitude of the HIV/AIDS problem and the community's ability to fight it. The AOs will additionally stimulate community discussions on cultural issues that fuel the HIV pandemic (e.g., sexual coercion, cross-generational sex, transactional sex and sexual abuse) through focused discussion group sessions, interpersonal communications, and other mechanisms. These meetings will target communities that are in close proximity to Pro Health International's (PHI) service provision points.

The fourth component will foster behavior change among PLWHAs to avert new infections. PLWHAs will be supported to adopt safer sexual behaviors as part of a comprehensive prevention approach. HARPIN will target PLWHAs and other youth in their communities with awareness campaigns that include rallies and interpersonal communication, peer education models using PLWA peer groups and age appropriate balanced ABC messaging and referrals to medical services. PLWHAs will be trained as PEs to provide information on various topics, including positive living, nutrition education, treatment education and adherence, sexually-transmitted infection (STI) counseling, and referrals to medical services, including HIV counseling and testing, PMTCT services and management of opportunistic infections. Trained PLWHA will reach other PLWHA/high risk persons with messages. There will be rallies in collaboration with other support groups aimed at reducing stigma and discrimination associated with HIV/AIDS. Advocacy visits will be made to relevant stakeholders and opinion leaders to introduce and solicit their support for the project. A total of 9,697 PLWHA (4,849 males and 4,848 females) will be reached through 100 trained PLWHAs.

Recognizing that HIV/AIDS care and treatment settings serve as strategic entry points for reaching large numbers of HIV-infected people, the HARPIN project will continue to engender linkages between community based prevention efforts targeting PLWHA and clinic-based, provider-delivered intervention to help prevent the spread of HIV and also protect the health of PLWHA. Training will be provided to healthcare providers in selected sites to provide routine care and treatment to HIV-positive patients and deliver important health information and preventive medical care, including treatment and/or referrals for STIs and family planning services. Health care providers will be supported to assess patients' risk and provide targeted prevention recommendations, which encourage sex partners to get tested, disclose HIV status to sex partners, abstain from sex or reduce the number of sex partners or maintain fidelity to one partner, use of condoms during each sex act and appreciate the consequences of having sex without a condom, and understand the relationship between alcohol use and how it affects adherence and increased risky behavior. Cross referrals will be provided between facility based interventions and the community based interventions to provide a continuum of care for PLWHA, expand program reach, and, encourage and sustain behavior change. One condom outlet for PLWHAs will be established for each of the six local government areas where this intervention will be implemented.

Contribution to overall program area:

The HARPIN Project's activities will address specific behaviors among youth with the aim of attaining positive and sustained behavior change in terms of primary/secondary abstinence practice, faithfulness to partners and correct and consistent use of condoms. The AB program will specifically provide knowledge of abstinence skills amongst youth, while prevention with positives interventions will contribute to containment of the disease by reducing transmission, re-infection or increased viral load among PLWHA. This will contribute to strengthening and expanding the capacity of the GON's response to HIV/AIDS epidemic and achievement of PERFAR goals of preventing 1,145,545 new infections.

Population being targeted:

Two primary population groups will be targeted in these sexual prevention activities. The first group will include young men and women (15-24 years old) while their corresponding figures-of-influence (parents, teachers and religious leaders) will be our secondary target. The second primary target group consists of PLWHAs, while their discordant sexual partners will be the secondary target audience in this category.

Emphasis area:

The emphasis areas for this program area are human capacity building and gender balance. Emphasis will be on building local capacity to ensure sustainability. CBOs within the community will be involved in programs to improve their knowledge and exposure in program design and implementation.

Key legislative issues:

Key legislative issues addressed include stigma and gender, with an emphasis on community norms that discourage stigma on PLWHA and enhance women's ability to access and utilize information on HIV/AIDS.

Link To Other Activities

The AB and C&OP activities carried out under PHI are linked with the organization's PMTCT activities and free healthcare efforts (with other funding).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 5268.09**Prime Partner:** Winrock International**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 9783.24961.09**Activity System ID:** 24961**Mechanism:** USAID Track 2.0 Winrock AIM**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$522,500

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Abstinence and Be Faithful (AB) activities will focus on behavior change, risk reduction, partner reduction, and a reduction in dependency on transactional sex work among brothel based commercial sex workers (CSWs) through provision of income generating activities (IGA) aimed at providing alternative income and motivation for leaving sex work. The AIM Project will continue to implement AB activities in partnership with indigenous organizations (non-governmental, community-based, and faith-based organizations [NGOs, CBOs, FBOs]). In conformity with the recommended AB prevention strategy, CSW will be reached with a minimum package of three services from a pool of established best practices. The three strategies selected by the AIM project for the HIV prevention include community awareness campaigns, peer education and on-the-job support for peer educators, interventions addressing vulnerability issues such as IGAs, and essential life skills. These activities are aimed at reinforcing HIV prevention messages and services towards behavior change.

The AIM Project will continue to strengthen the capacity of its indigenous partner NGO/CBO/FBOs to implement HIV prevention services and facilitate behavior change among 2600 CSWs in its 15 PEPFAR states. Winrock AIM project expansion strategy responds to the HIV/AIDS epidemic by aiming at saturation, which is guided by prevalence and concentration of target population. The AIM project targets CSWs and out-of-school youth within selected communities. Priority is given to states with high HIV prevalence and a significant number of CSW and out-of-school youth. The fifteen states selected are: Adamawa, Anambra, Bauchi, Benue, Borno, Cross River, Edo, Imo, Kano, Lagos, Nassarawa, Niger, Oyo, Plateau and FCT.

Community Awareness Campaigns: The AIM Project will facilitate focus group discussions (FGDs) to assess the prevailing knowledge, attitude, behavior and practices (KABP) of sex workers towards HIV prevention within their communities. Community dialogues will be conducted to provide reinforcing messages on HIV prevention. AB messages will be collected or reproduced from other USAID implementing partners (IPs), such as Society for Family Health (SFH), and be disseminated to at least 2600 CSWs in the 15 states. Community awareness activities will also address issues of stigma and discrimination as well as the need for greater involvement of people living with HIV/AIDS (PLWHA) into all productive spheres of the community. Gender roles and vulnerability to HIV transmission as well as its impact on individuals, families and communities will also be addressed through the community awareness activities.

Peer Education (PE): At least 150 volunteer/former CSWs will be identified and trained as peer educators using the SFH and Government of Nigeria (GON) approved peer education (PE) model to encourage and sustain behavior change among CSWs. The volunteer/former CSWs will be trained on HIV prevention and interpersonal communication skills to promote accurate information on HIV transmission and prevention, partner reduction, correct and consistent condom usage, and life skills. Peer educators will visit CSWs regularly on a one-on-one basis to discuss, educate and disseminate HIV prevention messages. In addition to the training provided using the PE model, a standard set of HIV prevention messages will be provided to each peer educator, which will serve as guidance to ensure that each CSW receives similar, appropriate, accurate and balanced prevention messages. Each peer educator will monitor and report on their activities monthly. Furthermore, in view of the needs of this target group, peer educators will access and provide condoms during their visits and make referrals to other fixed condom outlets around the brothel.

Vulnerability Issues: The AIM Project will support IGAs to promote alternatives to commercial sex. Under this strategy, the AIM partners will train 2600 CSWs on vocational skills towards alternative means of sustaining livelihoods, such as bead making, tailoring, hairdressing, and food processing. The sex workers will also be trained in basic business skills that include how to record income and expenses, determine profit, set prices for their sale items, and encourage savings. Of the 2600 sex workers trained, sex workers who demonstrate a commitment to dropping out of the sex trade will receive small in-kind grants of up to \$200 designed to stimulate an alternative source of income. CSWs who do not qualify for an income generating grant will be referred to micro-finance institutions to access micro-loan services. Winrock International will facilitate the access of this micro-loan through training on business plan development and orientation on how to manage micro-loans. All 2600 CSW trained will receive essential life skills training that will include communication skills, decision making, problem solving, and condom negotiation in order to build their self esteem and to sustain behavior change. The AIM Project will collaborate with other USAID/PEPFAR partners and GON agencies to provide CSWs access to STI management, treatment, care and support services.

Condoms and Other Preventions: In COP 09, the AIM Project plans to reach individuals with balanced ABC messages in its 15 PEPFAR states. The AIM Project in partnership with indigenous NGO/CBO/FBOs will use several prevention strategies focused on behavior change, adoption of safer sex practices and provision of condom education among out-of-school-youth (OSY), particularly barbers and hairstylists. In the northern part of Nigeria, the project will reach out to tradition barbers ("Wanzamai") and provide them the HIV prevention services.

The AIM Project partners will be encouraged to conduct advocacy visits to key community stakeholders, including barbers, hairdresser and traditional barber associations, community, religious and political leaders to create an enabling environment for project implementation and ensure community participation and ownership of the project.

Through its local partners, the AIM Project will implement the condoms and other prevention program by providing a minimum package of three services from the GON National HIV/AIDS Prevention Plan of 2007, and the HIV/AIDS National Strategic Framework for Action 2005–2009 and established best practices for behavior change communication (BCC). The three strategies selected by the AIM Project for the HIV prevention includes: (1) specific population awareness campaigns; (2) structured peer education based on GON approved training curriculum, refresher trainings and on-the-job support for peer educators; and (3) community outreach that promote balanced ABC messaging, condom messaging and distribution.

Activity Narrative: AIM Project will utilize the following three strategies to implement behavior change activities and the adoption of safer sex practices amongst 13,000 barbers, hairstylists and traditional barbers.

Specific Population Awareness Campaigns: AIM partners will facilitate focus group discussions (FGDs) to obtain baseline data and assess the prevailing knowledge, attitude, behavior and practices (KABP) regarding HIV prevention within their communities. In addition, community dialogues will be conducted to provide reinforcing messages on HIV prevention. Appropriate information, education and communication (IEC) materials for out-of-school youth will be collected or reproduced from other USAID IPs and disseminated to at least 13,000 OSY in the selected 15 states. In addition to the balanced ABC prevention strategy, issues of stigma and discrimination, and greater involvement of PLWHA into all productive spheres of the community will be addressed.

Peer Education Model: AIM Project will select at least 300 barbers, hairstylists and traditional barbers to be trained as volunteer peer educators using the GON approved peer education curriculum. These barbers and hairstylist will be trained on interpersonal communication to promote HIV prevention that includes negotiation, assertiveness, decision making, problem solving, condom messaging, and facts and myths of HIV/AIDS. They will also be role models and positive peer models. Age appropriate prevention messages will be disseminated to reach at least 13,000 barbers, hairstylists and other out-of-school youth. Each peer educators will monitor and report on their activities monthly. Furthermore, in view of the needs of this target group, peer educators will access and provide condoms during their visits and make referrals to AIM project existing fixed condom service outlets (e.g., barber shops and hair salons).

Community Outreach: The AIM Project will encourage beneficiaries to go for counseling and testing services. In addition to balanced ABC messages, beneficiaries will receive condom demonstrations and distributions. AIM Project will acquire condoms from USAID IPs, such as SFH, that will be supplied to the partners for distribution through at least 150 fixed condom outlets (barbershops and hairdressing salons) in the 15 states through focal persons and peer educators in barbershops, hairstylist salons and other appropriate service outlets. The AIM Project anticipates acquiring about 90,000 units of condoms from SFH.

POPULATIONS BEING TARGETED

Targeted populations include commercial sex workers and out-of-school youth (particularly barbers, hairdressers, and traditional barbers).

CONTRIBUTION TO OVERALL PROGRAM AREA

The AIM Project will increase capacity of NGO/CBO/FBOs and communities to disseminate accurate information on HIV/AIDS prevention and the number of individuals trained to disseminate balanced ABC HIV Prevention messages, and consequently contribute in building HIV/AIDS competent communities.

LINKS TO OTHER ACTIVITIES

AIM project's AB and C&OP activities are linked to OVC activities and to other PEPFAR USG Partners' activities to ensure strong referrals to comprehensive prevention, care and treatment services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13174

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13174	9783.08	U.S. Agency for International Development	Winrock International	6404	5268.08	USAID Track 2.0 Winrock AIM	\$350,000
9783	9783.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$450,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,640

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$137,658

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 544.09

Prime Partner: Harvard University School of Public Health

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9216.25217.09

Activity System ID: 25217

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

USG Agency: HHS/Health Resources Services Administration

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$1,140,122

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+/Harvard activities between Harvard University and APIN, Ltd., our activity narratives is amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program as opposed to APIN, Ltd. (which has submitted a separate narrative under the name APIN). In addition, APIN will be taking over all activities of the Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital, Onikan Women's Hospital, and Mushin General Hospital; thus, those sites and their respective patients will drop out of the Harvard numbers and will be reflected in the APIN narrative.

NARRATIVE:

In COP09, Harvard will continue to provide sexual prevention programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals reached, thereby improving the effectiveness of this messaging, through a balanced portfolio of prevention activities including abstinence and be faithful messaging (HVAB) along with condoms and other prevention (HVOP). By the end of COP08, Harvard will have assisted PEPFAR Nigeria in extending its reach of ABC services to 9 states, including Benue, Borno, Enugu, Kaduna, Lagos, Oyo, Ogun, Plateau and Yobe. Through its other program areas, Harvard has a large population of HIV-positive clients to whom it is already providing age appropriate ABC messaging and prevention with positives (PwP) services, which include STI screening and management, condom provision, sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and testing of sex partners and children in the HIV clinic setting. In addition, Harvard will target activities to HIV negative persons in its catchment areas in order to minimize their risk behaviors and contribute to an overall reduction in HIV prevalence.

In COP09, Harvard will implement ABC activities at both the facility and community levels by utilizing the minimum prevention package strategy as contained in the National Prevention Plan. This package includes: community outreach campaigns; peer education; infection control activities; and STI management/treatment. The goal of the program is to focus on targeted communities for saturation with messages conveyed in multiple forums. Utilizing such methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received HVOP messaging on a regular basis and via at least 3 of the 4 strategies Harvard will employ.

HVAB activities conducted at the local level by Harvard will be reinforced through national level mass media campaigns by other USG partners, such as the successful Zip-Up campaign. HVAB messages promoting abstinence, mutual fidelity, and addressing issues of concurrent and multiple sexual partnerships will be balanced with condoms and other prevention messaging, where appropriate, and will be integrated with treatment and care services at 66 sites and implemented by 2 stand-alone HCT providers.

Youth or young adults aged 15-24 years represent a key age group for HVAB activities, as they are the highest prevalence age group (2005 ANC survey). In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years. Harvard will reach these beneficiaries through community awareness campaigns, peer education models, and 'peer education plus' activities.

Harvard collaborates with community-based organizations (CBO) and with persons living with HIV/AIDS (PLWHA) support groups at its facilities and surrounding communities in other PEPFAR programming activities. These support groups and CBO also serve as appropriate partners in the dissemination of ABC messaging to other PLWHA using the peer education model, and to wider audiences through the peer education plus model and community awareness campaigns. These support groups provide key community linkages for prevention of mother-to-child transmission (PMTCT), palliative care and antiretroviral treatment (ART) services. Support group activities will include the dissemination of prevention information for HIV-infected individuals (funded under basic care and support [BC&S]), as well as community outreach to high risk populations to encourage HCT and healthy behaviors, such as partner notification and condom use. For HIV-negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks, and risk reduction strategies, including HIV testing. To address stigma issues and in compliance with the GIPA principle, approximately 10 PLWHA from the pool of those receiving treatment at facilities who are living openly and positively will be trained using the peer education model to disseminate ABC messages. They will serve as peer educators to extended family members and members of their support groups. These trained PLWHA will in turn reach individual cohorts of at least 10 other persons from among their social peers. With 63 facilities (including PMTCT sites), this will serve as an effective tool for reaching individuals in at least as many communities with balanced ABC messages.

A community awareness strategy will also be employed to serve the catchment areas of the hospital facilities, which will be linked with community mobilization efforts promoting HCT. During static and mobile HCT services, counselors will disseminate balanced ABC messages to recipient communities and clients through focused, small-group discussions and interpersonal communication. The key messages that will be conveyed are delay in sexual debut, secondary abstinence, mutual fidelity, prompt and complete treatment of all STIs, and promotion of need to ascertain HIV serostatus through HCT.

Several Harvard sites target most-at-risk populations (MARPs), including outpatient STI patients, border traders, military personnel, young male market agents, and motor mechanics. A prevention program for young male market agents has been established in the Ibadan marketplace and implemented through the Association for Reproductive Family Health (ARFH) NGO. HaltAIDS, a community based-NGO in the poor community of Tudun Wada in Jos, has an established community HCT center, which currently provides prevention messages, condoms and HCT to 150 community members per month. Prevention activities at these clinics provide risk-tailored educational materials and distribute condoms. In addition to comprehensive counseling on HIV prevention and risk reduction, HIV-infected individuals identified through this activity are referred for palliative care and evaluation for ART eligibility. An emphasis on reaching high-risk men also enhances prevention efforts and facilitates access to their partners. This funding will support

Activity Narrative: the implementation of behavioral interventions for MARP at stand-alone HCT centers, the development of educational prevention materials developed by ARFH and HaltAIDS and referral for STD diagnosis and treatment. Where appropriate, Harvard will build site capacity for STI syndromic management. Additionally, in Jos, we collaborate with Mashiah Foundation, a faith based organization which provides palliative care services for HIV-infected women and OVC. Mashiah also conducts mobile community outreach for HCT and provides ABC prevention messaging to the populations that it serves.

Harvard will also use the peer education model to target job peers who are healthcare workers. Healthcare workers at each site will be trained using established National peer education curricula and each will be requested to form peer groups of approximately 10 members from the healthcare worker community for dissemination of balanced ABC messaging. It is anticipated that these healthcare workers will continually serve as conduits for age appropriate prevention messaging not only for their work peers, but also for their social peers and all clients with whom they come in contact.

A focus of the program in COP09 will be continued improvement of the integration of prevention activities into the HIV care and treatment settings. Healthcare providers and lay counselors in these settings will be trained to appropriately deliver integrated ABC prevention messages and incorporate the messages into routine clinic visits using IEC materials and job aids. An appropriate balance of ABC will be tailored to the needs and social situation of each individual client in its presentation. Additionally, prevention activities will be incorporated into other points of service in each health facility (general outpatient clinics, emergency services, etc.), particularly into reproductive health services, including, family planning counseling, STI management and counseling, and risk-reduction counseling. Harvard supported sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; and IEC materials and provider delivered messages on disclosure. These interventions will be implemented using the recently adapted HIV Prevention in Care and Treatment Settings Prevention Package.

This funding will be also used to support the procurement and distribution of written prevention messages and condoms. These materials will provide patients and clients with HIV prevention information using the "ABC" model, including information about healthy behaviors, safer sexual practices, PMTCT, and condom usage. Prevention messages will also include information about other STIs. Condoms will be offered to all individuals at all sites and will be procured by Harvard from the Society for Family Health (SFH).

The target for the AB messaging campaign is 4,355 individuals. The target for the intensive campaign activity in other prevention strategies is 35,106 individuals. Additional staffing and training of counselors will also be provided by this funding, including a dedicated fulltime staff person. This activity will provide support for training of 366 individuals in AB messaging and 324 in condom and other prevention promotion.

EMPHASIS AREAS

ABC programming emphasizes local organization capacity building, human capacity development, and efforts to increase gender equity in HIV/AIDS programs. These activities also promote a rights-based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key components of the program. Through ABC activities, we place major emphasis on community mobilization and participation as an element of outreach for prevention efforts. We place major emphasis on training, infrastructure, and human resources in order to build the capacity of counselors and providers in a full range of prevention strategies. We also place emphasis on IEC as an essential element of outreach to high-risk populations, and on developing networks for linking these activities to HCT, PMTCT, and other ART activities to serve as a source of prevention information. Emphasis areas also include military populations (activities at 68 Military Hospital and Military Hospital Ikoyi, Lagos).

These activities address gender equity issues by providing equitable access to prevention services for men and women. In some cases, our activities seek to target men who may be at high risk for HIV in order to promote condom use as a means of prevention and access to services for their sexual partners. Male-targeted counseling seeks to address male norms and behaviors in order to encourage safer sexual practices. Strong prevention programs that accommodate the array of societal and cultural norms can also help reduce stigma and discrimination. Providing services at the community level will serve as an important platform from which general HIV/AIDS information can be provided and risk reduction strategies discussed.

POPULATIONS TARGETED:

Key populations targeted are the healthcare community in treatment facilities, PLWHA, youth and adults accessing HCT services, high-risk populations, and support group members and immediate families of PLWHA. Other target populations include discordant couples, pregnant women and religious leaders. Targeting these populations is important to encourage safe sexual practices, HCT, and other prevention measures. Health care workers will also be targeted for training on the most effective prevention measures for various risk groups.

CONTRIBUTION TO OVERALL PROGRAM AREA

These prevention activities are consistent with PEPFAR's goals for Nigeria, which aim to support a number of prevention strategies as a comprehensive prevention package. In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to various high-risk groups that they serve. Furthermore, these activities are consistent with the PEPFAR 5-year strategy, which seeks to scale-up prevention services, build capacity for long-term prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program. Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for all ABC activities. This will include the implementation of a plan to transition site oversight, management, and

Activity Narrative: training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

ABC activities relate to HCT, by increasing awareness of HIV. They also relate to Adult Care and Treatment and Pediatric Care and Treatment activities through dissemination of information by home-based care providers and ultimately by decreasing demand on care services through decreased prevalence. Linkages also exist to OVC programming by targeting OVC. These activities are also linked to TB-HIV activities in that prevention messaging will be disseminated to individuals who are provided with HCT in a TB setting. Through training of personnel, these activities also link to Human Capacity Development. As certain activities focus on gender-related issues, this program area also links to Gender.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13054

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13054	9216.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$1,468,500
9216	9216.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$635,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 632.09

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 9210.25241.09

Planned Funds: \$1,530,018

Activity System ID: 25241

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AB targets have been adjusted per notional targets for 2009 and C&OP targets have been adjusted per notional targets for 09. There will be an increase in number of motor park service points from 6 to 12, and new Bio Behavioral Surveillance data is cited.

ACTION COP 09 sexual prevention activities will continue to provide prevention services to 9,545 youth and young adults (4772 males and 4773 females) through Abstinence/Be Faithful (AB) activities and 46,364 individuals through condoms and other prevention (C&OP) activities. ACTION will implement its AB programming activities in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals through a balanced portfolio of AB prevention activities. Through the involvement of ACTION as a partner in this activity, PEPFAR Nigeria will extend its reach with AB services into focused communities in six states (Plateau, FCT, Benue, Kaduna, Kano and Edo). In COP08, ACTION reached over 10,000 individuals using a combination of abstinence and/or being faithful prevention messaging approaches. A key age group for AB activities is youth/young adults aged 15-24 years, as this is the highest prevalence age group. Many young adults are in tertiary educational institutions where they can be accessed for appropriate AB messages. Through its other program areas, ACTION reaches a large population of HIV-positive adults, adolescents and children through care and treatment services. HIV-affected partners and family members of these clients will also be reached with prevention with positives (PwP) services.

ACTION will focus AB activities at tertiary educational institutions (polytechnical schools and universities) located in cities where individuals reached with AB messages who test positive can be referred or linked to care and treatment facilities, as necessary. ACTION will work principally at educational institutions but will have spill over to the community through a combination of multiple strategies in line with the Government of Nigeria/U.S. Government (GON/USG) minimum care package. These will include: community awareness campaigns specifically focusing on small group discussions (SGD) organized within departments; a school based approach that will leverage existing curricula developed jointly by the Federal Ministry of Education and the Society for Family Health; and peer education plus activities focusing on drama groups. The curriculum will be used to train lecturers and guidance counselors to provide AB messages routinely in their teaching. Peer education plus activity dance drama groups will perform in the targeted institutions. These dramas will have culturally and age group relevant scripts written by a professional consultant using input from the SGD. Content will be piloted for acceptability and accurateness of the messages before performances are carried out at these institutions. ACTION will continue to collaborate with the International Institute of Christian Studies (IICS), an NGO that has worked with the Nigerian Federal Ministry of Education and has implemented effective AB services in secondary schools in Nigeria.

Activities conducted at the local level by ACTION will be reinforced through national mass media campaigns by other USG partners, such as the successful Zip-Up campaign. AB messages will be balanced with condoms and other prevention messaging, where appropriate and will be integrated with other PEPFAR program area services in proximal areas. The goal of the program is to saturate targeted communities with messages conveyed in multiple fora. Utilizing such a methodology, a large number of people will be reached with messages received via one method or another, but the target group will be those individuals that will have received AB messaging on a regular basis and via the three strategies ACTION will employ (community awareness campaigns, school based programming and peer education plus activities). The target for this intensive AB messaging campaign is 9,545 individuals. A total of 500 persons made up of teachers, guidance counselors, school health care workers, and peer educators will be trained to conduct effective prevention interventions inclusive of AB messaging from 166 outlets. Another focus of the program in COP09 will be improvement of the linkages between appropriately balanced ABC services, condoms and other prevention activities, HIV counseling and testing, and HIV treatment activities. The incorporation of HIV AB messages by lecturers who have access to this age group on a regular basis will institutionalize the AB services. In addition, prevention activities will be incorporated into points of health care service in each institution, including family planning counseling, sexually transmitted infection management and counseling, and risk-reduction counseling.

ACTION will also provide C&OP activities for 46,364 most-at-risk persons (MARPs; 23,182 males and 23,182 Females) and support 60 community based condom outlets in locations frequented by MARPs, such as bars, brothels and truck stops in addition to the hospital based outlets co-located at HCT/antiretroviral treatment (ART) clinics. Sites are located in states that have been selected based on the National ARV Scale-Up Plan with the goal of universal access. ACTION will build on COP08 successes to expand prevention services and linkages to wraparound services (e.g., family planning). At the health care facility level this will complement prevention with positives (PwP) activities supported under basic care and support programming. Prevention services will take place in community settings, including: skills development centers, truck stops, markets, and OVC centers targeting out-of-school youth. ACTION will complement mobile HCT with prevention services by supporting NGOs to establish HCT and other prevention program sites at locales where transactional and intergenerational sex are common, using five mobile HCT vans based out of ACTION regional offices. The 2007 Integrated Bio Behavioral Surveillance Survey (IBBSS) for Nigeria revealed an alarming National HIV Prevalence of 37.4 and 30.2 for brothel and non-brothel-based female sex workers. ACTION will expand prevention programs in collaboration with experienced community-based organizations (CBOs) and peer educators to reach commercial sex workers (CSWs) and other individuals along the Benin-Lagos transport corridor, including truck drivers and those who engage in transactional sex at overnight motor parks. It is anticipated that seroprevalence among this group exceeds 20%. The number of targeted truck stops will be increased from 6 to 12. ACTION also targets out-of-school youth via community centers and organized activities supported through OVC programming. Condoms and other prevention programming will be balanced with AB prevention messaging for youth in these settings.

In COP09, ACTION will build on COP08 activities at the community level utilizing a combination of strategies, including community outreach campaigns, peer education models, and sexually transmitted infection (STI) screening, management, and treatment. Peer education strategies will focus on Greater Involvement of People with HIV/AIDS (GIPA). The goal of the program is to cover target communities with messages conveyed in multiple fora so as to reach the specific target groups with C&OP messaging on a

Activity Narrative: regular basis via the three key strategies employed (community outreach campaigns, peer education models, STI screening/management/treatment). ACTION employs a dedicated program officer to oversee these prevention activities.

ACTION will enhance services for MARPs testing HIV-negative by coupling post-test counseling with targeted behavior change interventions that address individual risk. Individual counseling will include abstinence/mutual faithfulness messages, promotion/instruction regarding correct and consistent condom use, information education communication (IEC) materials, and linkages to family planning services. Community outreach through collaboration with PLWHA support groups will ensure that IEC materials and counseling messages are culturally acceptable. Group counseling will be carried out in supportive settings to discuss and promote HIV prevention behaviors, including avoidance of STIs, recognition and seeking early treatment for STI symptoms, and reduction of alcohol/illicit drug use. Condom promotion and distribution will be coupled with prevention information about abstinence and mutual faithfulness, behavioral change communication, and risk reduction education using peer educators. Sixty stationary condom distribution points at locales frequented by MARPs (such as bars serving truck drivers) will be established and maintained along with those situated within ART facilities.

Building on the successful models employed in COP 07 and 08, mobile HCT vans will be utilized for the provision of syndromic STI services in conjunction with HCT services targeting truck stops and night spots frequented by MARPs. This service will be provided by community health extension workers (CHEWs) following standard operating procedures for syndromic STI management and will include treatment for syphilis, gonorrhea, and chlamydia. Program staff will work with sites to ensure appropriate linkage/referrals to STI care.

PwP strategies targeting HIV-positive persons will also be included in this package of services for MARPs using approaches and materials developed through USG Nigeria. ACTION will support risk reduction and safer sex promotion activities among HIV-positive clients, partners, and members of their households. The comprehensive package of prevention interventions will include provider and counselor delivered prevention messages, family planning counseling, STI management and treatment, and testing of partners and children. Lay counselors and peer educators will be mobilized for more in-depth counseling on key prevention issues such as: sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and partner testing. Condoms and information on proper condom use will be available to all patients attending ACTION supported ARV clinics. ACTION supported sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; and IEC materials and provider delivered messages on disclosure.

Site/regional level trainings for CHEWS in STI syndromic management will be carried out by ACTION program staff. Peer educators and PLWHAs will be trained by ACTION program staff and CBO subcontractors using a curriculum developed by SFH focusing on truck stop and commercial sex settings as well as a manual on interpersonal communications jointly developed by ACTION and SFH. General training will include risk stratification, disclosure and couple counseling, proper condom use, and syndromic STI management training for health care workers. The direct training target is 380 persons.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ACTION AB activities emphasize integration of prevention activities with treatment and care services. Use of the community awareness campaigns, school based programs, and peer education plus activities (community drama, dance events, etc.) allows dissemination of AB messaging, including integration with condom messaging, from socially-credible sources of information (educators, healthcare workers and related populations of PLWHA). This program will contribute to the global HIV/AIDS strategy by reaching 11,480 people with AB messaging and 5,740 people with abstinence only messaging in a comprehensive approach. As high risk and "bridge" populations contribute to HIV transmission, C&OP activities will support the Nigerian Federal Ministry of Health (FMOH), and emergency plan goal of reducing new infections and thus decreasing the overall disease burden of HIV in Nigeria by enhancing HCT with targeted prevention messages and interventions. Targeted efforts to promote correct and consistent condom use and STI management for MARPs can reduce the risk of HIV infection. The activities will also address issues of stigma and discrimination through the education of individuals and communities.

LINKS TO OTHER ACTIVITIES:

AB and C&OP activities relate to HCT, basic care and support (through dissemination of information by home based care providers), OVC programming (through specific targeting), and SI. A challenge of this program is to successfully link identified HIV-positive individuals with services. The populations being targeted often do not access services via traditional treatment venues. The program will create a means to strengthen linkages and will identify through the hub and spoke model innovative strategies for creating access to treatment in convenient venues. Targeting MARPs will help to identify persons who need referral into care, ARV services and prevention for positives counseling, which will be an important component of post-test counseling of HIV-positive persons as part of HCT services and the basic package of care. Balanced prevention messages targeting behavior change will complement HCT for all, irrespective of HIV status. OVCs will be taught family life and sexual initiation delay/abstinence negotiation skills.

POPULATIONS TARGETED:

AB will be targeted at youth (particularly university and polytechnic students), teachers, and adults accessing HCT services, while C&OP targets MARPs (commercial sex workers and their clients, prisoners, out-of-school youth, and mobile populations such as truck drivers). The other major focus is school-based youth. ACTION will provide technical assistance to SFH in the training of doctors, nurses, other health care workers in the public sector as well as PLWHA and peer educators who will focus on the special prison population, which faces additional stigma.

EMPHASIS AREAS:

Activity Narrative: Emphasis will be on human capacity development for AB and C&OP activities, promote a rights based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Reduction of stigma and discrimination are also key features of the program. Community development through linkages with CBOs and PLWHA support groups are also emphasized.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13109

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13109	9210.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$1,735,500
9210	9210.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,117,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$24,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 552.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 3236.24892.09

Activity System ID: 24892

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$2,295,000

Activity Narrative: In COP 09 the Global HIV/AIDS Initiative Nigeria (GHAIN) will provide sexual prevention services, which include Abstinence, Be faithful, and Condom use (AB & C) and Other Prevention by further strengthening and supporting current implementing agencies across the country. In COP09, a combination of intervention strategies will be employed by GHAIN such that every individual within the targeted groups will be reached with a minimum of three interventions in line with the National Prevention Plan (NPP) minimum package guidelines.

Abstinence only sexual prevention programs will be tailored to address 5,000 in-and-out of school youth under the age of 15. GHAIN's sexual prevention strategies will include peer education (age peers), focus group discussions (FGDs), and non curricula based approach (e.g., drama and HIV clubs) as part of the minimum package. GHAIN will identify a minimum of 120 persons drawn from all project locations and equip them with peer education and FGD skills as well as support them to form HIV clubs. Peer education will equip selected volunteers to provide their peers with correct and complete information on HIV/AIDS prevention while the FGDs and clubs will serve as avenues for message reinforcement and sensitization activities using the 'enter-educate' approach.

Sexual prevention programs with the "Be faithful to one partner" theme will target 12,727 adults using religious gatherings (rallies), the identification of role models, and mass media approaches. In order to achieve the above target and also contribute to the overall goal of reducing the incidence and impact of HIV and AIDS in Nigeria, GHAIN will disseminate information on the importance of HIV counseling and testing, partner reduction and mutual fidelity as methods of risk reduction. Faith-based community leaders and organizations will be targeted with on-going advocacy to ensure that they reinforce correct and consistent messages regarding HIV/AIDS prevention and stigma and discrimination, as well as promote health seeking behaviors and address social norms and inequalities that increase vulnerability to HIV/AIDS. Religious leaders will be mobilized and trained based on the GHAIN developed training and preaching content guide. This will enhance their capacities to deliver HIV-related guided sermons weekly at churches and mosques.

Strategies for other prevention interventions include: FGDs, counseling and testing, condom messaging and distribution, balanced ABC messaging, job (Female Sex Workers and clients, and road transport workers) and social (Men who have Sex with Men - MSM) peer education, and income generating activities. The strategy will also involve creating linkages to mobile counseling and testing (CT) and referrals to high quality STI treatment services.

Peer educators will be used to reach most-at-risk populations (MARPs). This will be supported by targeted audio and print educational materials and community outreach activities. Focus group discussions will reinforce messages on the importance of correct and consistent condom use during every sexual encounter with commercial and non-regular partners known to be HIV-positive, and between discordant couples or partners whose status is unknown. Information regarding the critical role of HIV counseling and testing as a risk-reduction strategy, the development of skills for vulnerable persons, the relationship between alcohol, injecting drugs and HIV and AIDS, and the message that condoms do not protect against all STIs will also be provided.

GHAIN will ensure that condoms are made available at over 88 sites, including counseling and testing sites and brothels, by strengthening partnerships with the Society for Family Health (SFH) and United Nations Fund for Population Activities (UNFPA) to obtain and distribute condoms. In addition, the project will explore possibilities of additional product support from the Global Fund for AID, TB, and Malaria (GFATM), DFID and other sources.

PLWHA, transport workers and men having sex with men (MSM) will be targeted for comprehensive programming that includes programs in being faithful condom use and other prevention (OP) programs will be. 'Prevention with Positives' will be an important focus of sexual prevention programs in COP09. Information will be reinforced on the importance of correct and consistent condom use during every sexual encounter. GHAIN will train 165 persons on components of the above listed minimum package strategies to promote HIV/AIDS prevention among MARPs, and a total of 69,545 persons will be reached through specific population awareness, peer education models, workplace programs, provision of STI management, and messages/interventions on vulnerability issues.

Experience has shown that individual behavioral-focused interventions are more effective when combined with broader structural change at community and societal level. Through social mobilization and active community participation, the program will address norms affecting the behavior of women/girls and men/boys and inequalities between male and female roles that increase vulnerability to HIV/AIDS. GHAIN will also mobilize communities to address norms/behaviors on cross generational and transactional sex, promote increased male involvement in prevention activities, and timely health seeking behaviors. Issues of stigma and discrimination will also be addressed in the intervention. Through community dialogue sessions, members of target communities will exchange information face-to-face, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and develop solutions or responses to such HIV/AIDS issues as stigma and discrimination, sexual transmission, medical transmission, and prevention of HIV within positive populations. The major output of the community dialogue would be a critical mass of advocates within each community who are well versed in HIV/AIDS and are working towards the reduction and elimination of new HIV cases as well as stigma that fuels the epidemic. In addition, community based organizations (CBOs), non-governmental organizations (NGOs), and influential individuals in the community will be supported to provide age- and context-appropriate information with the aim of creating an enabling environment for sustained behavior change. This will be implemented through training, ongoing mentoring, and provision of technical assistance to build local capacity to design and manage innovative HIV/AIDS programs.

GHAIN's secondary sexual prevention strategy will involve the utilization of multi media to support the primary activities. This will entail the development and execution of multi-media campaigns, development and distribution of SBC materials, and advocacy, capacity building, referrals, and monitoring and evaluation of activities, as well as mentorship to implementing agencies.

Activity Narrative: Referrals and networks will be strengthened to ensure effective expanded access to clinical services for MARPs, including referral for diagnosis and treatment of sexually transmitted infections (STI), TB (DOTS Centers), reproductive health/family planning/PMTCT integrated services, and linking prevention services for HIV-positive individuals to HIV treatment and care services, including counseling and testing.

COP 09 GHAIN activities will be guided by both the National Prevention Plan and National Behavior Change Communication Strategy.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

GHAIN will contribute to the overall United States Government (USG) strategic plan of building the capacity of local organizations by working with local NGOs to carry out sexual prevention (SP) activities with MARPs and other targeted groups in the general population. GHAIN will focus on building the capacity of local implementing agencies to effectively carry out sustainable HIV prevention activities among MARPs, including development and dissemination of strategic behavior communication materials, community mobilization, condom use programs, peer education activities, counseling services, and referrals and linkages, among other activities. The SP activities will in turn contribute to generating demands for counseling and testing (CT) and prevention of mother to child transmission (PMTCT) services, which serve as entry points for other services, such as antiretroviral treatment (ART) and palliative care. GHAIN will provide support for the integration of appropriate reproductive health messages into SP programs for the uniformed services and their dependants using non-PEPFAR funds.

LINKS TO OTHER ACTIVITIES

As in all SP programs, activities will continue to be linked to other relevant services available in the community. GHAIN IAs will work with the mobile counseling and testing team of GHAIN to locate and strategically introduce services at areas identified to have concentrations of MARPs. People who test positive will be referred for continued care along the continuum of care model. The referral coordinators of GHAIN will record contact details of positive clients while maintaining strict confidentiality, for the purposes of continued counseling, palliative care and contact tracking for tuberculosis (TB) screening and ART services, if eligible. GHAIN will ensure high quality SP data through a sound information system that precludes double counting and ensures accountability.

POPULATIONS BEING TARGETED

Beneficiaries of SP activities include youth (in and out of school), married couples, young adults, transport workers, female sex workers, MSM, and PLWHAs.

KEY LEGISLATIVE ISSUES ADDRESSED

SP activities will take into consideration gender issues related to HIV/AIDS programs through providing equal quality prevention services without discrimination against sex, nationality, religion, creed, etc., as well as a concerted effort to increase male involvement in HIV/AIDS activities. Strategic efforts will be made to tailor prevention messages to match environmental requirements of target audiences. The activity will help address male norms and behaviors while reducing violence and coercion toward females, through vigorous campaigns to educate people on the benefits of couples' counseling and testing (CT) and mutual disclosure of HIV status.

EMPHASIS AREAS

Sexual prevention interventions will de-glamorize social norms that promote high-risk practices such as having multiple sex partners and sugar mummies and daddies (i.e., trans-generational sex). This will be done by promoting images of successful, honorable and respected role models from within the communities as being faithful to their partners. Role models will be identified and supported to promote fidelity and discourage norms that promote coercion, cross generational sex, alcohol and substance abuse. While emphasis will be placed on fidelity and condom promotion and distribution for MARPs, abstinence will be stressed among in-school youth. Communication activities will also be geared towards social mobilization to strengthen existing social, economic and political structures within the communities with an emphasis on: training, information, education and communication; local organizational capacity development; interpersonal communication/counseling; condom distribution; and STI management. GHAIN will continue to strengthen the developed exit/sustainability plan for implementing agencies, both at the country and program level, and at the individual implementing agency level to customize organizational specific plans and schedules.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13037

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13037	3236.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$2,553,250
6707	3236.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$2,290,000
3236	3236.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$1,300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$12,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5271.09

Mechanism: USAID Track 2.0 FS LMS Leader

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10197.24903.09

Planned Funds: \$244,000

Activity System ID: 24903

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity also relates to activities in Health Systems Strengthening, Gender, and Human Capacity development.

During COP 08, LMS provided NGOs with technical assistance to develop successful program concept papers and competitive proposals. In COP 09, LMS will expand its support by building the capacity of emerging local organizations to acquire funds, set up systems that will place them in good stead to pass USG pre-audit requirements, and become better positioned to effectively manage funds and improve health outcomes. Furthermore, LMS will support new awardees during their implementation and will ensure that accountable and sustainable programs are built, and that awardees are capable of maintaining their new relationships with the USG team through a communication plan. As informed by an in-depth assessment of each awardee's organizational needs, which will be synchronous with USG PEPFAR requirements, LMS will provide technical assistance focused on building capacity in: project management; information collection, management, reporting and dissemination systems; developing concept papers and successful proposals; effective financial management systems; designing forums for sharing best practices; and developing and maintaining constructive, informed working relationships with USG in the Emergency Plan context. LMS will continue building the capacity of faith-based and community-based organizations (FBOs and CBOs) to implement high-quality prevention programming that will enable them to achieve results, monitor and evaluate their activities, and sustain their activities for the long term.

Nigerian civil society organizations (CSOs) provide an array of services to communities through networks across the different regions of Nigeria. Some of their services include sexual prevention, palliative care and support, while a smaller number also provide HIV/AIDS treatment and HIV/AIDS-TB integrated care. Funding from the Condoms and Other Prevention line will support those potential groups and programs that show promise for provision of condoms and other prevention activities but which need guidance for understanding and implementing these services in line with the PEPFAR guidelines and expectations (e.g., challenges around planning condom distributions or uncertainties over how to ensure and monitor the provision of the minimum prevention package). CSO leadership, legitimacy and longstanding involvement in responding to the pandemic at the community level has attracted the special recognition of the Emergency Plan. Some reputable FBOs, NGOs and CBOs capable of contributing significantly to the achievement of Emergency Plan targets and goals have been identified by the USG team in Nigeria. However, a good number of these, especially the nascent organizations, are limited by a number of challenges, such as low technical expertise, inadequate organizational capacity, and inefficient management systems. LMS experience working with the organizations in the past 12 months shows that some of these organizations, once past the proposal stage, struggle to remain competitive in later rounds and in many instances have stalled at the pre-award audit stage. To ensure that organizations meet the requirements that will enable them to receive funding from either USG or other donor agencies, LMS will provide technical assistance to 50 nascent local organizations from at least 25 states in Nigeria and train 100 individuals who provide prevention services in six geo-political regions in Nigeria.

The key legislative issues that sexual prevention activity will address under the gender categories are male norms and behaviors that affect the program in the selected organizations in addition to the establishment of a well articulated process that will encourage and increase gender equity from planning through to the implementation, monitoring and evaluation of prevention programs that the CSOs manage.

Sexual prevention activities are linked to Health Systems Strengthening, Gender, and Human Capacity development. LMS will train Individuals in HIV-related institutional capacity building and provide technical assistance that will lead to effective services, improved health systems and outcomes.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13071

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13071	10197.08	U.S. Agency for International Development	Management Sciences for Health	6383	5271.08	USAID Track 2.0 FS LMS Leader	\$267,000
10197	10197.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$200,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3682.09	Mechanism: USAID Track 2.0 SFH
Prime Partner: Society for Family Health-Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5372.24930.09	Planned Funds: \$4,325,000
Activity System ID: 24930	

Activity Narrative: The key modification in COP 09 is the merging of Abstinence and Be faithful (AB) activities with the Condoms and other Prevention (C&OP) program. This activity relates to HIV counseling and testing (HCT), TB-HIV, and orphans and vulnerable children (OVC) programming. Society for Family Health's (SFH's) goal for sexual prevention activities is to contribute to a reduction in HIV prevalence among youth aged 15-24 years and among most-at-risk populations (MARPs). SFH priority target groups for COP 09 are: out-of-school youth, transport workers (TWs), uniformed service-men (USM), brothel and non brothel based female sex workers (FSWs) and people living with HIV and AIDS (PLWHAs). Other target groups include in-school youth, students of tertiary institutions, and workers reached through workplace interventions. The key drivers of the HIV epidemic include soaring levels of commercial, transactional and cross generational sex, multiple and concurrent partnerships, low risk perception, high incidences of STIs, and skewed gender relations, power imbalances, and poverty. In a Nigeria 2005 sentinel survey, youth aged 15 to 24 years were shown to have a higher than national average HIV prevalence. Although the proportion of 15-19 year olds who have never had sex has risen, many youth still engage in risky behavior. The 2007 Integrated Bio-Behavioral Surveillance Survey (IBBSS) survey reveals that multiple partnerships were common among the armed forces (37.3%), police (29.4%) and TWs (37.9%). Condom use at last sex with girlfriends was higher among the armed forces (64.7%) than among police and TWs (45.4% and 45% respectively). The IBBSS also revealed that reported condom use was very high among brothel- and non-brothel-based FSW in all commercial sex transactions; however, their reported condom use with boyfriends was far lower. In COP 09, SFH will continue its focus on addressing drivers of the HIV epidemic with interventions that provide MARPs with information and skills needed to reduce their vulnerability through increased risk perception, improved self efficacy, and negotiation skills for condom use. Societal factors, such as social and cultural norms, practices, beliefs and laws that stigmatize and disempower certain female populations and act as barriers to essential HIV prevention messages, will be addressed through agenda setting, advocacy, and community mobilization and sensitization. At community level, strategies will facilitate the enhancement of communities' willingness and readiness for change, the induction of social norms that reinforce risk avoidance, and empowerment of communities' effort to prevent HIV. SFH has worked in 181 sites and 537 communities of male and female high risk groups to date.

SFH will implement a minimum package prevention services for AB and C&OP programming that includes communication strategies, peer education plus (PEP) models, the Voice for Humanity approach, community awareness and outreach, and a school-based approach for AR, and the PEP model, specific population awareness campaigns, and community outreach for C&OP programming. SFH will continue its programming in all 32 sites covered in COP08. SFH will train 12,484 persons who will reach 196,591 persons with AB messages, of which 112,400 persons will be reached with abstinence only messages. An additional 1,656 persons will be trained to reach 131,061 persons with condom related interventions.

The PEP model is an evidence-based, cost effective and scalable approach to HIV programming. This 12-month intervention package targets specific at-risk groups, including female sex workers, out-of-school youth, uniformed servicemen, and transport workers. The PEP model is centered on peer education and integrates other elements (such as the formation and nurturing of community-based organizations [CBOs]) into a single unified program. The 'Plus' in the model refers to a non-peer approach that includes a mix of drama, information, education and communication (IEC) material distribution, work with influencers and gatekeepers, provision of HIV counseling and testing (HCT) services, and linkages to treatment sites for STIs, TB and other HIV related service. In COP 09, SFH will maintain most of the community level activities in COP 08. Within the AB program area, the key messages are delay in sexual debut, secondary abstinence, and mutual fidelity.

The Voice for Humanity (VFH) BCC approach addresses the uniqueness of typical rural settings in which access to modern information technology (print, electronic and internet access) is low, literacy levels - including the knowledge of HIV prevention measures - are low, and learning occurs via oral tradition in closely knit small groups often facilitated by community leaders. In such settings, new ideas are disseminated in the form of story telling, folk songs and parables to aid comprehension. The BCC method adopted by the VFH programme uses these channels to deliver messages using a solar powered digital audio device in small group settings, with a community facilitator trained and able to respond to concerns and make necessary clarifications. This helps to quickly clear misconceptions and facilitates learning. Pre-recorded messages help ensure consistency of messages. One critical challenge faced by SFH programs was its inability to reach female out-of-school youth (FOSY) between 15 and 23, particularly in rural areas. Many have completed secondary school, some have only a primary education, while others are non-literate. Although the majority are single, many in the northern regions are divorced and engage in transactional sex. In line with the SFH strategy to increase and improve participation of FOSY in community HIV prevention efforts, the VFH approach was piloted in Kano, Kaduna, Jos, and Bauchi in COP07 and scaled up to 10 states in COP08. SFH will continue to deploy community listening groups directly in the 10 selected states in FY09. The VFH listening devices will be used to provide ABC messages to young girls primarily, and other community members in Pidgin English and Hausa languages for wider reach. In COP09, 220 persons will be trained to deploy these devices to reach about 11,000 male and female youth.

Community awareness and outreach activities targeting male social norms will continue to be implemented among the general population to address continuing risky behaviors related to multiple and concurrent sexual relationships. In COP09, SFH will train 64 persons to deploy customized flip charts to reach 25,600 men and women in the general population with mutual fidelity messages through interpersonal communication (IPC) strategies. The target population will also be reached with community drama/road-shows, IEC distribution, and HCT outreach. A national mass media campaign will be aired to provide AB messages in a reinforcing and complementary manner.

To sustain the abstinence program in Nigeria, SFH will continue its in-school youth program that provides young people with information, skills, and services to reduce their vulnerability and risk. This is conducted through the National Youth Service Scheme (NYSC) HIV program. NYSC corps members will be trained as peer educator trainers (PETs) to reach students of secondary schools with abstinence messages. Trained PETs conduct interactive forums and special events (e.g., dance dramas) and distribute IEC materials

Activity Narrative: among targeted in-school youth. SFH will continue its work in 12 selected tertiary institutions from COP08 using a non-curriculum based peer led intervention. SFH will expand its activities within the selected institutions in COP09 and continue to support anti-AIDS clubs to conduct outreach programs as part of a comprehensive prevention package to address risk reduction, knowledge of HIV status, gender related violence and rape, and trans-generational and transactional sex. Reinforcing this intervention will be special events (shows, drama, seminars), IEC material, campus radio jingles, print media, and HCT outreach.

Within the C&OP components, key messages are partner reduction (concurrent and/or serial), consistent condom use, and prompt treatment of all STIs. The PEP model will be used to provide information and model behavior skills for the adoption of safer sexual practices relevant to consistent condom use, mutual fidelity, partner reduction, knowledge of HIV status, and prompt and complete treatment of all STIs and TB. SFH will maintain its program of engaging with the Nigerian prisons to provide prevention messages, HCT and referrals for prison staff and inmates for care and treatment. A baseline assessment of sexual and reproductive health knowledge and behavior will be completed in FY08. Peer education activities will continue among prison staffs and inmates. Through the sexual prevention program, SFH will continue to provide linkages to HCT, STI, TB and other HIV related services. Clients will be referred to identified USG, Global Fund, and Government of Nigeria treatment and care sites, as well as support groups for psychosocial support.

Under the specific population awareness campaign, SFH will utilize the Priorities for Local AIDS Control Efforts, (PLACE) approach to identify potentially high transmission areas and specific venues for effective AIDS prevention programs activities. In COP 08, PLACE was implemented in 10 states and will be maintained in COP09, with expansion to more sites within the same states. This component will continue to target street based sex workers and their clients with messages on partner reduction, reduction in alcohol consumption, condom use, and knowledge of HIV status. SFH will engage individuals and groups in IPC campaigns, distribute IEC materials, and sponsor special events (ladies night, shows) to reach target populations with condom related messages. Through PLACE, SFH ensures easy product accessibility and availability at high risk sites. Moonlight HCT services will continue to be provided at specific sites. Prevention activities among PLWHAs will continue in FY09 in accordance with national guidelines for secondary prevention among discordant couples, prevention of re-infection, prevention of opportunistic infections and provision of basic care kits. In COP09, SFH will identify and select 2 new support groups per SFH region. In each support group, 2 PLWHAs will be trained as IPC facilitators to continue monthly IPC sessions using the new IPC guide at support group meetings to reach 6,400 persons. IPC facilitators will also conduct community mobilization activities aimed at stigma and discrimination reduction around SFH intervention sites. SFH will continue to provide IEC materials and condoms to the PLWHAs.

Community outreach will include condom distribution and promotion through social marketing. It will also include education on HIV and condom use through pamphlets, brochures and other promotional material available at the community level. This intervention will make condoms available at all times to those who need it. It will also seek to improve coverage and quality of coverage, access and equity of access to men and women for male and female condoms

In addition to the minimum package, SFH will continue to prioritize increasing faith-based organization (FBO) capacity to participate as full partners in HIV prevention efforts by engaging with umbrella bodies of selected Christian and Islamic groups to develop faith based responses and implementation of strategic plans. In COP08, SFH engaged 4 FBO partners to reach youth and married couples with AB messages. FBO activities will continue with program implementation in 2 select states per health zone. Religious leaders will be trained to integrate HIV messages into their sermons and 120 youth within the congregation will be trained as peer educators to facilitate peer education sessions. Other interventions will include HCT outreach, IEC material distribution, and special events (e.g., youth and couple conferences).

Program evaluation will utilize participatory monitoring and evaluation and other intervention specific evaluations to inform program design. Focus group discussions and semi-structured interviews will be used for the baseline study and program monitoring.

SFH's program specifically focuses on gender by increasing female youth involvement and participation in community HIV prevention programs, and through the VFH strategy. Another component of the gender strategy includes messages on alcohol and substance abuse reduction as associated with gender based violence and risky behavior. Referrals will be provided for women to access reproductive health services, income generating activities and social support systems. For women to achieve greater control over their protection from HIV and unintended pregnancy, SFH will market and distribute female condoms as a dual protection method. The female condom project funded by Oxfam Novib will be piloted in 3 states in COP 09 (Lagos, Edo and Delta). SFH will collaborate with UNDP and GoN to increase demand, access and availability of female condoms.

Target Population

This activity targets both street-based and brothel-based FSWs and their clients, transport workers, uniformed servicemen, male and female in-school and out-of-school youths, gatekeepers and religious authority figures in the community and PLWHAs.

Links to other activities

This component is linked to HCT, policy and systems strengthening, orphans and vulnerable children programming, and TB-HIV. SFH will continue to reinforce partner reduction messages, promote HIV counseling, and testing, create awareness about the links between TB and HIV and referral to ARV services.

Key legislative Issues

This activity will address gender equity in programming through interventions targeting young girls. Interventions will also address male norms and behaviors that put both men and women at risk as well as stigma and discrimination against PLWHA.

Activity Narrative: Emphasis areas

This activity places major emphasis on community mobilization and participation, capacity building for community based organizations while minor emphasis is placed on workplace programs

New/Continuing Activity: Continuing Activity**Continuing Activity:** 13097**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13097	5372.08	U.S. Agency for International Development	Society for Family Health-Nigeria	6390	3682.08	USAID Track 2.0 SFH	\$3,871,500
6735	5372.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$926,714
5372	5372.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$616,545

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$162,187

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 5267.09**Mechanism:** USAID Track 2.0 CEDPA**Prime Partner:** Centre for Development and Population Activities**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Sexual Prevention: Other sexual prevention**Budget Code:** HVOP**Program Budget Code:** 03**Activity ID:** 9779.24876.09**Planned Funds:** \$939,500**Activity System ID:** 24876

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CEDPA will continue to strengthen institutional capacity of its selected implementing agencies (IAs) to develop sustainable programs within the same states as under COP08. These activities will involve: developing organizational management system and leadership skills of IAs to optimize their ability to effectively address stigma and discrimination in the communities through training of faith and community leaders; developing peer education activities for improved advocacy for foster care and support to people living with HIV/AIDS (PLWHA); facilitating the formation and strengthening of networks of community peer groups and linkages to treatment outlets, communication centers, HCT centers, ART sites, and vocational training centers; supporting women by linking them to sexual and reproductive health services provided by CEDPA in family planning programs, improved referrals for PMTCT and ANC; and increasing young girls and women access to comprehensive sexual information and prevention services through community outreach, focus group discussions (FGDs), peer education, and peer counseling.

ACTIVITY DESCRIPTION:

In COP 09, CEDPA's Abstinence and Be Faithful (AB) and HIV prevention through behavior change beyond abstinence and be faithful (C&OP) components will be maintained in 20 states namely: FCT, Bauchi, Edo, Enugu, Kano, Anambra, Cross River, Lagos, Kogi, Imo, Niger, Benue, Taraba, Adamawa, Sokoto, Zamfara, Kebbi, Nassarawa, Katsina, and Akwa Ibom. CEDPA's AB minimum package is composed of community awareness campaigns, peer education, and school based approach for youths. In line with the National Prevention Plan's guidance on Minimum Prevention Package, each individual will be reached with a minimum of the three intervention strategies. CEDPA will ensure that each beneficiary is reached through community awareness, peer education and one other targeted strategy within the year.

Community awareness campaigns will be used as an entry point to all community-based HIV prevention activities. Trained peer facilitators and educators will organize and conduct AIDS awareness seminars at the community level to sensitize the public about HIV prevention and the need to participate actively in care and support activities. Such seminars will be held during religious gatherings, traditional ceremonies, and sports events. Focus group discussions and community dialogues will be organized for key community stakeholders, such as civic and traditional leaders.

Peer education models will be used to reach out to PLWHA groups, age, and job peers. These will include targeted HIV prevention activities for PLWA support group members, okada drivers (commercial bike riders), and youth groups within church and Muslim communities.

Age appropriate messaging and non-curricular based approach will be used to target in-school youth with abstinence and be faithful messages through the formation of anti-AIDS clubs and drama activities. Trained peer educators will facilitate the implementation of these activities.

CEDPA will ensure that each beneficiary is reached with a minimum of three interventions (i.e., community awareness campaigns, peer education models and school-based approaches). Messages will emphasize partner reduction and faithfulness to one partner or mutual fidelity, and discourage inter-generational and multiple sex partnerships. Intensive community mobilization and sensitization will reach underserved rural and hard-to-reach communities.

The AB program will reach 42,705 people with the minimum package of AB interventions, of which 14,947 individuals will be reached with abstinence only interventions. CEDPA will train 1,500 peer educators and facilitators to disseminate information on AB through a systematic community-based approach. CEDPA's prevention training manual includes topics such as basic facts on HIV/AIDS and life skills (e.g., negotiation skills and assertiveness). Training will take a minimum of five days. AB activities will include counseling, mentoring, peer support, information sharing, and provision of technical guidance and support to all the IAs spearheaded by the Anglican Communion AIDS program (ACAP) and the AIDS Program for Muslim Ummah (APMU), a project of the Nigerian Supreme Council for Islamic Affairs as multiplier organizations. CEDPA's AB prevention strategic approach involves a series of interrelated interventions (community mobilization, advocacy, targeted inter-personal communication, capacity enhancement of individual and community groups) directed at different levels of society to enhance individual behavior change in a supportive environment.

AB program activities under CEDPA's Positive Living (PL) project are implemented at the individual, family, and community levels. At the individual level, activities promote development of life skills that: support practicing abstinence by young people and adults in low risk settings; encourage delay of sexual debut; denounce intergenerational sex, rape, and incest; and promote counseling and other means of interpersonal communication techniques. At the family level, services will be provided by peer educators during home visits and will focus on couples counseling to promote mutual fidelity/partner reduction/elimination of casual sex relationships, HCT, and prevention in discordant relationships. Community-wide prevention programs will be provided by pastors, Imams, peer educators, teachers, and parents. These programs will include messaging from the Church pulpit or at the Mosque, messaging through club activities, and through in-school peer education and out-of-school youth prevention programs that address sexual development, reproductive health and promotion of secondary abstinence particularly for at-risk out-of-school youth through alternative livelihood opportunities. Community-based approaches will promote collaboration with other implementing partners and credible teachers' union.

CEDPA's C&OP program activities will complement the AB programs. The C&OP minimum package is composed of: community outreach activities, peer education, and provision of STI management. Community outreach activities will precede other C&OP interventions that include counseling and testing, condom messages and distribution, youth peer education, and STI counseling for affected individuals. Trained peer facilitators and educators will organize and conduct community outreach activities while healthcare workers will provide syndromic management and STI treatment services at CEDPA triage centers. All C&OP activities will be coupled with information about abstinence as well as the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction. Information on correct and

Activity Narrative: consistent condom use will be provided at condom distribution outlets and healthcare facilities.

AIDS awareness seminars at the community level will be organized for most at risk populations (MARPs; e.g., commercial sex workers, long distance truck drivers, market women, and okada drivers) and married couples to sensitize the public about HIV prevention and the need to participate actively in care and support activities.

The primary target group for the peer education model will be out-of-school youth, okada drivers, and leaders of organized groups of the MARPs in the community. These will include targeted HIV prevention activities for PLWHA support group members and youth groups within the church and Muslim communities.

C&OP will augment the basic care and support (BC&S) component of PL and enhance the capacity of Primary Health Care and other referral facilities in project communities to diagnose and treat STIs by providing laboratory equipment, such as specimen bottles, reagents, consumables, etc. These facilities will serve as referral centers for diagnosis and treatment of STIs and will be considered service outlets for C&OP. PL will build on past achievements by continuing to target long distance truck drivers, migrant workers, out of school youth, orphans and vulnerable children (OVC), PLWHA and clients of commercial sex workers. Healthcare providers trained under BC&S and TB/HIV program areas will deliver prevention messages on routine clinic days during risk-reduction counseling, family planning counseling, and sexually transmitted infection management and counseling. Condoms will be distributed at every treatment facility. This activity is a key component of the PL strategy and encompasses provision of information and access to correct and consistent condom use, prevention of HIV transmission among discordant couples, promotion of HCT, partner reduction, and mutual faithfulness as methods of risk reduction. PL will reach 28,705 persons, train 1,500 peer educators, distribute 3,000,000 condoms and open 413 condom distribution outlets.

Peer educators, including, teachers, PLWHA, and parents (trained in AB) will be trained to act as condom distributors and provide prevention options for people at risk who cannot practice AB. Options include support for PLWHA to disclose their sero-status to sexual partners and significant others, proper nutrition and boosting body immunity, prevention of pregnancy among PLWHA, PMTCT and early diagnosis and treatment of STI. Peer Educators will hold discussions in homes, communities and workplaces with their peers focusing on prevention for positives during one-on-one and group discussions in support group meetings, where they will distribute condoms, facilitate support group discussions, and act as peer buddies to ensure and maintain behavior change, as appropriate.

Using standardized forms, project M&E Officers will collect data on an ongoing basis and compile data monthly, including numbers and demographic characteristics of clients reached and messages provided. This will provide timely information for effective decision making. ABC M&E activities will develop sustainable capacity at CEDPA's subpartner levels to collect relevant data.

POPULATIONS TARGETED:

AB activities will target young people in school, and out-of school youth PLWHA, religious leaders and the general population. Teachers and parents are targeted to act as change agents.

C&OP will focus on most at risk populations (MARPs; e.g., long distance truck drivers, migrant workers, out of school youth, PLWHAs, clients of commercial sex workers), sexually active men and women, and adolescent girls and boys in the general population. Prevention for Positives will target mainly discordant couples. Pregnant positive women will be mobilized and referred for PMTCT services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AB emphasizes human capacity development through training, task-shifting and volunteer retention and therefore enhances sustainability. This contributes to increasing sustainability through capacity development of 41 indigenous organizations.

Condom and Other Prevention activities of PL will contribute to PEPFAR's 5 year strategic plan for Nigeria by reaching high risk population with information and services that enhance risk reduction abilities. These activities will contribute to averting new HIV infections. PL will promote active participation of PLWHA by encouraging disclosure of sero-status and protection of their sexual partners.

LINKS TO OTHER ACTIVITIES:

ABC activities relate to HCT, BC&S, and HKID. Public-private partnerships and collaboration with local business groups will also be explored. To ensure the comprehensiveness of CEDPA's prevention services, individuals identified in the program will be linked to the micro credit finance project under BC&S, HVOP, and other implementing partners like Maximizing Agricultural Revenue and Key Enterprises in Targeted Sites (MARKETS), WINROCK, and healthcare facilities for medical care.

EMPHASIS AREAS:

PL promotes a rights-based approach to prevention among positives and other vulnerable members of society and equal access to information and services. Traditional gender norms of male dominance, female subservience and gender inequality in sexual relationships as well as stigma and discrimination reduction are all addressed through this program. Commodities procurement and distribution, particularly of condoms, will be an area of emphasis. The program will address increasing gender equity in HIV programs through education and family-based dialogues and promoting male norms and behaviors that encourage HIV prevention such as creating awareness on reduction in number of sexual partners, and equal power sharing between males and females, and testing before marriage, particularly for those who practice polygamy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13013

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13013	9779.08	U.S. Agency for International Development	Centre for Development and Population Activities	6368	5267.08	USAID Track 2.0 CEDPA	\$534,000
9779	9779.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$1,100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$189,018

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1561.09	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5370.25972.09	Planned Funds: \$51,696
Activity System ID: 25972	

Activity Narrative: ACTIVITY DESCRIPTION:

This Sexual Transmission activity relates directly to all Nigeria AB and Condoms/Other Prevention COP09 activities as part of the USG technical oversight role. The USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria, has one full time staff position for HIV Sexual Transmission, which was previously approved in COP07. The budget includes funding for 1.25 FSN salary, funding for required domestic travel, training funds and allocated minor support costs. This staff member will be supervised by a Senior Prevention Manager funded across the CDC agency prevention programs as noted above. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP).

This HHS/CDC HIV Sexual Transmission program specialist will work in close coordination with the USAID and DoD prevention staff and directly provide quality assurance and program monitoring to all HHS-supported implementing partners with prevention activities in the area of sexual transmission programming including: University of Maryland-ACTION, Harvard SPH-APIN, Columbia University SPH-ICAP, Catholic Relief Services-AIDSRelief, Population Council, Partners for Development, IFESH, ECEWS, Africare, APIN, LLC and CDC RFA awards in COP09. HHS/CDC prevention staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN, CEDPA, Society for Family Health, Population Council, Christian AID, Catholic Relief Services-7 Dioceses, Winrock International, Hope Worldwide South Africa, Hope Worldwide Nigeria, Food for Hungry, LMS Associates, LMS Leader, Pro Health, YWCA, C-Change, NELA, GECHAAN, CSN, Community Reach, AIDSTAR, AED Workplace and USAID APS awards for COP09. USAID and CDC prevention staff will provide assistance as needed to the U.S. Department of Defense program with the Nigerian Ministry of Defence. The strategic shift undertaken by the National Prevention TWG to mandate a minimum package of prevention services requires a significant level of programmatic guidance and oversight for the partners, and the robust integrated prevention team provides the technical leadership required for an appropriate response. The sexual prevention team's responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with OGAC technical working groups, and 4) participating in the USG prevention working group.

HHS/CDC, DoD and USAID prevention staff will also provide technical support and capacity development to new partners undertaking prevention of sexual transmission activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria's national prevention guidelines.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13136	5370.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$50,000
6787	5370.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$27,500
5370	5370.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$10,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9407.09

Mechanism: USAID Track 2.0 AED Workplace

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 25632.09

Planned Funds: \$450,000

Activity System ID: 25632

Activity Narrative: In COP09, AED will continue its focus on strategic HIV prevention interventions targeted at reaching specific workplace populations. AED's activities (ABC) under sexual prevention are designed to support prevention among working adults and equip them to promote prevention with their children and partners. In COP09 AED will train 60 healthcare workers from the 5 targeted condom service outlets to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.

With 66 million individuals participating in Nigeria's public and private sector labor force and HIV/AIDS prevalence of 3.7%, 3.5%, 3.1% amongst transport workers, police force and armed forces and with prevalence of over 30% among female sex workers (IBBSS 2007), the workplace is an ideal setting for effectively addressing HIV/AIDS through sensitization programs, prevention messages, and linkages to care and treatment for a large percentage of Nigerians infected and affected by HIV/AIDS.

AED SMARTWork in COP09 will focus on reaching each targeted population with a minimum of three interventions in the workplace. Intervention strategies will aim at reducing number of sexual partners, promoting consistent condom use and seeking treatment for STIs. IBBSS 2007 revealed that among predominantly male occupational groups (transport workers, armed forces and police), multiple partnerships are quite common while condom use with girlfriends was lowest, reported by police at 45% and transport worker at 45.4%. Although syphilis levels were low across the board (0.8%), transport workers returned the highest prevalence among all groups, at 1.7%. Stereotypical characteristics of the target audience include male dominance, physical strength, virility, and risk taking. Other associated risk factors, such as drug and alcohol use among this target audience (road transport and oil workers in particular) often play a role in diminishing inhibitions, which can lead to unprotected sexual intercourse and also contributes to sexual violence. In addition, high mobility and long periods away from their families, limited access to health care services and condom availability and lack of information about risky behavior, risk perception and risk personalization places this target population at increased risk of STIs, including HIV.

AED will continue to pursue interventions that encourage youth to delay sexual debut until marriage, engage in secondary abstinence and reduce sexual risk taking while recognizing that abstinence is the only certain way to avoid HIV infection. Interventions targeting sexually active adults at higher risk of HIV-infection will encourage behavior change to reduce the number of sexual partners (especially casual sexual partnerships) and promote marital fidelity. AED will reach out to PLWHAs through promotion of their enrollment in and adherence to PMTCT programs and/or promoting abstinence and consistent condom use with sexual partners to prevent re-infection.

AED will strengthen interactions and key referrals between health care facilities and the community as part of sexual prevention activities in the workplace programs. Sub-partners (NIBUCA, NUPENG, NURTW, NUTGTWN, SSANU and NUCFRLANMPE) will target employees and their family members with "A B+C" prevention interventions. AED will work with the unions the small and medium enterprises to identify the right strategy and mix of interventions pooling from a broad range of identified best practices.

AED will conduct Community/Enterprise Awareness campaigns to clarify strategies and activities of the SMARTWork approach and educate the management of each enterprise. These meetings will take place prior to launching program activities in each establishment in order to build awareness for HIV/AIDS issues and to answer any concerns participants may have. Enterprises and unions will be encouraged to undertake HIV/AIDS program outreach activities within their host communities and reach out to workers family members with necessary information and education on HIV/AIDS. Capacity building activities may vary based on individual partner/enterprise needs. AED will support each enterprise and partner to conduct a series of two-day seminars for the community on: abstinence and being faithful; interpersonal communications; community mobilization methods; peer education strategies; linking programs with counseling, testing and care and treatment centers; and efforts at partner reduction, mutual fidelity and condom usage. Each enterprise will conduct at least one community outreach during the period and 20,455 individuals will be reached with A&B in COP09.

AED/SMARTWork will assist each partner enterprise to establish a team whose members represent various aspects of the workplace and who share a commitment to addressing HIV/AIDS, with skills to "sell" the program to others in the workplace. The planning committee will include men and women from all departments and levels in the enterprise, as well as workers living with HIV/AIDS. The joint management-labor committee ensures that differences are taken into account and policies and programs can be developed that work for all areas of the workplace. AED will provide assistance in identifying appropriate persons to represent the diverse interests and needs of the workforce. AED will conduct a three-day capacity building training for members of the HIV/AIDS Planning Committee. The training will include all aspects of HIV/AIDS policy and program development and equip committee members with the ability to play a leading role in the management of the enterprise's HIV/AIDS workplace program. AED will continue to provide technical support to the HIV/AIDS Planning Committee members of the enterprises in sensitizing all the employees in the company's key locations about basic HIV/AIDS prevention and transmission information, voluntary counseling and testing, workplace issues related to stigma and discrimination, and mainstreaming HIV programs in the workplace.

Peer educator (PEs) volunteers will be identified and trained to conduct informal education and training activities for their co-workers. AED will provide technical assistance to enterprises and unions in selecting appropriate staff to participate in a three-day peer educators training. A staff-to-peer educator ratio of 10:1 will facilitate the informal small group and one-on-one discussions on HIV/AIDS and safer sex practices. Peer educators will answer questions, distribute materials, and generally foster an environment of greater awareness and understanding about HIV/AIDS. Training will be facilitated by the core-trainers already trained for each partner using the SMARTWork workplace PE training curriculum. In COP09, 150 PEs will be trained.

Under condom distribution and other prevention activities, the key messages will include partner reduction, consistent and correct use of condoms, and prompt diagnosis and adequate treatment of STIs. AED will continue to support partners through the process of condom procurement and storage, along with

Activity Narrative: establishing a stronger collaboration with Society for Family Health to ensure a consistent condom supply. NIBUCAA and the five unions will be trained and retrained in best practices for condom distribution, storage and usage within the scope of prevention and sensitization activities. These activities include but are not limited to condom procurement and distribution, as well as making condoms readily accessible and available through peer education activities. There will be a two-day training on condom logistics and negotiating skills at 20 workplaces in COP09. Participants will be disaggregated by sex, social peers and grade levels from all the units and departments in each enterprise. This will be facilitated by AED, SFH and NIBUCAA. Condom distribution points will be set up by the various SMEs and workplaces. Overall, 13,636 individual will be reached through the PEs in COP09.

AED will provide TA to NIBUCAA and the five unions in the adaptation/production of relevant IEC/BCC materials to reinforce messages on abstinence, faithfulness and /or consistent and correct condom use. AED will continue the distribution of an extensive catalogue of behavior change tools and materials for the workplace that enables immediate implementation of activities and important leveraging of existing resources for use by the workers.

Two-day adaptation training will be organized for union-partners in conjunction with NIBUCAA for review and selection of existing BCC materials for reproduction and distribution by the partners. Three representatives will be selected from each partner organization for this training. Trainings will be conducted in line with the National BCC Strategy and facilitated by a consultant and a graphic artist with support from AED and NIBUCAA staff.

Dissemination strategies include: the distribution of materials at workshops, seminars, company-level presentations; special events, such as World AIDS Day Campaigns, Workers Day; and the integration of HIV/AIDS preventive messages into workplace newsletters, journals and other periodicals.

AED project will continue to encourage the parents to be active supporters of youths' health choices by addressing improved knowledge, attitudes, communication and other parenting skills, and by supporting an integrated approach to promoting a healthy lifestyle for young people. Youth focused awareness creation activities including lectures, drama and a mascot will focus on behavior change, risk reduction and adoption of safer sex practices. AED will further assist enterprises' developmental initiatives, such as family days. Family days are employer-sponsored events for employees to gather together to celebrate the enterprise's annual achievements. AED will work with the partners to assist the HIV/AIDS Planning Committees at each enterprise level to plan and implement family days.

Greater Involvement of People Living with HIV/AIDS (GIPA) is critical to halting and reversing the HIV epidemic in Nigeria; thus AED/SMARTWork will mainstream GIPA into workplace HIV/AIDS programs. The involvement of PLWHA in program development and policy making will improve the relevance, acceptability and effectiveness of the program. During workshops and trainings, PLWHA's participation in workplace HIV/AIDS programs will assist in changing perceptions and provide valuable experience and knowledge. For those who choose to disclose, open acknowledgement of their sero-status can help demolish myths and misconceptions about HIV/AIDS and PLWHAs. It may also encourage other HIV-infected workers to combat fear and shame by disclosing their status. PLWHA will also be advocates for the development of HIV/AIDS policy as well as law and policy reforms. The partners and enterprises including the 50 SMEs will be encouraged to continue to engage qualified PLWHA as staff members.

CONTRIBUTION TO OVERALL PROGRAM AREA

The program and activities implemented will increase the reach of ABC interventions into the most at risk population (Long Distance Drivers and other itinerant workers). This AED-SMARTWork prevention program through union partners and NIBUCAA whose capacity has been developed, will contribute further to strengthening and expanding the GON's response to HIV/AIDS epidemic in the workplace and increase the chances of meeting the PEPFAR's goal of preventing over a million new infections.

POPULATION BEING TARGETED:

Population targeted in these ABC prevention activities will not only focus on employees alone but also on families of employees and other community members where the enterprise is sited.

KEY LEGISLATIVE ISSUES:

Key legislative issues will address gender inequalities as regards sex, workplace norms and risky behavior injurious to health and increase access to information and services for men and women.

EMPHASIS AREAS:

AED-SMARTWork will focus service delivery on information, education and communication, promoting abstinence, mutual fidelity, condom usage and capacity building in the workplace and build linkages with other prevention initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 7144.09**Prime Partner:** Management Sciences for Health**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 25636.09**Activity System ID:** 25636**Mechanism:** USAID Track 2.0 LMS Associate**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$1,080,000

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity for LMS Associate, comprised of abstinence/be faithful (AB) and other sexual prevention (HVOP) programs. It links to activities in Adult Care and Support, TB/HIV, Counseling & Testing, OVC, and PMTCT.

In COP 08, LMS is supporting the provision of comprehensive AIDS care and treatment services at 17 secondary and 22 primary healthcare (PHC) feeder health care facilities in 6 states; Kogi, Niger, Adamawa, Taraba, Kebbi, and Kwara. In COP 09, the LMS AIDS Care and Treatment project will build on activities initiated in COP 08 and expand to 2 additional secondary facilities in states where LMS is currently working. HIV/AIDS services will be further decentralized and strengthened at an additional 10 PHC sites within the local government areas (LGAs) for a total of 51 sites (19 comprehensive care and treatment [CCT], 32 PHC) providing AIDS care and prevention services in COP09.

In COP09, the presence of LMS at 19 CCT secondary facilities offers the opportunity to serve at least 19 LGA catchment populations with AB programs. AB programs will be further decentralized to remote communities through a network of 32 PHC health facilities. In COP09, LMS will have established strong community HIV services in all project LGAs through its partnerships with faith-based, community-based, and non-governmental organizations (FBOs, CBOs, NGOs) and school teachers, which will provide an effective vehicle for the delivery of comprehensive AB services.

In COP 09, LMS AB programs will promote low-risk behaviors among in-school and out-of-school youth aged 15 to 24 years. The project will target most-at-risk populations (MARPS), such as transport workers, uniformed service men and women, men who have sex with men (MSM), and persons living with HIV/AIDS (PLWHA), from LMS-supported facility based support groups. AB messages will be packaged using themes on primary abstinence and delay of sexual debut for younger youth, secondary abstinence among unmarried youth, and unmarried and mobile adults, HIV counselling and testing (HCT) for everyone, and mutual fidelity for spouses/partners. The most effective channels for targeting the various groups will be explored. LMS will also develop promotional materials, such as T-shirts, caps, exercise books, and pens to reinforce the messages of information, education, and communication (IEC) materials. The project will develop and/or adapt community training manuals that use the AB strategy and train peer educators for each of the above target groups. Peer education manuals used by Family Health International (FHI) and Society for Family Health (SFH) will be incorporated into the LMS AB training manuals. The LMS AB manual will include the following topics: basic knowledge on transmission and prevention of STIs and HIV; benefits and process of knowing one's HIV status through counseling and testing; setting personal goals and values for life; life building skills; gender inequalities that promote HIV/STI transmission and how to minimize them; sexual violence; trans-generational sex; secondary abstinence; and alcohol and substance abuse. Peer education materials will inform community outreach activities and seminars to educate the targeted population. Other IEC materials, including audio visual materials leveraged from other implementing partners (IPs) will be distributed and discussed during community seminars. LMS will build skills of CBOs, FBOs, community leaders and other gate keepers in supported LGAs to address social or cultural practices, such as polygamy, widow inheritance etc., which affect AB choices and increase the likelihood of risky behaviors. The interpersonal communication systems proven effective in the past will be strengthened through FBOs and CBOs already in the targeted communities. LMS will ensure that all targets are reached with a minimum of three prevention intervention strategies as required by the national prevention plan minimum package recommendation.

LMS will collaborate with other IPs, such as SFH and CEDPA, to build upon existing AB messaging and mass media campaigns. LMS will also work with HIV/AIDS clubs in 19 secondary schools and 6 tertiary institutions in 6 states, to promote such ABC messages as abstinence, mutual fidelity, delay of sexual debut, partner reduction, and gender and social issues that increase vulnerability to HIV transmission. Youth-friendly sexually-transmitted infection (STI) and HIV prevention services will be established at convenient locations within the LMS project LGAs to be managed by the trained youth peer educators. In COP 09, 250 persons will be trained to reach 49,091 persons (28,000 males and 21,091 females) directly with AB messaging in 6 states.

In COP 09, the LMS condoms and other prevention activities will be implemented at 51 facility-based sites (19 CCT facilities and 32 PHC) and through community mobilization of targeted MARPs in project-supported LGAs in 6 States. Local CBOs, FBO and NGOs will be supported to train peer educators among brothel-based female commercial sex workers and their clients, MSM, long distance truck drivers, out-of-school youth, incarcerated persons, uniformed service men, and PLWHA. Peer educators will be supported to conduct weekly sessions for their target/peer groups to discuss accurate information about correct and consistent condom use as a means of reducing but not eliminating the risk of transmitting HIV and other sexually transmitted infections (STIs), HIV prevention among known HIV positive partners, prompt and complete treatment of STIs, the importance of HCT, partner reduction, partner testing and mutual faithfulness as methods of risk reduction. The project will leverage male condoms and lubricants from SFH and female condoms from UNFPA and other sources for distribution to the peer educators, who will act as distribution points for their groups. In addition, LMS will collaborate with condom social marketing companies to ensure a steady flow of condoms to the project supported communities.

LMS will ensure that condoms are available at all supported health facilities for distribution to PLWHA as part of the "prevention with positives" (PwP) strategy. This will prevent re-infection among PLWHA and limit transmission to others. Condoms will also be given to discordant couples to limit transmission to the uninfected partner while promoting family relationships that are necessary for parents' survival. The prevention with positives strategy will include provision of condoms and information on correct and consistent use, discordant couples, and prevention of super infection in couples that are both positive.

LMS will adopt a phased peer education program in 19 project facility communities in 6 States. The first phase will include: advocacy visits, community mobilization, village square meetings, and group discussions. The second phase will include: distribution of condoms and IEC materials; identification of peer groups; training of peer educators among targeted groups in HIV counseling, HIV education, life building

Activity Narrative: skills; organizing prevention education/awareness events; and facilitating group discussions in communities using the developed peer education manual. The third phase will be focused towards sustainability of the program by collaborating with CBOs, FBOs and local NGOs and trained peer educators from the targeted groups, to strengthen their capacity to continue to build upon initiated prevention activities. LMS will support 6 mobile community outreach teams, one in each project state, to engage in community-wide prevention activities, such as: facilitating group discussions; disseminating culturally appropriate messages on prevention, partner reduction, inter-generational sex, mutual fidelity, and stigma reduction; promoting access to HCT for targeted MARPS; and distributing condoms and culturally specific IEC materials leveraged from other IPs. To ensure appropriate condom messaging, mobile teams will be provided with penile models for demonstration of correct condom use. Clients accessing the mobile IEC or HCT services will be linked to treatment, care and support programs at supported health facilities. An already established referral system that ensures a linkage between mobile outreach teams and the facility will be strengthened for this purpose. LMS will train mobile teams in systems management, referral systems, and patient tracking.

In COP 09, 320 persons from 190 outlets will be trained to reach 32,727 (18,654 males and 14,073 females) directly with other prevention information and messages for correct and consistent condom use, and prompt and complete treatment of STIs. Ten million condoms will be distributed from 51 outlets and 5 mobile units, targeting MARPs groups.

To ensure uniform and consistent data collection and effective monitoring and evaluation (M&E), LMS will use nationally harmonized registers and HIMIS tools to capture, manage, and report relevant data. The program will utilize participatory M&E for its internal evaluation. Focus-group discussions and semi-structured interviews will be used for the baseline study and program monitoring. Data quality will be ensured through the adaptation of the Winrock Means of Verification (MOV) tool.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AB activities will contribute to the USG PEPFAR plan by reaching 49,091 persons with AB messages and 32,727 with condoms and other prevention programs. This program will help to strengthen the capacity of community based resources to serve the wider interest of improving the lives of families and contribute to reducing new infections in Nigeria.

LINKS TO OTHER ACTIVITIES:

Sexual prevention links to activities in Adult Care and Support, TB/HIV, Counseling & Testing, OVC, and PMTCT.

POPULATIONS BEING TARGETED:

This activity focuses on the needs of adults and youth from LGA catchment areas in the 19 project supported sites, with a focus on in- and out-of-school youth, teachers, young women and men reporting multiple partners, OVC, PLWHA, and MARPS (incarcerated persons, transport workers, sex workers). Prevention with positives will form an integral part of this activity with special focus on discordant couples and positive pregnant women.

EMPHASIS AREAS:

Emphasis will be placed on community mobilization, participation and the training of peer educators to increase access to ABC messages. Emphasis will also be placed on messages that address social or cultural practices which can hinder wise ABC choices and increase the likelihood of risky behaviors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10808.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 26030.09

Activity System ID: 26030

Mechanism: USAID Track 2.0 TBD1

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Activity Narrative: USAID Nigeria is negotiating a new award which will provide integrated HIV prevention programming for a targeted most-at-risk population of men who have sex with men (MSM). As is the practice when making new awards, OGAC will be informed when the award is ready, and the partner(s) and targets will be uploaded into COPRS. The proposed program will build and strengthen institutional and technical capacity of five local MSM organizations in the FCT, Lagos, Cross Rivers, Rivers and Kano states to deliver high-quality comprehensive AB prevention programs and services targeting Men having Sex with Men (MSM). Lagos and FCT will be targeted to start programs in COP 09 with expansion to Rivers, Kano and Cross River state planned for later years.

Nigeria with national prevalence of 3.4% (FMOH 2007) and prevalence exceeding 5% in some states has a concentrated epidemic. HIV/AIDS prevalence of 3.7%, 3.5%, 3.1% amongst transport workers, police force and armed forces and with prevalence of over 30% among female sex workers (IBSS 2007), reveals unequal distribution among different population subgroups. The highest prevalence amongst high risk groups including MSMs at 13.5% emphasizes the need to target this particular group with HIV sensitization programs, prevention messages, and linkages to care and treatment. IBSS 2007 revealed that half of the MSM surveyed could not correctly identify ways to prevent sexual transmission of HIV. Over 70% used oil based lubricants. Multiple sexual partnerships (insertive and receptive) are common among MSM while over 50% engaged in transactional sex. MSM were not more likely to have used condom at last transactional anal sex with a man (58%) compared to a non commercial sex partner (53%). Only 34% of reporting MSM have ever been tested for HIV in Nigeria.

The proposed program will deliver HIV services as well as undertake multiple level capacity development approach to simultaneously respond to unmet need for prevention, community based care and support HIV services to MSM in Nigeria. Past efforts have worked through rather with MSM grassroots organizations and services were provided under umbrella of most at risk population.

The new partner in COP09 will focus on MSM populations with a minimum of three interventions in the 5 states mentioned above. Intervention strategies will aim at reducing number of sexual partners, promoting consistent condom use in all sexual acts, encouraging the use of water based lubricants, providing adequate treatment of STIs and offering sex education.

Specific activities will entail building the capacity of indigenous MSM organizations to provide high quality prevention programming that will bring about effective behavior change as it relates to reduction of multiple sexual partners and transactional sex as well as with messages promoting fidelity, encouraging partner reduction through risk reduction messages and personal risk perceptions skills; utilization of Peer Outreach & Community Mobilization activities, establishing Condom/lubricant outlets, Community Centers, Online – outreach and web resources, conducting trainings/Events and IEC materials development.

Activities will also focus on male and female partners of MSM who are at high risk owing to contextual factors, with messages refined for each group. Activities to prevent transactional sex or protect MSM involved in transactional sexual relationships will focus on skills based HIV education for vulnerable young women and young men with broad based community care and support activities that facilitate access to treatment and adherence counseling services for MSM. These interventions will be reinforced with mass media activities that highlight importance of mutual fidelity, risk behavior reduction and safe sexual practices. The program will concentrate activities in areas that will be identified through secondary analysis of national behavioral data generated through the project SEARCH and NARHS PLUS survey.

The MARP prevention program will in COP 09 build capacity of local MSM networks to provide the minimum package intervention for the MSM population groups. Technically this will entail familiarizing the organizations with the minimum package modules and adopting a program approach that ensures delivery of the package as stated by the National Prevention Plan.

The project anticipates reaching 28,000 MSM with AB messages and services and 22,000 MSM with community and facility services including adherence and prevention with positive services for identified positive MSM utilizing minimum package interventions that provide comprehensive balanced prevention interventions. 17 outreach coordinators and 70 Peer educators will be trained in COP 09 to MSM population in Lagos and FCT.

The new partner will document and disseminate best practices; successful and innovative approaches with lessons learned and share these with their implementing agencies as well as other partners within the PEPFAR program in Nigeria. In COP 09, particular interest on lessons learned will focus on effective approaches for improving organizational and technical capacity of local lesbian, gay, bisexual, transsexual/men who have sex with men organizations.

Implementation will be through local organizations whose capacities will have been built by the prime and have been identified to have capacity for rapid scale up. Within the initial 6 months of implementation, capacity-building for provision of prevention (AB) services for the groups will be carried out followed by development of IEC materials for MSM. The overall programmatic intervention will be in line with national priority plan and national prevention plan.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The programs and activities implemented will fill critical gap in the reach of HIV interventions into epidemiologically important population to better address gaps in coverage and to better address specific behaviors within underserved populations. This MARP prevention program, delivered through implementing agencies whose capacity has been built, will contribute to strengthening and expanding the capacity of the GON's response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of preventing 1,145,545 new infections.

LINKS TO OTHER ACTIVITIES

The AB and C/OP activities implemented under the proposed activity will be linked with care and support

Activity Narrative: activities, as well as with the other prevention partners.

POPULATIONS BEING TARGETED:

Populations targeted in these activities will include MSM and their partners (male and female).

KEY LEGISLATIVE ISSUES ADDRESSED:

Key legislative issues will address increasing equity and access to information and services for MSM.

EMPHASIS AREAS:

The service delivery component will focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 9784.26055.09

Planned Funds: \$75,000

Activity System ID: 26055

Activity Narrative: ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers not only the procurement but also: the shipment, distribution and delivery of sexual prevention related commodities; information, education and communication (IEC) and related materials developed for the promotion of abstinence (A), be faithful(B)/fidelity promoting initiatives and other prevention (OP) activities; and other supply chain management related activities. It also covers technical assistance (TA) and systems strengthening (SS) activities provided to PEPFAR partners to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure sexual prevention related commodities; AB and OP commodities (not including condoms), IEC and promotional materials, and products for the management of sexually transmitted infections (STIs) for the Department of Defense (DOD). Through its efforts in this program area, SCMS works towards ensuring uninterrupted availability of needed commodities for AB (for the encouragement and promotion of safer sexual behaviors ultimately targeting the general population) and OP interventions.

The present budget will cover the costs of commodities as well as logistical and administrative services from the field office for the coordination and management of procurements by SCMS. SCMS will support DoD in product selection in accordance with the minimum package of AB and OP interventions for appropriate targeting of the military and civilian populations reached through DOD's sexual prevention programming.

SCMS will assist in quantification and forecasting of requirements, and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

SCMS will identify suitable sources of supply, both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services, such as maintenance service.

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations, including waiver applications, where appropriate. SCMS will take the lead in communicating with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spending to provide the best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy includes the purchase of generic drugs, whenever possible, the pooling of procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries, and negotiating long term contracts with suppliers.

DoD requests for sexual prevention materials will be addressed to the SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry, as required. SCMS will take the lead and further streamline the customs clearance process as appropriate, including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead time and provide an important buffer between supply from manufacturers and demands from PEPFAR programs in Nigeria. The RDC will also ensure that shipment quantities do not overwhelm their recipients in country, which is an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management, thus reducing risk of stock obsolescence or need for emergency replenishments, toward important cost savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with DOD; SCMS will either deliver to a central location or to point of services, as needed. When local warehousing is needed, SCMS will continue to explore viable options and make use of its recently acquired cross-docking facility and long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain, including product selection, quantification and forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to DoD, including the training of individuals in the use of the ProQ or Quantimed forecasting and pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07.

SCMS will provide the USG team with regular reports on supplies and equipment, as well as monthly financial reports. In COP 09, supply chain support teams (SCSTs; to be made up of technical SCMS staff and Government of Nigeria or implementing partner [IP] staff, as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and provide an early warning system to identify

Activity Narrative: impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity, thereby building the capacity to identify these problems and resolve them before service delivery is compromised.

In addition, an automated web-based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system.

Under this program area, SCMS does not have targets of its own but supports DoD reaching their prevention planned targets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13080

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13080	9784.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$250,000
9784	9784.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$8,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10809.09	Mechanism: USAID Track 2.0 TBD2
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 26050.09	Planned Funds: ██████████
Activity System ID: 26050	

Activity Narrative: USAID Nigeria is negotiating a new award which will provide integrated OVC programming. As is the practice when making new awards, OGAC will be informed when the award is ready, and the partner(s) and targets will be uploaded into COPRS. The targets developed for this activity are notional, as they may be subject to change during the course of the award negotiation, but the program as proposed is on a scale to potentially reach about 1,400 OVC and to provide support and training to 1,000 caregivers.

This element of the new activity will focus on providing AB prevention messages for OVCs and their caregivers in four states (Kaduna, Kano, Bauchi and Niger) to expand services of care and support and referral to treatment for children affected or infected by HIV and AIDS. This activity will collaborate with community OVC programs and FBOs to adapt and pilot an HIV prevention program for young adolescents prior to sexual debut (estimated 12 to 16 years). The proposed model program is abstinence-based and with condom and other prevention services as appropriate for age given to older OVCs and their caregivers.

Through its support to OVCs, the activity will facilitate organizational capacity building in prevention programs for a core local partner who will gradually transit to be the prime partner. It will work with already developed and successful child protection committees, train peer educators among them to reach their peers with abstinence message as well as facilitate adults/ child communication between caregivers and OVCs. Community Protection Committees (CPC) will also be used to reach children of HIV-affected families and will expand outreach to improve access to prevention of mother to child transmission services (PMTCT), economic strengthening and OVC services.

The activity will strengthen the capacity of indigenous organizations to respond to HIV/AIDS in their communities; provide quality comprehensive prevention services for AIDS OVCs. The minimum package intervention approach as defined in the national prevention plan will be utilized for reaching these OVCs and their caregivers.

This prevention intervention will also include educational activities that relate to 1) Trust Building and Group Cohesion; 2) Risks and Values; 3) Educate Yourself: Obtaining Information; 4) Educate Yourself: Examining Consequences; 5) Build Skills: Communication; 6) Information about Sexual Health; 7) Attitudes and Skills for Sexual Health; 8) Review and Community Project. Overall the program will help youth assess the short- and long-term impact of their decisions on themselves, their families, and their communities, help develop decision-making skills, develop communication skills, learn basic facts about HIV/AIDS, sexual health, condoms and other contraceptives, and learn refusal skills. The educational methods include in-school curricular activities and extra curricular activities including the PEP model. While the focus of the program is on HIV/AIDS, it is also involves a comprehensive education program that covers many topics including knowledge about risks associated with other sexually transmitted infections, teen pregnancy, violence, alcohol, and other drug use.

The partner will work with community groups that are trained and experienced in identifying vulnerable children and families, provide a strategic starting point for a project that will work with community-based systems to effectively reach OVC. The activity will complement the services of local agencies by reaching children and families that may not have access to HIV prevention services or lack opportunities to access information on HIV prevention. Issues of stigma through awareness activities, peer advocates, and support groups will be addressed. Linkages will be sought for nutritional and educational support with USG supported wrap-around activities.

CONTRIBUTION TO OVERALL PROGRAM AREA: This activity program area focus is on strengthening the capacity of families and communities to provide prevention services to OVCs and their caregivers. These activities contribute to the USG's PEPFAR strategy of preventing HIV for an identified vulnerable group and are also consistent with the National HIV Prevention plan.

LINKS TO OTHER ACTIVITIES: Linkages will be established with HIV/AIDS treatment centers and community care and support program to ensure that OVC and caregivers stay alive and in good health, to counseling and testing centers to enable family members to receive necessary support and to reduce the increase in numbers of HIV+ children.

POPULATION BEING TARGETED: This activity will target girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC, caregivers of OVC and other children/siblings living in OVC households in community settings using existing established and accepted organizations as service providers. In addition, religious and community leaders, leaders of women's organizations will be trained to combat stigma in their work.

EMPHASIS AREAS: The activity includes an emphasis on local organization capacity development and community mobilization, education and training. The program will aim to support equal numbers of males and female OVC and address economic and education factors that limit access to services of either gender.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 9786.26201.09	Planned Funds: \$71,940
Activity System ID: 26201	

Activity Narrative: ACTIVITY DESCRIPTION

This activity represents funding for a contracted Nigerian program officer for activities in the area of Sexual Prevention. The program officer spends 100% of her efforts in AB and Other Prevention. The budget includes one FSN salary at 100% effort, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a TA visit for two weeks of in-country support by a seasoned prevention expert from the U.S. Department of Navy HIV Prevention Program and/or one of the U.S. Military HIV Research Program's PEPFAR Programs in Uganda, Kenya, Tanzania or HQ.

The prevention program officer will work as a member of the USG Prevention Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Prevention Working Group. The prevention program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site prevention programs. The prevention program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines. The prevention officer will also continue to support the GON in developing and implementing national prevention guidelines (e.g., National Condom Strategy).

New/Continuing Activity: Continuing Activity

Continuing Activity: 13164

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13164	9786.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$75,000
9786	9786.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$100,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 555.09	Mechanism: HHS/CDC Track 2.0 IFESH
Prime Partner: International Foundation for Education and Self-Help	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 26202.09	Planned Funds: \$140,000
Activity System ID: 26202	

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to HCT, PMTCT, Basic Care and Support, TB/HIV, and Strategic Information.

IFESH will continue its COP08 Abstinence/Be Faithful (AB) and other sexual prevention programs in COP09. These will be implemented in line with PEPFAR Nigeria guidance for providing a comprehensive package of prevention services to individuals through a balanced portfolio of activities. IFESH's goal is to contribute to a reduction in HIV prevalence among youth, particularly in the most-at-risk age group of 15-24 year olds, promote mutual fidelity among married adults, and encourage safe sexual practices. The 2005 ANC survey in Nigeria indicates that among age cohorts in Nigeria, the 20-29 year old age group has the highest HIV prevalence. In addition, the 2005 National HIV/AIDS and Reproductive Health Survey (NARHS) demonstrated a low risk perception (28%) among the general population and significant reports of transactional sex (11%) among young women aged 15-29 years.

In COP09, IFESH will continue its implementation of AB programming in underserved areas in Nigeria and will couple these activities with condoms and other prevention programs, as well as linkages to counseling and testing services, where appropriate. This activity will be implemented at the community level and will be reinforced through national level mass media campaigns by other USG partners, such as the successful Zip-Up campaign.

In-school youth will be targeted with AB messaging using the non curricula school-based activities, peer education, and peer education plus strategies. These are derived from the recommended national minimum package for sexual prevention activities. Abstinence clubs will be formed in schools and activities such as film and game shows/quiz contests on AB messaging will be conducted. A total of 30 peer educators selected from four schools will be trained in AB messaging and will work closely with IFESH to improve program quality. For an individual to be counted as having been reached, (s)he must have received all three listed interventions.

Priority populations to be targeted by AB and other prevention messaging, will be out-of school youth, persons living with HIV/AIDS (PLWHAs), transport workers, orphans and vulnerable children (OVC) receiving home based support, and clients accessing HIV counseling and testing (HCT) services. These target groups will be reached with a minimum of three strategies selected from the following: community awareness campaigns, HCT outreach, STI counseling or management, condom messaging/distribution, and peer education models. Out-of school youth will be reached through community outreach and community youth groups. PLWHAs and OVCs will be reached through support groups, and transport workers will be reached at their motor parks through their unions. IFESH will implement this activity at both the facility and community levels with messages conveyed in multiple fora. Each person will be reached with messages in appropriate dose and intensity, delivered on a regular basis to stimulate behavior change

As a component of community based programming, messages will be communicated through local drama presentations and singers drawn from the community. Information imparted will include the basics of HIV prevention, especially condoms and other prevention (COP) and performers will be encouraged to build prevention themes into their songs to promote sexual partner reduction and consistent condom use. A total of 70 persons, including but not limited to health care workers, peer educators, teachers, religious leaders and community volunteers will be trained in C&OP messaging. Community outreach will target most-at-risk individuals with the purpose of limiting further infections. Doctors and counselors in STI, ante-natal care (ANC) and postnatal clinics will distribute condoms and conduct prevention-with-positives advocacy messages (i.e., HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages, and IEC materials on disclosure). For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risk behaviors, and risk reduction strategies, including condom use.

Condoms will be procured from Society for Family Health (SFH) for all IFESH sites. The provision of condoms will be accompanied by individual and/or group counseling and demonstrations from experienced counselors on their proper use. Information, education and communication (IEC) materials tailored to address the unique risks that individuals from high risk groups face and the correct and consistent use of condoms will also be provided in all sites and all points of service within those sites.

A complete prevention package of materials utilizing both AB and COP programming will be distributed at all HCT sites and at all points of service in health care facilities where IFESH is working. This will include AB IEC materials and condoms. IFESH will target communities where registered clients live for the purpose of community and school based AB messaging in order to continue to reinforce messages provided in the facility setting.

There will be continued evaluation of current sexual prevention activities within communities that will be used to guide specific activities to be conducted under each strategy in the target communities. Gaps in programming identified in COP08 will be addressed so that IFESH can effectively work within and contribute to a comprehensive and harmonized national program. AB messages will be balanced with concurrent condoms and other prevention messaging where appropriate, and will be integrated with services provided by IFESH in a total of 34 sites (20 HCT sites including facility-based, 10 DOTS sites, and four schools) and surrounding communities in two states (Imo and Rivers). The program will be designed to achieve maximum coverage for these communities with balanced ABC messaging. Individuals will be reached on a regular basis with a minimum of three of the listed prevention strategies IFESH will employ.

The target for this intensive prevention campaign is 2,273 persons (1,200 males and 1,073 females) for AB messaging and 4,242 (2,400 males and 1,842 females) persons for COP messaging. All in all, age appropriate abstinence only messaging and secondary abstinence messaging will be conveyed to 1,000 children and adolescents (600 males and 400 females), particularly focused on in-school youth and OVC receiving home based support. A total of 100 people will be trained in the two program areas.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Activity Narrative: IFESH activities are in line with the PEPFAR vision of enhancing indigenous capacity to provide integrated HIV/AIDS services from the community to the national level, and in the process strengthen the health care system and the capacity of local development partners. These prevention activities are consistent with PEPFAR's five year goals for Nigeria, which plan to prevent 1,145,545 new infections through a number of prevention strategies including (but not limited to) condoms and other prevention to specific high risk groups.

In order to be maximally effective, the prevention messages developed at different sites will be targeted to the various high risk groups that they serve. These activities are in line with the PEPFAR 5 year strategy, which seeks to scale up prevention services, build capacity for long term prevention programs and target outreach to promote correct and consistent use of condoms with MARPs to reduce the risk of HIV infection.

The continuation of IFESH-supported services in HCT and PMTCT as well as STI management will help facilitate the scale up of the overall program, and increase utilization of these services, expected to result from other prevention and outreach initiatives.

LINKS TO OTHER ACTIVITIES:

This activity relates to HCT, PMTCT, basic care and support, TB/HIV, and strategic information. Prevention for positives counseling, including promotion of condom use will be an important component of post-test counseling in STI clinics. Prevention for positives counseling will be incorporated into counseling for persons receiving antiretroviral (ARV) treatment. This service will also complement HCT services for those who ultimately test HIV-negative. Through this program as well as basic care and support, IFESH will ensure access to STI treatment.

POPULATIONS BEING TARGETED:

This activity focuses on discordant couples, STI patients, TB patients, PMTCT patients, PLWHA, and youth. Training will also be focused on healthcare workers, counselors, and volunteers.

EMPHASIS AREA:

An emphasis area for this activity is human capacity development in order to build the organizational capacity of HCT service outlets to provide a full range of prevention strategies, including correct and consistent use of condoms to persons attending these centers. Other emphasis areas include gender and local organization capacity building

COVERAGE AREAS:

Rivers and Imo states

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$11,150

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9401.09

Mechanism: HHS/CDC Track 2.0 PFD

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 21686.26809.09

Planned Funds: \$90,000

Activity System ID: 26809

Activity Narrative: This activity is linked to counseling and testing, basic care and support, TB/HIV, OVC, strategic information, and PMTCT.

In COP 08, Partners for Development (PFD) worked collaboratively with their sub-partner, the faith-based organization (FBO) Daughters of Charity (DC) to provide services aimed at preventing transmission of HIV/AIDS through two project sites: 1) the Assumption Clinic in Warri, Delta State; and 2) Catholic VCT Center, Ikot Ekpene, Akwa Ibom state. Targets for COP08 abstinence, be faithful, and condoms and other prevention (ABC) programming included reaching 4,091 individuals (2,000 males and 2,091 females) with AB prevention messages and 2,727 (1,527 males and 1,250 females) with other behavior change prevention messages from 2 outlets, and 2,000 individuals reached through abstinence only. These activities were implemented under the "Counseling, Care and Anti-retro Viral Mentoring Program" or CAMP, the name of PFD's CDC-funded project.

In COP 09, CAMP will support the government of Nigeria in providing timely, accessible, factual and balanced ABC programming in line with the overall PEPFAR Nigeria goal to deliver a comprehensive package of prevention services to targeted individuals to ensure effective communication and motivation to practice preventive behavior, build self-efficacy, and create an enabling environment for sustaining HIV prevention behavior change. Messages and materials will focus on: increasing risk perception of HIV and AIDS; increasing demand for HIV testing and appropriate application of AB prevention strategy; delaying sexual debut; and reducing the number of sexual partners. This is of particular importance, as it has been reported that risk perception among Nigerians remains low, with 67% perceiving themselves not to be at risk of contracting HIV, and 29% assuming they are at low risk of contracting the virus (2005 National HIV/AIDS and Reproductive Health Survey).

CAMP prevention will focus on creating an enabling environment for sustaining HIV prevention behavior change through providing timely, accessible, factual and relevant HIV prevention information, and ensuring effective communication and motivation among stakeholders and targeted populations to practice preventive behavior and build their self-efficacy. Messages and materials will focus on increasing risk perception of HIV and AIDS; increasing demand for HIV testing; increasing self efficacy for the appropriate application of AB prevention strategy; and delaying sexual debut and reducing the number of sexual partners.

AB behavioral change communication programming will be implemented primarily through the following strategies: community awareness campaigns; peer education model; "peer education plus" model; and a school-based approach. In line with the National Prevention Plan's guidance on a minimum prevention package, an individual will only be counted as reached after receiving AB messaging through at least three of the above listed strategies. For the condoms and other prevention (C&OP) programming, PFD's minimum prevention intervention package will include: 1) community outreach; 2) specific population awareness campaigns; 3) peer education model; and 4) provision of STI management. Individuals will be counted as having been reached when they have received C&OP messaging through at least 3 of these strategies. The CAMP prevention team will be coordinated by a Prevention Officer who will mobilize 60 prevention volunteers from the membership of various community-based organizations (CBOs) active in and around the two project sites. These volunteers will be trained to educate their peers in ABC messaging, although in practice 30 volunteers will specialize in AB message delivery and 30 others will specialize in condoms and prevention messages. The AB prevention volunteers will be drawn primarily from CBOs active with church and primary school groups and the condoms and other prevention volunteers will be drawn primarily from with unemployed youth and transport workers groups. The CAMP project will use almost exclusively a community outreach approach for transmitting prevention message that will be supplemented by complementary clinical based and counseling and testing service providers that will reinforce and expand upon prevention messages.

HIV prevention team members will be self-nominated from local support groups of people infected and affected by HIV/AIDS, as well as any interested members of communities groups linked to the CAMP catchment areas. These individuals will be trained by CAMP Program Officers to promote AB messages as well as C&OP messages, as appropriate to the population they are targeting. Training will emphasize routine counseling and testing for couples and individuals, and AB prevention as normative in their communities. These teams will adapt the Society for Family Health (SFH) behavior change communication (BCC) materials and work with local support groups to translate material into their community's language.

Prevention teams will pay advocacy visits to the traditional community gatekeepers for access to the women, men and youth in each targeted locality, and organize community mobilization events with relevant HIV prevention messages for each group. These volunteers working with high risk groups will be coached to link the target population to condom outlets and appropriate testing/counseling and follow-up services (i.e., PMTCT, counseling for discordant couples, etc.) as well as sexually-transmitted infection (STI) treatment and care.

The AB prevention team will target 4,091 individuals with a subset reached with A only message activities (i.e., messages delivered to school groups up to the age of 13). A only messaging starts with an awareness talk in small group discussions facilitated by the Prevention Officer, followed up by peer education outreach by volunteer students trained as peer educators, and by a dance/drama presentations with an A message theme. AB messages will be delivered in secondary schools following the same first two steps and including a sporting or cultural event accompanied by an AB theme.

Condom and other prevention messages will target 2,727 individuals among those considered to be high risk groups — unemployed youth, transport workers, STI patients, persons living with HIV/AIDS (PLWHAs), and pregnant women. Messages will be reinforced at multiple fora such as small group discussions (including ante-natal care talks given at health facilities), interpersonal communication and social events, followed by mobile counseling and testing, condom distribution and follow up prevention information for positives. Educational messages will cover the importance of partner reduction and STI prevention and treatment.

Activity Narrative: CAMP will utilize the recently adapted national prevention with positives (PwP) training package across all supported sites. In HIV counseling and testing (HCT), prevention of mother-to-child transmission (PMTCT), and adult care and treatment settings, clinical staff and community workers will encourage patients to promote testing and counseling for their sex partners. During each encounter with a positive person during the CAMP program, CAMP staff will support the integration of prevention into care and treatment settings, including family planning counseling and services, identification and treatment of STIs, and prevention counseling, provided by lay counselors. The C&OP portion of this activity will include provider- and lay counselor-delivered prevention messages promoting correct and consistent condom use during every sexual encounter. Also, condom use will be encouraged during family planning counseling as a method of dual protection and as part of STI management for reducing STI transmission and acquisition. These prevention messages and interventions will be delivered during risk-reduction counseling, family planning counseling, and STI management and counseling. CAMP staff will work with patients to encourage them to reduce alcohol and limit all other risky behavior and activities that affect their ability to adhere well to their ART regime, and adherence to the full course of any other medication the client is taking

Program Officers will meet with prevention teams monthly to plan community outreach projects, address concerns, and provide any relevant or needed training in communication skills. Prevention team members will be trained to report on delivery of behavior change communication (BCC) methodology. Delivery of the MARCH methodology will be tracked and reported on by CAMP Prevention Project Officers. Focus will be placed on verifying the basic prevention package of at least 3 interventions per target reached in both AB and C&OP prevention components.

Contribution to overall program area:

PFD/DC's activities are consistent with the PEPFAR 5-year strategy, which seeks to scale-up prevention services, build capacity for long-term prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program.

Links to other activities

This activity is linked to counseling and testing, basic care and support, TB/HIV, OVC, strategic information, and PMTCT. PFD will procure condoms from Society for Family Health (SFH) and seek to partner with them and other specialized community groups to socially market condoms in the program area. PFD will promote condom usage, and other relevant prevention messages among migrant workers and other mobile populations in the Delta region. PFD's home-based care team will also promote management of STIs and encourage community members to know their status as a first step in preventing the spread of HIV.

Target population

The focus population for this activity will be youth (in/out of school youth), HCT clients, and TB DOTS patients. Both Akwa Ibom and Delta states have many characteristics that contribute to accelerating the HIV/AIDS epidemic, including high numbers of unemployed youth who may engage in transactional sex. PFD/DC will focus prevention efforts on reaching young people both before they begin risky behaviors and after. In addition, prevention messages will be targeted to pregnant women since they also risk transmission to their unborn child.

Key legislative issues

Coordination meetings held at the LGA level with representation from local government assists in keeping local governments updated on the scope of the epidemic in their area and make them better advocates for strengthening barriers to prevention at the state level. CAMP staff will supplement these meetings with quarterly state level task force meetings to explore ways to achieve greater economies of scale and harmonization of approaches.

Program Emphasis

This activity includes major emphasis on information, education, and communication with minor emphasis on community mobilization and training. These activities will also address gender equity issues by providing equitable access to prevention services for men and women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21686

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21686	21686.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$250,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,280

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 2768.09

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9208.28545.09

Activity System ID: 28545

Mechanism: HHS/CDC Track 2.0 Columbia
Univ SPH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$995,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity also relates to activities in AB, Care and Support, ARV services, HCT, OVC and PMTCT.

In COP08, ICAP programming has expanded support from 10 to an additional 18 hospitals for a total of 28 hospital networks, located in 6 states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna, Kogi). In COP08, ICAP implemented a balanced portfolio of prevention activities in abstinence, be faithful and condom and other prevention (COP) programming in line with the overall PEPFAR Nigeria goal of providing a comprehensive package of prevention services to individuals. ICAP implemented these activities at both the facility and community levels utilizing a combination of strategies, including community outreach campaigns, peer education models, a school-based approach (non-curricula based), infection control activities, sexual transition infection (STI) management and treatment, and workplace activities (specifically, Greater Involvement of People with HIV/AIDS, or GIPA).

In COP09, ICAP will provide support to a total of 30 hospital networks (28 existing and 2 new); these facilities will serve as the platform for ICAP prevention activities in the coming year. ICAP will continue to support abstinence (primary & secondary), risk reduction, and safe sex promotion activities among 30,152 individuals (10,251 males and 19,901 females). Targeted populations include: people living with HIV/AIDS (PLWHA), out-of-school youth, transport workers, and people affected by AIDS. They will receive abstinence, be faithful, and condom/other prevention messaging on a regular basis via activities such as community outreach campaigns, peer education models, non-curricula based school approach, infection control, STI management/treatment, workplace and skills acquisition, and essential life skills training. Individuals who are counted as reached will have received at least 3 of these interventions in line with the minimum prevention package requirement of the National Prevention Plan.

ICAP will reach out of school youth in targeted communities with messages of delaying sexual debut or adopting secondary abstinence through focused small-group discussions, and inter-personal communication strategies, non-curricula school based approaches, and essential life skills training. ICAP will encourage PLWHAs and care givers to engage in productive income generating activities by providing training on essential life skills and referring PLWHAs to other partners who provide services not available through ICAP. ICAP will continue to support PLWHA peer health educators to help other PLWHAs acquire skills for positive living.

ICAP will implement a peer education model that targets job peers who are healthcare workers. Healthcare workers at each site will be trained (the exact number will vary based on facility size) using established national peer education curricula and each will be requested to form peer groups of approximately 10 members from the healthcare worker community for dissemination of prevention messaging, with a particular focus on infection control practices in the workplace. Health and allied care providers will be encouraged to adopt positive attitudes and behaviors, including safe practices to reduce their risk of exposure. Facilities will be assisted to implement standard operating procedures (SOPs) for post-exposure prophylaxis, should exposure occur.

In COP 09, ICAP will continue to support the provision of correct, timely and appropriate information and skills that will assist people in different audience groups to adopt safe sex and risk reducing behaviors for primary and secondary prevention. ICAP will use available communication tools and aids to provide a comprehensive package of "prevention with positives" (PwP) activities in all supported networks and linked communities. BCC materials review workshops in partnership with community based organizations will be conducted in all the ICAP supported regions. This will provide an opportunity to assess the impact of existing BCC materials, receive inputs of community members and train an estimated 410 facility and community based health care providers and counselors on prevention counseling. Contents will include partner counseling and testing, disclosure, dual protection, linkage to existing family planning and child spacing services, personal hygiene, safe water use, and healthy lifestyle. Culturally acceptable materials developed from these meetings will be pre-tested and produced for use by ICAP-supported facilities and partners. ICAP will also facilitate the distribution of at least 800,000 condoms through its 19 CBOs/NGOs (Tulsi Chanrai Foundation, GHAC, GAWON, Rekindle Hope) to enable HIV positive and high risk negative individuals to adopt dual protection choices. These condoms will be obtained from Society for Family Health.

ICAP will build capacities of health care workers in patient education and supportive counseling to reduce the burden of STIs, improve health seeking behaviors and linkages to diagnosis and treatment services for both STIs and HIV/AIDS, and educate HIV positive patients on risk reduction, skills development for practicing sexual abstinence and/or correct and consistent use of male or female condoms, and healthy life planning. Referral linkages for STI management will also be strengthened as a component of preventive services. Support groups, peer educators, local non-governmental and community-based organizations (NGOs and CBOs) in each hospital network will be equipped to conduct prevention activities for HIV-positive persons, their partners and households.

COP09 capacity building activities will also target both health care providers in ICAP supported sites as well as staff of CBOs/NGOS / FBOs with special focus on those who have access to most at risk populations (MARPs; i.e. youth, commercial sex workers, and persons involved in trans-generational transactional sex). Patient education and supportive behavioral change counseling activities will target all individuals accessing ICAP supported facilities, especially discordant couples and communities at large with a special focus on MARPs. As part of targeting MARPs, ICAP will develop youth focused programs highlighting youth friendly behavioral intervention approaches intending to empower young people. ICAP will train a total of 620 health care workers (including 154 on AB messages and 466 on other prevention) at facility and community levels to deliver appropriate BCC messages during routine clinic visits using tools and job aids, and provide referrals to HIV infected individual to enter care and treatment services. Care providers will be equipped with the requisite skill to discuss prevention, disclosure to partners and negotiation of safer sex. Training geared towards counseling HIV positive individuals will be

Activity Narrative: based on a standardized Nigeria-specific prevention for positives curriculum. This will be augmented by building the capacity of at least 19 local CBOs, NGOs and support groups, to conduct activities to promote identified BCC strategies across their communities.

In COP09, all ICAP supported treatment sites will integrate prevention counseling and services for people living with HIV (PwP activities) including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure into HIV care and treatment clinics. In addition family planning counseling and services, identification and treatment of STIs, and prevention counseling will be offered. Other services such as prevention messages, promoting correct and consistent condom use will be promoted. These interventions will be implemented using the recently adapted HIV Prevention in Care and Treatment Settings Prevention Package, which includes several training packages and job aids. Support groups will be assisted with patient education materials to build and support their skills on addressing prevention topics. ICAP will provide effective support for communication and behavioral change in partner notification practices, through training and modifications to care delivery. ICAP will assist facilities to institute a new model of partner notification that offers rapid HIV testing to partners and utilizes peer health educators and community based mechanisms to provide prevention counseling and referral to partners.

ICAP will continue to harness its partnerships with CBOs and link to communities through peer health educators, mother-to-mother support groups and other community liaisons. Identified community, faith-based and non-governmental partners will be provided assistance to conduct community outreach activities including community dialogues, community rallies and other community mobilization approaches through innovative approaches to disseminate information and promote discussions around safe sex behaviors, risk reduction approaches, promote abstinence and partner reduction in selected audiences/target groups. Prevention programs for MARPs will remain a priority in COP09. This will include youth targeted through the youth friendly program. Trained staff of CBOs will also address behavior change in the areas of stigma, gender empowerment, male involvement in HIV care and treatment and other related issues during community dialogues. Targeted and culturally acceptable sexual prevention messages will be delivered by CBOs during outreach activities at market places, work places, churches, mosques, and schools, and reinforce balanced ABC messages in support groups.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These activities contribute to the COP09 targets by focusing on reaching at least 30,152 HIV positive persons especially women and their household members by promoting the adoption of positive attitudes and behaviors consistent with PEPFAR's 5-Year Strategy for averting new infections in Nigeria. ICAP will also reach a total of 4091 individuals (1,677males and 2,414 females) with abstinence/be faithful messages

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in AB, Care and Support, ARV services, HCT, OVC and PMTCT.

POPULATIONS BEING TARGETED:

HIV positive persons, especially women, their partners, adolescent children and other household members will be supported to adopt positive attitudes and behaviors to reduce the transmission of HIV, and promote positive living among infected and affected persons. Health care providers will also be targeted. Facility based care providers and community based care organizations, including program managers and care providers will be trained to provide quality focused BCC activities that will promote the adoption and practice of positive behaviors. Most-at-risk populations (including HIV-negative individuals), such as out of school youth, commercial sex workers, and persons involved in transactional/transgenerational sex will also be targeted for sexual prevention activities.

EMPHASIS AREAS

Areas of emphasis include human capacity development and local organization capacity building. Advocacy will be intensified to target men in communities where ICAP supported sites exist, to encourage men's support to vulnerable partners and involvement in HIV treatment and care, and HIV counseling and testing. In addition, women will be empowered with knowledge and communication skills so as to make informed decisions. Support groups will occasionally be segregated by sex to enable participants to speak freely on sensitive issues and find solutions that are most appropriate for them. This activity will promote gender equity, especially among vulnerable groups of women and youth, by facilitating the availability of client education programs. The program will also contribute to the reduction of stigma and discrimination among care providers towards HIV-positive clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13024

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13024	9208.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$1,068,500
9208	9208.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$140,189

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 Program
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 27461.09	Planned Funds: \$314,000
Activity System ID: 27461	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

- Addition of new epidemiological data
- Revision of targets and emphasis areas

ACTIVITY DESCRIPTION:

Epidemiologic evidence indicates that throughout the world men and women in the military are amongst the most susceptible sub-populations to sexually transmitted infections (STIs), including HIV. In many African countries, uniformed services report HIV prevalence rates higher than national averages. In Cameroon, Nigeria's neighbor to the east, an HIV rate of 6.2% was reported in 1993 among the military compared to 2% in the general population. In Malawi, it has been reported that 25% to 50% of army officers are already HIV positive.

HIV prevalence figures are unavailable in the public domain for Nigeria's over 150,000 armed forces. However, in 2007, the Nigerian Ministry of Health implemented an Integrated Biological and Behavioral Surveillance Survey (IBBSS) among high-risk groups, which included the Nigerian Armed forces. This survey sampled 1861 personnel from military barracks located in six states. The study showed that while multiple partnerships are common among the armed forces, many do not consider themselves at risk of HIV. HIV prevalence rates vary across states, with armed forces in FCT reported at 1.1% while in Anambra the HIV prevalence rate among armed forces personnel was 7.6% (IBBSS 2007). Among the predominantly male occupational groups (armed forces, police, and transport workers), armed forces personnel consistently displayed a higher level of knowledge related to HIV risk (from 49 to 58 percent responding correctly to five knowledge-related questions). Of the groups represented in the study, HIV prevalence among the armed forces was consistently low, possibly due to the high reported condom use with commercial partners.

Based on this evidence, the US Department of Defense (DOD), in partnership with the Nigerian Military, will continue to provide prevention, care and treatment to Nigerian service members and the surrounding civilian community, which constitutes approximately 75% of the military's patient load. In COP09, the DOD-Nigerian Ministry of Defense (NMOD) HIV Program will continue to provide comprehensive AB and C prevention services to 20 military facilities and their surrounding communities. In line with the National Prevention Strategy, DOD will support the provision of a minimum of three interventions, which will include community awareness, 'Peer Education Plus' education and one other targeted strategy within the year that will be drawn from a combination of workplace and vulnerability programs. The planned activities which will be implemented to achieve these strategies, are outlined below.

In COP09, the program will continue to strengthen the DOD-NMOD partnership with the Armed Forces Programme on AIDS Control (AFPAC), an existing structure that coordinates prevention services for Nigerian Armed Forces. The DOD will support AFPAC in the training of 100 peer educators and 30 trainer-of-trainers on HIV/AIDS prevention by promoting abstinence, being faithful to one's partner, correct and consistent condom use, and effects of alcohol and drug use can have on sexual decision-making and how this relates to HIV/AIDS prevention.

Training will be conducted to promote skills and information on AB and C during pre-deployment and recruitment training. Prevention messaging will also include alcohol use, gender, sexual coercion, and violence. HIV counseling and testing (HCT) and other related referrals will be made to the nearest military site providing HIV/AIDS/STI related services. An estimated 6,500 military and civilian personnel will be reached by peer educators with programming on HIV/AIDS prevention through AB and C.

DOD will continue to support AFPAC to improve and reproduce Information, Education and Communication (IEC) materials to encourage and reinforce AB and C messages and information among military personnel. Materials will be vetted through DOD and the USG Prevention Technical Working Group prior to reproduction. These materials will be expected to reach 50,000 people, including both military and civilians. However, these individuals are not counted towards DOD's AB or C targets since distribution of materials may not be sufficient to consider a target "reached."

Another strategy is to increase the knowledge and build the capacity of HIV/AIDS prevention through abstinence among in-school youth in military barracks. Utilizing existing infrastructure, teachers and indigenous organizations will provide abstinence and sexuality life skills-based training and education to approximately 2,500 in-school youth. Efforts will focus on recruiting teachers to be trained. Funding will support logistics (e.g., manual production of materials), training, and support for each military school to conduct abstinence-only HIV/AIDS programming. A total of 100 teachers will be trained in the AB curriculum that provides abstinence only messaging and skills that foster youth empowerment and knowledge sharing to reach in-school youth. Training expanded to reach out-of-school youth will incorporate being faithful to one's partner and condom messages, as appropriate. Out-of-school youth will be accessed via youth centers, religious centers, recreational venues, and "mammy markets." This activity will reach 3,200 out of school youth with skills and messaging around abstinence and being faithful, and condom use, as appropriate. In addition, income-generating skills will be incorporated into the out-of-school AB and C training

DOD will continue to expand efforts with military based religious communities in order to reinforce AB messaging, awareness and education and will support training through the Directorate of Islamic Affairs and Directorate of Christian Services to reach 40 Imams and Priests from its 20 sites on HIV/AIDS education and prevention. These Imams and Priests will conduct abstinence, marital fidelity and gender related forums, workshops, and activities. They will provide AB related information on a continuous basis to an estimated number of 5,500 persons, which will include military personnel, their families and other civilians and clergy.

In collaboration with AFPAC and the Society for Family Health, DOD-NMOD will continue to help to strengthen the distribution of male condoms to sites and within sites. In COP 08, targeted condom service outlets were expanded to a total of 20 sites, which will be maintained throughout COP09. DOD, in

Activity Narrative: collaboration with the Ministry of Health, will supply female condoms to all sites. Through prior prevention activities in COP08, female military and civilian personnel exhibited strong demand for female-initiated prevention strategies, which included female condoms. In partnership with the Ministry of Health and AFPAC, DOD-NMOD will also provide information, training and skills to approximately 200 total persons (10 persons each site) on male and female condom use at 20 sites. A total of 100,000 across the 20 sites will be reached and have access to male and female condom related information, training and skills.

The DOD will also strengthen the capacity of existing groups, such as the Officers' Wives Clubs (OWCs) to conduct AB and C related activities as well as risk-reduction awareness and education activities. These OWCs have unique access to senior military officers, personnel wives, "Magajias" (women who control the barrack accommodation blocks and mammy markets) and other females within and around the barrack communities. The OWCs will implement outreach events and training activities within these 20 barracks to reach 100 women at each site, totaling estimated 2,000 women and additional 500 individuals including military personnel, their families and other civilians located within and around the barracks.

DOD-NMOD will support Barrack Health Committees to develop, incorporate and implement AB and condom related activities into their yearly work plans. In addition, these 20 site-based HIV/AIDS Committees will be supported to provide gender and male involvement related activities during military officers/rank and file mess social recreation activities to reach 2,000 adult males across the sites

Another component is to strengthen HIV prevention through STI management within NMOD. Activities will include improved quality of training, counseling, diagnosis and treatment services for approximately 2,000 military personnel, dependents and civilians in and around the barracks communities. Services include diagnosis and treatment (with Pen G, ceftriaxone, azithromycin, acyclovir) for syphilis (*treponema pallidum*), gonorrhea, chlamydia and herpes simplex virus. AB and C prevention messaging and condoms will be offered to all those receiving STI diagnoses and treatment. All individuals diagnosed with STIs will be referred to HCT and strongly encouraged to participate in regular testing.

All components will include specific efforts to include people living with HIV/AIDS (PLWHA) in activity planning and implementation. Several PLWHA support group members have already been active in HIV prevention activities within the military barracks; this partnership has helped to reduce stigma and discrimination in the military community. This partnership will be further enhanced by the provision of support to build the capacity of 10 of these PLWHA support groups, especially in the areas of leadership, project design, management and income generating activities and businesses.

In addition, DOD will provide technical support to AFPAC and EPIC to continue implementing a micro-finance loan program. In COP08, 100 representatives from the 3 barrack PLWHA support groups benefited from this program and in COP09 these groups will receive ongoing support to continue providing income generating activities to their members and other interested individuals within and around the military communities.

AB and C messages will also be provided to individuals accessing HCT, Care and Support, ARV and PMTCT services at military sites. Male and female condoms are provided free of charge.

In order to procure activity related commodities, \$150,000 was put into SCMS (\$75,000 each from AB and Other Prevention funding lines).

By the end of COP09, the DOD will support 20 NMOD sites in Edo, Benue, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, and Anambra.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

In conjunction with other DOD activities, and those of other partners, this activity will contribute to the provision of a comprehensive HIV and AIDS prevention package for the military population, civilian employees, their dependents and the communities surrounding military sites. This activity will contribute to the PEPFAR overall aim of reducing HIV infection rates in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in PMTCT, Condoms and Other Prevention, Counseling and Testing, Care and Support, TB/HIV, OVC, and ARV Services.

POPULATIONS TARGETED:

This activity targets the military, civilian employees, their dependents, and the communities surrounding military sites. In particular, this activity targets in- and out-of-school youth and youth drafted into formal military service.

EMPHASIS AREAS:

These activities focus on military populations, and gender, as specific programming is designed to reach female military personnel and civilians as well as address male norms.

New/Continuing Activity: New Activity

Continuing Activity:

appropriate deferment of high risk donors and offering of voluntary HIV counseling and testing, will be conducted at the facility level, thereby capturing a population of most at risk persons as determined by donor screening questionnaire results. QA processes for rapid testing will be done in line with HCT QA processes at the site level. Additionally, NBTS has engaged with facilities to retain samples of facility-collected units for transport to NBTS for ELISA testing and feedback to the management of the health facilities on prevalence rates of the four TTIs to enhance migration to VNRD.

The NBTS will develop a logistics system to support these facilities for their transfusion needs, facilitated by technical assistance provided by SCMS and the USG medical transmission and logistics TWGs. The NBTS will work to identify other non-PEPFAR facilities in the catchment areas of zonal centers to develop similar partnerships. Donor blood collection will migrate from mostly hospital-based and fragmented to centralized NBTS coordinated and regulated.

This activity will utilize the already existing USG IPs' counseling and lab staff and will leverage relationships between the facilities and community where they work to also scale up voluntary blood donation, coordinated jointly with NBTS, the facilities and surrounding communities. Blood obtained from blood drives and those from family donors at the facilities shall be collected according to NBTS guidelines and will be taken by the NBTS for ELISA screening. The NBTS will develop a courier system to regularly collect this unsorted blood and deliver screened blood to these sites based on quantities of blood needed. This linkage will be supported by hotlines at NBTS centers where participating facilities can make requests for screened blood. NBTS centers and associated mobile outreach clinics are now increasingly better staffed and support from USG has leveraged additional GON funds.

In COP08 the lead technical implementing partner, Safe Blood for Africa Foundation (SBFAF), provided technical support to the NBTS and other implementing partners (IPs) for capacity building in program development and implementation of blood safety activities at national and site specific levels. SBFAF developed a national training plan consistent with NBTS policy. Participating staff from USG-supported hospitals, USG IPs, and NBTS were trained on phlebotomy, donor recruitment and counseling, lab screening and blood banking, use of blood and hemovigilance, medical waste management, quality assurance/quality control (QA/QC) for HIV serologic testing, and transport and logistics for blood safety. In line with the GON national training guidelines, several of these trainings were developed as training of trainers (TOT). In COP09, master trainers will step down training to staff in their respective health facilities. SBFAF will lead development of standardized training manuals and production of educational materials and job aids, and will continue to roll out TOT trainings. The NBTS will take the lead as coordinator of blood safety activities and will host joint quarterly meetings with stakeholders in which USG partners will actively participate for programmatic review. IPs will support the establishment of hospital transfusion committees in health facilities to further improve the facility-based communication and knowledge on appropriate blood transfusion practices.

The NBTS donor questionnaire will be administered to all donors to screen out high risk donors and ensure that only low risk clientele donate blood. USG supported sites will also maintain a comprehensive database on their blood transfusion services. Data from this database and the screening questionnaires shall be routinely communicated to the NBTS in order to maintain a national database.

Proper waste management will be promoted through collaboration with injection safety activities, the use of biohazard bags and sharp containers, and the repair/utilization of incinerators at USG/Nigeria supported sites. The SCMS procurement role will be expanded to support the NBTS in the purchase of supplies needed for the realization of a functional national system.

Injection Safety

A 2004 GON injection safety assessment which was supported by the USG showed that an average of 4.9 injections was given per person per year. The assessment also showed that safety boxes were not used in three-fifths of the facilities surveyed, two handed recapping was observed in 76% of observed injections, 45% of providers had at least one needle stick injury in the last one year and 94% of these providers were not offered HIV post exposure prophylaxis. These findings cut across all geo-political zones of Nigeria. Since that time the USG has supported an expanded injection safety program to respond to these challenges through the activities of a lead technical partner – Making Medical Injections Safer (MMIS) – and 6 other IP.

The USG/Nigeria strategy for COP09 injection safety activities will continue to be based on the three part strategy of WHO/Safe Injection Global Network (SIGN). These three SIGN strategies target behavior change of both health workers and patients, procurement of needed safe injection commodities and facilitation of appropriate healthcare waste management. USG/Nigeria has added training and capacity building of healthcare workers and waste handlers as a fourth strategy to improve injection practices and occupational safety. In COP09 a total of 6,000 healthcare providers will be trained on injection safety and healthcare waste management while 299 facilities will be reached with injection safety activities.

In COP07 a national policy on injection safety and healthcare waste management was developed with USG support. The USG also supported the development and adaptation of the "Do No Harm" training curriculum by the GON. Infection prevention committees were inaugurated at facility levels to provide on-site supportive supervision and ensure post exposure prophylaxis. MMIS provided technical support to the GON and other key stakeholders (e.g. Nursing and Midwifery Council, schools of health technology, Medical and Dental Council of Nigeria) in curriculum review and inclusion of updated safe injection issues into pre-service and refresher trainings to ensure sustainability. Advocacy efforts were intensified for the use of retractable and non re-use syringes through an identified Injection Safety Champion. Advocacy efforts have also resulted in the Federal Ministry of Environment (FMOE) budgeting for healthcare waste management.

Injection safety activities are linked with Blood Safety, TB/HIV, HCT, Lab Infrastructure and ART services. In spite of the success in the USG-supported facilities with injection safety programs, there is need for substantial scale-up of this activity in conjunction with the continued scale-up and scale-out of healthcare services in Nigeria. This is highlighted by the wide geographical spread of the country and the need for policy implementation at the grassroots level. In COP09 emphasis will continue to be on consolidating the gains achieved to date and integrating the policy into the national health plan. Scale-up of the injection safety

program will continue with local government area (LGA) coverage as part of the LGA coverage plan long implemented by MMIS, facility saturation for other IPs, and a greater focus on sustainable healthcare waste management throughout Nigeria.

In COP08, there was a strategic delineation of responsibilities among implementing partners. This will continue in COP09 to ensure efficiency and quality of injection safety activities. MMIS will continue to work at both national and facility levels. It will provide expertise in the area of training by conducting regular TOTs and supportive supervision to other IPs. It will take the lead on production and distribution of educational materials and job aids. MMIS will also procure and distribute seed commodities to other IPs such as safety boxes and retractable needles/syringes. Through MMIS, USG/Nigeria will support community mobilization to promote oral medication instead of injectable medication through collaboration with community based organizations and the mass media. Collaboration with the GON on collection and tracking of consumption data will also be a focus.

In COP08, all other IPs were required to provide a minimum package of injection safety activities at facility level. This minimum injection safety package will include: training of all health workers and waste handlers; utilization of safety boxes in all units of the health facility; promotion of awareness of injection safety and healthcare waste management policy; establishment of infection control committees at tertiary and secondary facilities; and the provision of color-coded bin liners at waste generation points for segregation of waste. By conducting these activities in every department of facilities that IPs support will achieve "facility saturation," i.e., healthcare injection safety practices and waste management will be implemented facility-wide. In COP09, emphasis will be on supportive supervision of all sites and appropriate health care waste management.

The USG supported the GON (through the FMOE) in the development of National Healthcare Waste Management Policy, Plan and Guidelines in COP07 and COP08. In COP09, all IPs will work to implement this plan. In addition, IPs will support the states they are in to adapt and implement the plan as well as renovation and reactivation of incinerators for proper disposal of safety boxes and other infectious medical waste at facility and LGA levels.

Sustainability plans will include increasing efforts to develop public private partnership for health care waste management and involvement of private health practitioners in injection safety programs. This effort was pilot tested in two LGAs in Lagos State in COP07. Lessons learned have informed scale up of this activity in Lagos State in COP08. Advocacy to other states in Nigeria to emulate Lagos State best practices will be focused on in COP09. Advocacy to the GON in COP08 has yielded government supported injection safety training in non-PEPFAR states. It has also yielded an enabling environment for local production of auto disabled syringes. Technical support for local production of safety boxes will be intensified in COP09.

Male Circumcision

Both anecdotal evidence a recent report by UNAIDS and WHO (Male circumcision: Global trends and determinants of prevalence, safety and acceptability, February 2007) suggest that over 90% of Nigerian males are circumcised. As part of the new emphasis on male circumcision as a means of preventing HIV infection, USG/Nigeria will conduct a desk review in COP09 to document prevalence of male circumcision. The desk review, which will be funded in Strategic Information, will document the incidence and safety of methods used in Nigeria from previous research and qualitative findings. Results from the desk review will be used to direct future programming in this area and develop strategies to enhance coverage and promote safe male circumcision practices.

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5329.09	Mechanism: HHS/CDC Track 1.0 SBFAF
Prime Partner: Safe Blood for Africa Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 26200.09	Planned Funds: \$500,000
Activity System ID: 26200	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- In COP08, SBFAF will assist the National Blood Transfusion Service (NBTS) to develop a Blood Safety Training Manual. In COP09, SBFAF will assist the NBTS to train a pool of master trainers in the country.
- Another key activity in COP09 will be SBFAF's active role in the advocacy for the NBTS to achieve the status of an autonomous agency or commission.

This activity is jointly funded through CDC and USAID. The narrative incorporates the scope of activities in this joint project, in the two narratives the target for number of people trained is divided in order to avoid duplication of targets. The Safe Blood for Africa Foundation (SBFAF) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). SBFAF activities reinforce the National Blood Transfusion Service's (NBTS) long-term strategy. SBFAF assists the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized national blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system (VNRD – voluntary nonremunerated blood donation). The NBTS zonal and state centers are primarily supported by VNRD. SBFAF will continue to provide technical support to NBTS in the VNRD system.

The VNRD system is highly dependent on building a network of repeat donors. Currently, the NBTS has an aggressive plan to expand the blood collection from the current level of less than 15% of the nation's needs to over 90% by 2016. The Nigeria Club 25, SBFAF's youth wing in Nigeria, is not currently supported under the PEPFAR program; however, SBFAF has continued to run the program because of its significance to the donor pool. Members of Club 25 and youth between 18-25 years of age make up approximately half of the NBTS donor pool. Additionally, repeat donor members of Club 25 have an HIV prevalence rate of 0.01% compared to approximately 3.1% in the general public. This is primarily because members of this club have pledged to donate blood regularly and as such adhere to the club's key messages which include living a risk-free lifestyle. This same group of young adults aged 18-25, if fully dedicated to the cause, will continue to be donors for several decades. The World Health Organization (WHO) guidance for blood banks stresses the need to maintain as large a repeat donor base as possible – it is more reliable, cheaper to maintain, and safer.

Capacity-building is one of the key mechanisms to achieving the objectives of the NBTS long-term strategy. SBFAF has conducted a robust training program that has strengthened the NBTS. In COP08, SBFAF activities have been primarily focused on: capacity-building for blood safety activities at all NBTS centers and focal USG-supported hospitals in Nigeria; support of NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promotion of coordinated blood safety activities across all partners. These activities will be sustained in COP09. SBFAF will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. SBFAF will train nurses and medical laboratory scientists in USG-supported hospitals and hospitals within NBTS catchment areas to recruit VNRD from the ranks of current family replacement donors. SBFAF will also train these personnel in blood collection and donor care, as well as in counseling, including appropriate utilization of the NBTS pre-donation screening questionnaire, leading to improved screening of all donors in all facilities. Training on appropriate blood use, dangers of TTIs, the risks associated with family replacement/ remunerated donors and appropriate clinical use of blood will be maintained. SBFAF will continue its TA to establish a more appropriate blood safety program in USG-supported hospitals in Nigeria in COP09. A total of 720 unique individuals will be trained in COP09 by the jointly funded project.

SBFAF has facilitated the development of an NBTS/hospital blood exchange program through training in logistics and cold chain management with an emphasis on improved storage and handling. This training was first introduced in COP07 to NBTS and USG-supported facilities' drivers and medical laboratory scientists. The NBTS/hospital blood exchange program put a system in place whereby NBTS centers develop and implement a delivery system with hospitals, including focal USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS centers pick-up unscreened blood units that the hospitals have appropriately collected and stored, and transport these units back to NBTS centers where they are screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, Hepatitis B, Hepatitis C and Syphilis using ELISA techniques. In addition to collecting unscreened units, NBTS delivers to the hospitals their requested order of screened units of blood for banking and use at the facilities. Furthermore, NBTS also provides monthly feedback on prevalence rates of the 4 TTIs found in the blood units collected by the facility. This is intended to facilitate improvement of donor prescreening and deferral. This program has already commenced at selected facilities with each USG treatment partner and will be expanded as NBTS absorptive capacity improves. The goal is that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donated blood on site using rapid test kits. Given that only a fraction of facilities are capable of piloting such an exchange program with NBTS in the initial year, all other facilities were supported to improve their collection practices and on site lab screening practices, including utilizing the blood donor setting as another point of service for HCT for deferred blood donors. This support activity will continue in COP09.

Technical support will be given to NBTS to develop IEC materials and advocacy packages for medical professionals. The Government of Nigeria has made efforts to increase accessibility to safe blood through establishment of more NBTS centers. There are presently 11 centers which will increase to 17 in COP09 via the GON efforts and funding. SBFAF will continue to provide TA in the infrastructural developments of the new centers to ensure uniform quality nationwide. SBFAF will also continue to work in 33 outlets in Akwa Ibom State.

SBFAF will continue to assist the NBTS in its monitoring and evaluation program. Bi-annual technical audits of the NBTS centers will be done to ensure quality of services and laboratory processes. SBFAF and the NBTS will introduce the principles of quality management processes with site-specific written Standard Operating Procedures, proper maintenance logs of equipment, validation of processes and a secure method of record keeping.

SBFAF has worked with the NBTS through the National Technical Committee to develop a National Blood

Activity Narrative: Policy. In COP09, entrenching the policy into law and advocacy to make the NBTS autonomous will be pursued in collaboration with other USG policy partners. This will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and institute consistent blood banking standards and practices on a national basis. SBFAF will continue to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure its sustainable, independent operation and increased leadership role in the safety of Nigeria's healthcare system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: SBFAF blood safety activities will contribute to COP09 overall Emergency Plan for blood safety targets for Nigeria. Activities will increase VNRD, create an enabling environment, and improve access to quality blood transfusion systems and practices. Technical support by SBFAF in linkages and synergies between the NBTS and service outlets will improve the quality of blood transfusion practices in Nigeria. The NBTS/USG supported hospital blood exchange program will also improve access to safe blood. This activity will be primarily conducted through technical assistance to the NBTS and the hospital monitoring and evaluation program and through training to facility staff. Monitoring and evaluation activities will determine the number of blood units screened by NBTS and the number of outlets adhering to the appropriate use of guidelines and SOPs provided through regular audits at these outlets at 6 month intervals. PEPFAR BS indicators will be reported.

LINKS TO OTHER ACTIVITIES: SBFAF VNRD activities have direct links to counseling and testing, human capacity development and system strengthening activities.

POPULATIONS BEING TARGETED: Low risk populations targeted to become regular VNRD include youth groups, adult men and women. SBFAF will assist the NBTS to engage with organizations such as faith-based organizations (FBOs), business/private sector, community and religious leaders. SBFAF training activities and capacity building will target government health workers and other health care providers.

KEY LEGISLATIVE ISSUES ADDRESSED: Key issue being addressed by SBFAF activities is to entrench the national blood policy into law and advocacy to make the NBTS autonomous.

EMPHASIS AREAS: This program includes major emphasis on blood safety training in all areas of the program. Emphasis is also being expended in the area of blood policy and legislation. Community Mobilization and Supportive Supervision will be areas of minor emphasis.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$122,145
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 2768.09	Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 6490.28543.09	Planned Funds: \$40,000

Activity Narrative: ACTIVITY DESCRIPTION:

ICAP-CU has supported 12 hospital networks in Kaduna and Cross River States to improve safe blood practices and reduce medical transmission of HIV and other infections. In COP08 ICAP-CU plans to expand into 13 additional hospital networks in six states (Kaduna, Gombe, Cross River, Benue, Akwa Ibom and Kogi), resulting in a total of 25 facilities receiving support through ICAP-CU. Blood transfusions occur at all 25 of these facilities.

In COP08, ICAP-CU will work closely with the National Blood Transfusion Service (NBTS) and Safe Blood for Africa Foundation (SBFA) in all aspects of its blood safety program. ICAP-CU will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system. NBTS, through the linkages its zonal centers will develop with ICAP-CU and its supported facilities, will provide TA for blood donation drives held by these ICAP-CU supported hospital facilities. In addition, SBFA will train nurses and medical laboratory scientists in these facilities to recruit repeat voluntary blood donors from the ranks of current family replacement donors. In this plan ICAP-CU will be instrumental in working with hospital management and staff at all comprehensive sites to develop buy-in for the NBTS blood services program, to create support of blood donor organizers, and to strengthen health facility and community focused blood drive activities. Health facilities will be supported by ICAP-CU to work with the local Red Cross on community sensitization and blood drives.

ICAP-CU will also work through local community based organizations and support groups to increase demand and awareness on safe blood practices. These local organizations will be supported to promote safe blood donor drives and activities in their communities. They will also be supported to sensitize the hospitals and communities on the need for voluntary blood donation. ICAP-CU will support the production and distribution of IEC/BCC materials obtained from NBTS and SBFA to promote the need for voluntary non-remunerated blood donation. In addition, ICAP-CU will work closely with facility management to establish blood transfusion committees to oversee blood use based on national algorithms and standards in the health facilities.

ICAP-CU will facilitate the development of an NBTS/hospital blood exchange program at 5 health facilities that will be selected based on proximity to a zonal NBTS office, availability of blood banking facilities, support infrastructure and other resources. This linkage will include regular delivery of donated units of blood to NBTS for screening in conjunction with a regular delivery of screened units of blood to the facility. NBTS will pick up unscreened blood units that these 5 hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. In addition to collecting unscreened units, NBTS will deliver to these 5 hospitals their requested order of screened units for blood banking and use at the facilities. NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by each facility. It is expected that at these 5 blood banking facilities a total of 4170 transfusions will take place. ICAP-CU will work to ensure that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donors on site using rapid test kits only. Therefore, approximately 3,340 units of blood will be collected and sent to the nearest NBTS centers for ELISA screening as outlined.

ICAP-CU will work with all 25 of its hospitals that do blood transfusions to ensure appropriate facility-level collection of blood. Directed and voluntary donors will be prescreened with the NBTS donor screening questionnaire and donors will be deferred as necessary based on their responses. 10,400 blood donors will be screened using the HCT testing algorithm, thereby utilizing the blood donor setting as another point of service for HCT during predonation. A PEPFAR-supported evaluation of the current emergency-based transfusion system will provide insight into rates of TTIs, including HIV, that go undetected in emergency screened blood.

ICAP-CU will identify appropriate staff for training by SBFA who, in turn, will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. Through this relationship 26 laboratory staff and other health care workers involved in blood transfusion services at ICAP-CU supported sites will be trained by SBFA. In order to avoid double counting, these 26 targets are counted under the SBFA blood safety narrative. For core TOT modules developed by SBFA, ICAP-CU will conduct step down training to 225 laboratory, allied health workers and hospital management staff involved in blood transfusion services at their sites.

Other activities for COP08 include infection prevention services to reduce occupational hazards, provision of contaminated waste and sharps collection and disposal units, and infection prevention equipment such as disposable and surgical gloves, disposable syringes, respiratory masks, and gowns. Quality assurance (QA)/Quality Improvement (QI) management systems will be put in place to ensure the quality of the rapid HIV testing at all sites. All sites will be provided with copies of the National Blood Policy, operational guidelines for blood transfusion, SOPs and job aids to support blood safety activities. This activity also includes partnerships and support to the following sub recipients for program activities: local red cross/red crescent organizations and HARHL Trust Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

As part of a comprehensive package of services and its contribution to the national strategic plan, ICAP-CU considers it essential to prevent HIV transmission in health care settings and to increase blood transfusion safety.

In COP08, ICAP-CU will support the training of health care workers to provide quality safe blood services, and will increase the availability of support personal protective equipment like hand gloves, lab coats, face shield and protective goggles to ensure that the lab staff are adequately protected. 10,400 donors will be prescreened according to National guidelines and 3,340 units of blood will be sent to NBTS to screen for 4 TTIs to ensure safe blood transfusion at ICAP-CU's supported sites in line with the National Blood

Activity Narrative: Transfusion policy on blood and blood product safety.

LINKS TO OTHER ACTIVITIES:

This activity is linked to Counseling and Testing (5550.08) as directed donors and voluntary donors will be provided with full HCT services prior to blood donation. This activity is closely linked to Injection Safety (6819.08) where ICAP-CU also plans to train laboratory and allied health workers at all its supported sites. With linkage to Lab (5544.08), lab-based activities will support safe blood activities at all ICAP-CU-supported sites through training, supervision, equipment maintenance and supplies.

POPULATIONS BEING TARGETED:

This activity targets health care workers at both public and private health sectors responsible for safe blood activities in all ICAP-CU-supported health facilities. Targeted also are all persons 18 years of age and above and family replacement donors.

EMPHASIS AREAS

This activity includes emphasis on institutional capacity development for blood safety which includes training of lab staff and provision of equipment. This activity will also increase awareness and build skills around safe blood issues at facility and community levels, reducing stigma and discrimination among health care workers. It is expected to also promote awareness about safe blood practices in the communities and indirectly increase the number of volunteers available for blood donations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13022

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13022	6490.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$115,000
6698	6490.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$0
6490	6490.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$50,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 552.09

Mechanism: USAID Track 2.0 GHAIN

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 26175.09

Planned Funds: \$60,000

Activity System ID: 26175

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

It has been estimated that 5% -10% of HIV infections worldwide are transmitted through the transfusion of contaminated blood and blood products. In order to reduce the HIV epidemic due to unsafe blood transfusions, this activity will continue to support the Government of Nigeria to implement the national blood policy in USG-supported treatment sites. This activity involves institutional capacity development for blood safety, universal safety precautions in handling blood and blood products, good laboratory practice and management of medical wastes contaminated with blood or blood products.

By the end of COP08, GHAIN would have supported 30 sites and upgraded 4 model blood banks to acceptable standards. During COP09, this activity will continue to provide support for 30 GHAIN-supported ART sites. GHAIN will continue to support the sites empowered as model blood banks to prescreen blood donors using the national donor questionnaire. Donors deferred will be offered full HCT. The collected blood will be sent to the nearest National Blood Transfusion Service (NBTS) center for screening by ELISA. It is hoped that 12,480 units of blood will be collected and about 80% of this (10,100 units), will be screened for the four transmission transmissible infections (TTIs) through this linkage with the NBTS. These sites will, in addition, conduct blood drives in collaboration with the NBTS. Blood collected from such donor drives will be screened by the NBTS and distributed to sites for use. Pilot samples of blood screened with rapid test kits for emergency transfusion will be sent to the NBTS centers for retesting by ELISA. All screening services will be linked to pre and post test counseling services at each site. The National blood donor questionnaire will continue to be used to screen all donors and the data submitted to the nearest NBTS center as part of the national database.

This activity will continue to encourage blood donor drives in collaboration with NBTS centers and to promote the principles of centralized blood transfusion services, voluntary non-remunerated blood donation as opposed to paid donors/family replacement, and universal safety precautions. It will result in a reduction in unnecessary transfusions, exposure to blood, and accidental injury/contamination. Additionally this activity will provide essential consumables and services that protect the health worker from contacting infections, especially HIV and hepatitis. These universal precaution materials include personal protective equipment such as hand gloves, laboratory coats and other consumables which will continue to be provided for the sites. In addition, each site will continue to make provisions for referral of staff for access to Post Exposure Prophylaxis (PEP), which will be provided within the same health facilities, in case the need arises.

GHAIN will support clinical meetings and seminars to medical professionals in supported sites to promote rational use of blood and blood products. This will facilitate behavior change and compliance with the National Blood Policy. Retraining and supportive supervision of health workers trained in COP08 will also be done. A total of 28 health workers and waste handlers will be trained.

In order to maintain high quality laboratory results, GHAIN will continue to institute an aggressive QA/QC program that involves on-site quarterly monitoring, retraining and proficiency in testing for the TTIs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Blood safety will contribute to the overall program area by preventing transmission of HIV through transfusion of blood and blood products. It will also contribute towards strengthening quality control systems on the use of HIV test kits in the PEPFAR program.

LINKS TO OTHER ACTIVITIES

Blood safety activity also relates to activities in HVCT, MTCT, and Adult and Pediatric care and treatment. All deferred blood donors will be offered full HCT services after prescreening with the blood donor questionnaire and the data are captured. Positive clients from emergency screening will be referred for ART services using the GHAIN referral network system. GHAIN will continue to collaborate with other partners to work with the National Blood Transfusion Service to develop a sustainable logistics plan for continuous availability of voluntary non-remunerated blood donors (VNRBD) and fully screened blood so that facility-level emergency screening will be minimal.

POPULATIONS BEING TARGETED

Blood safety activity targets youths, adult men and women who are potential blood donors. It will also target health care workers for appropriate use of blood.

EMPHASIS AREAS

Major emphasis will be placed on human capacity building to link services with the NBTS on blood safety issues. Minor emphasis will be placed on commodity and equipment procurement (test kits, equipment and laboratory consumables), supporting emergency blood screening, and quality assurance/quality improvement.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Malaria (PMI)

- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 4043.09

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 9773.26053.09

Activity System ID: 26053

Mechanism: USAID Track 2.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Blood Safety

Program Budget Code: 04

Planned Funds: \$10,000

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement, shipment, distribution and delivery of blood safety related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure, for the National Blood Transfusion Service (NBTS) and DoD, safe blood related commodities needed for the collection, testing, preparation and distribution of blood and blood components. Examples of such commodities are blood bags, laboratory reagents, and testing diagnostic kits for the detection of HIV, syphilis, and hepatitis B and C. SCMS will also procure commodities needed for the disposal of contaminated products.

Through its continuous support to and strengthening of commodity security in PEPFAR programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of blood donors and blood or blood components' recipients in the general population.

The present budget will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS for the support of all IPs active in blood/medical safety. In COP09, SCMS will procure blood safety commodities and requested technical assistance (TA) for the National Blood Transfusion Service and DoD, each of which has attributed specific funds to SCMS for these services: DoD, \$10,000, and NBTS, \$1,000,000. The budget also supports the cost of TA and SS. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

SCMS will support the NBTS and DoD in the following areas of the supply chain cycle: product selection in accordance with the Nigerian National Blood Policy and Operational guidelines for blood transfusion practices, Federal Government of Nigeria's (GON) HIV testing algorithm, marketing authorization status (GON NAFDAC registration), and GON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations, including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with implementing partners (IPs) in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e., maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. The SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurements for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for blood safety related commodities will be addressed to and coordinated with the SCMS field office directly in line with explicit guidance from the Prevention Technical Working Group (TWG) and the USG PEPFAR team to ensure complementarities with the priorities identified.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the various duty exemption forms (CC1, CC2, CC3). SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensures that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale-up. The RDC concept also brings an increased flexibility in stock management, thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC in Ghana to Abuja; this mode of delivery will provide significant savings over airfreight.

Delivery arrangements will be negotiated with NBTS and DoD; SCMS will either deliver to a central location or to points of service as needed. When local warehousing is needed, SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP09). For in-country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of pipeline

Activity Narrative: databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance). SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification and forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of staff in the use of the ProQ or Quantimed forecasting and pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of the supply chain systems assessment carried out in COP07.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP09, Supply Chain Support Teams (SCSTs) (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity, thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own, but supports NBTS and DoD to reach their blood safety planned targets.

EMPHASIS AREA:
Human capacity development

New/Continuing Activity: Continuing Activity

Continuing Activity: 13078

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13078	9773.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$425,000
9773	9773.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$0

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1561.09	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 5395.25970.09	Planned Funds: \$69,494
Activity System ID: 25970	

Activity Narrative: ACTIVITY DESCRIPTION:

This is a continuing activity. This activity relates directly to all Nigeria HHS Medical Transmission Blood Safety COP09 activities (see activity references in the narrative below).

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has one full time staff position to support Medical Transmission prevention activities with 75% of time allocated to Blood Safety and 25% of time allocated to Safe Injection (6817.09 for a more detailed description of safe injection responsibilities). The budget includes FSN salary, funding for required domestic and international travel, training funds and allocated support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP). This staff member will be supervised by a Senior Prevention Manager funded across the CDC agency prevention programs.

The HIV Medical Transmission Prevention local staff member works in close coordination with the USAID HIV Medical Transmission Prevention staff and directly provides quality assurance and program monitoring or coordination to HHS-supported implementing partners with Blood Safety activities including: University of Maryland-ACTION, Harvard SPH, Columbia University SPH-ICAP, Catholic Relief Services-AIDSRelief, the Nigeria Ministry of Health National Blood Transfusion Service, and the Safe Blood for Africa Foundation. This position will also work with USAID staff on joint monitoring visits of non-HHS PEPFAR partners such as FHI-GHAIN and give technical assistance to the DoD Safe Blood program as requested. HIV medical transmission staff will also monitor procurements made through SCMS for Safe Blood activities.

The HHS/CDC staff member provides technical support and capacity development to new partners selected through Requests for Applications (RFAs), the New Partner Initiative and to the Government of Nigeria at the national and state levels to promote Nigeria national guidelines related to blood safety. Technical assistance through the HIV Medical Transmission TWG will be provided as need to the Department of Defense and USAID partners with Blood Safety activities. Under this activity the staff member will provide direct or indirect monitoring and support to over 230 Emergency Plan supported sites in COP09.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13134

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13134	5395.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$40,000
6789	5395.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$60,000
5395	5395.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$10,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3700.09

Mechanism: USAID Track 2.0 SBFAF

Prime Partner: Safe Blood for Africa Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 5387.24928.09

Planned Funds: \$500,000

Activity System ID: 24928

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- In COP08, SBFAF will assist the National Blood Transfusion Service (NBTS) to develop a Blood Safety Training Manual. In COP09, SBFAF will assist the NBTS to train a pool of master trainers in the country.
- Another key activity in COP09 will be SBFAF's active role in the advocacy for the NBTS to achieve the status of an autonomous agency or commission.

This activity is jointly funded through CDC and USAID. The narrative incorporates the scope of activities in this joint project, in the two narratives the target for number of people trained is divided in order to avoid duplication of targets. The Safe Blood for Africa Foundation (SBFAF) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). SBFAF activities reinforce the National Blood Transfusion Service's (NBTS) long-term strategy. SBFAF assists the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized national blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system (VNRD – voluntary non-remunerated blood donation). The NBTS zonal and state centers are primarily supported by VNRD. SBFAF will continue to provide technical support to NBTS in the establishment of new centers and the VNRD system.

The VNRD system is highly dependent on building a network of repeat donors. Currently, the NBTS has an aggressive plan to expand the blood collection from the current level of less than 15% of the nation's needs to over 90% by 2016. The Nigeria Club 25, SBFAF's youth wing in Nigeria, is not currently supported under the PEPFAR program; however, SBFAF has continued to run the program because of its significance to the donor pool. Members of Club 25 and youth between 18-25 years of age make up approximately half of the NBTS donor pool. Additionally, repeat donor members of Club 25 have an HIV prevalence rate of 0.01% compared to approximately 3.1% in the general public. This is primarily because members of this club have pledged to donate blood regularly and as such adhere to the club's key messages which include living a risk-free lifestyle. This same group of young adults aged 18-25, if fully dedicated to the cause, will continue to be donors for several decades. The World Health Organization (WHO) guidance for blood banks stresses the need to maintain as large a repeat donor base as possible – it is more reliable, cheaper to maintain, and safer.

Capacity-building is one of the key mechanisms to achieving the objectives of the NBTS long-term strategy. SBFAF has conducted a robust training program that has strengthened the NBTS. In COP08, SBFAF activities have been primarily focused on: capacity-building for blood safety activities at all NBTS centers and focal USG-supported hospitals in Nigeria; support of NBTS in developing and implementing a hospital blood bank exchange and distribution system; and promotion of coordinated blood safety activities across all partners. These activities will be sustained in COP09. SBFAF will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. SBFAF will train nurses and medical laboratory scientists in USG-supported hospitals and hospitals within NBTS catchment areas to recruit VNRD from the ranks of current family replacement donors. SBFAF will also train these personnel in blood collection and donor care, as well as in counseling, including appropriate utilization of the NBTS pre-donation screening questionnaire, leading to improved screening of all donors in all facilities. Training on appropriate blood use, dangers of TTIs, the risks associated with family replacement/ remunerated donors and appropriate clinical use of blood will be maintained. SBFAF will continue its TA to establish a more appropriate blood safety program in USG supported hospitals in Nigeria in COP09. A total of 720 unique individuals will be trained in COP09 by the jointly funded project.

SBFAF has facilitated the development of an NBTS/hospital blood exchange program through training in logistics and cold chain management with an emphasis on improved storage and handling. This training was first introduced in COP07 to NBTS and USG-supported facilities' drivers and medical laboratory scientists. The NBTS/hospital blood exchange program put a system in place whereby NBTS centers develop and implement a delivery system with hospitals, including focal USG-supported hospitals, which have appropriate blood banking facilities in place. NBTS centers pick up unscreened blood units that the hospitals have appropriately collected, stored and transport these units back to NBTS centers where they are screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, Hepatitis B, Hepatitis C and Syphilis using ELISA techniques. In addition to collecting unscreened units, NBTS delivers to the hospitals their requested order of screened units of blood for banking and use at the facilities. Furthermore, NBTS also provides monthly feedback on prevalence rates of the 4 TTIs found in the blood units collected by the facility. This is intended to facilitate improvement of donor prescreening and deferral. This program has already commenced at selected facilities with each USG treatment partner and will be expanded as NBTS absorptive capacity improves. The goal is that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donated blood on site using rapid test kits. Given that only a fraction of facilities are capable of piloting such an exchange program with NBTS in the initial year, all other facilities were supported to improve their collection practices and on site lab screening practices, including utilizing the blood donor setting as another point of service for HCT for deferred blood donors. This support activity will continue in COP09.

Technical support will be given to NBTS to develop IEC materials and advocacy packages for medical professionals. The Government of Nigeria has made efforts to increase accessibility to safe blood through establishment of more NBTS centers. There are presently 11 centers which will increase to 17 in COP09 via the GON efforts and funding. SBFAF will continue to provide TA in the infrastructural developments of the new centers to ensure uniform quality nationwide. SBFAF will also continue to work in 33 outlets in Akwa Ibom State by the jointly funded project.

SBFAF will continue to assist the NBTS in its monitoring and evaluation program. Bi-annual technical audits of the NBTS centers will be done to ensure quality of services and laboratory processes. SBFAF and the NBTS will introduce the principles of quality management processes with site-specific written Standard Operating Procedures, proper maintenance logs of equipment, validation of processes and a secure method of record keeping.

SBFAF has worked with the NBTS through the National Technical Committee to develop a National Blood

Activity Narrative: Policy. In COP09, entrenching the policy into law and advocacy to make the NBTS autonomous will be pursued in collaboration with other USG policy partners. This will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and institute consistent blood banking standards and practices on a national basis. SBFAF will continue to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure its sustainable, independent operation and increased leadership role in the safety of Nigeria's healthcare system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: SBFAF blood safety activities will contribute to COP09 overall Emergency Plan for blood safety targets for Nigeria. Activities will increase VNRD, create an enabling environment, and improve access to quality blood transfusion systems and practices. Technical support by SBFAF in linkages and synergies between the NBTS and service outlets will improve the quality of blood transfusion practices in Nigeria. The NBTS/USG supported hospital blood exchange program will also improve access to safe blood. This activity will be primarily conducted through technical assistance to the NBTS and the hospital monitoring and evaluation program and through training to facility staff. Monitoring and evaluation activities will determine the number of blood units screened by NBTS and the number of outlets adhering to the appropriate use of guidelines and SOPs provided through regular audits at these outlets at 6 month intervals. PEPFAR BS indicators will be reported.

LINKS TO OTHER ACTIVITIES: SBFAF VNRD activities have direct links to counseling and testing, human capacity development and system strengthening activities.

POPULATIONS BEING TARGETED: Low risk populations targeted to become regular VNRD include youth groups, adult men and women. SBFAF will assist the NBTS to engage with organizations such as faith-based organizations (FBOs), business/private sector, community and religious leaders. SBFAF training activities and capacity building will target government health workers and other health care providers.

KEY LEGISLATIVE ISSUES ADDRESSED: Key issue being addressed by SBFAF activities is to entrench the national blood policy into law and advocacy to make the NBTS autonomous.

EMPHASIS AREAS: This program includes major emphasis on blood safety training in all areas of the program. Emphasis is also being expended in the area of blood policy and legislation. Community Mobilization and Supportive Supervision will be areas of minor emphasis.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18064

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18064	5387.08	U.S. Agency for International Development	Safe Blood for Africa Foundation	7929	3700.08	USAID Track 2.0 SBFAF	\$600,000
6731	5387.07	U.S. Agency for International Development	Safe Blood for Africa Foundation	4178	3700.07	Track 2.0	\$946,250
5387	5387.06	U.S. Agency for International Development	Safe Blood for Africa Foundation	3700	3700.06	Track 1.0	\$680,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$122,145

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 6706.09

Prime Partner: Partnership for Supply Chain Management

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 14085.24864.09

Activity System ID: 24864

Mechanism: USAID Track 1.0 SCMS

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Blood Safety

Program Budget Code: 04

Planned Funds: \$1,000,000

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement, shipment, distribution and delivery of blood safety related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure, for the National Blood Transfusion Service (NBTS) and DoD, safe blood related commodities needed for the collection, testing, preparation and distribution of blood and blood components. Examples of such commodities are blood bags, laboratory reagents, and testing diagnostic kits for the detection of HIV, syphilis, and hepatitis B and C. SCMS will also procure commodities needed for the disposal of contaminated products.

Through its continuous support to and strengthening of commodity security in PEPFAR programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of blood donors and blood or blood components' recipients in the general population.

The present budget will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS for the support of all IPs active in blood/medical safety. In COP09, SCMS will procure blood safety commodities and requested technical assistance (TA) for the National Blood Transfusion Service and DoD, each of which has attributed specific funds to SCMS for these services: DoD, \$10,000, and NBTS, \$1,000,000. The budget also supports the cost of TA and SS. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

SCMS will support the NBTS and DoD in the following areas of the supply chain cycle: product selection in accordance with the Nigerian National Blood Policy and Operational guidelines for blood transfusion practices, Federal Government of Nigeria's (GON) HIV testing algorithm, marketing authorization status (GON NAFDAC registration), and GON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations, including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with implementing partners (IPs) in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e., maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. The SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurements for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for blood safety related commodities will be addressed to and coordinated with the SCMS field office directly in line with explicit guidance from the Prevention Technical Working Group (TWG) and the USG PEPFAR team to ensure complementarities with the priorities identified.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the various duty exemption forms (CC1, CC2, CC3). SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensures that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale-up. The RDC concept also brings an increased flexibility in stock management, thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC in Ghana to Abuja; this mode of delivery will provide significant savings over airfreight.

Delivery arrangements will be negotiated with NBTS and DoD; SCMS will either deliver to a central location or to points of service as needed. When local warehousing is needed, SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP09). For in-country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of pipeline

Activity Narrative: databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance). SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification and forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of staff in the use of the ProQ or Quantimed forecasting and pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of the supply chain systems assessment carried out in COP07.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP09, Supply Chain Support Teams (SCSTs) (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity, thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own, but supports NBTS and DoD to reach their blood safety planned targets.

EMPHASIS AREA:
Human capacity development

New/Continuing Activity: Continuing Activity

Continuing Activity: 14085

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14085	14085.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6706	6706.08	USAID Track 1.0 SCMS	\$1,000,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3812.09	Mechanism: HHS/CDC Track 1.0 MoH NBTS
Prime Partner: Federal Ministry of Health, Nigeria	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 5669.24857.09	Planned Funds: \$3,500,000
Activity System ID: 24857	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008:

The National Blood Transfusion Centre presently operates in 11 centers in Nigeria; 1 headquarters, 6 Zonal Centers, 1 Armed Forces Center and 3 State Centers. In the COP08 and COP09, 6 additional state centers will be opened by the Government of Nigeria and a total of 66,000 units of blood will be collected and screened. This is based on the quarterly reports on the numbers of blood units collected monthly in the past one year from all the Zonal Centers. This target value will be composed of units of blood obtained from voluntary non-remunerated donors through donor drives and from hospitals under the hospitals linkage program.

NBTS activities will be primarily focused on voluntary non-remunerated blood donations with extensive mobile community outreach activities by all the centers. There is also continued emphasis on linkages with hospitals to encourage them to send units of blood collected from family replacement donors to the NBTS for centralized ELISA screening. The goal of the hospitals linkage program is to ensure that all blood units are properly screened for HIV I and II, Hepatitis B, Hepatitis C and Syphilis using ELISA techniques and to promote the conversion of family replacement donors to voluntary, non-remunerated blood donors. Cold chain is preserved by a 24-hour power supply augmented by standby generators at all the centers and solar power systems dedicated to the blood banks in 6 centers. The NBTS in addition will deliver to the hospitals their requested order of screened units for blood banking and use at the facilities. NBTS will also provide monthly feedback on rates of the four TTIs found by ELISA screening of blood units collected by the facility. This will facilitate improvement of donor prescreening and deferral.

The Nigerian National Blood Transfusion Service is based on a centralized system with 6 Zonal blood screening centers set up in the first phase of the project, as follows; Abuja serves as headquarters covering Federal Capital Territory and adjoining states of Nasarawa and Niger with a population of 7.2 million. Kaduna serves the North-West Zone comprising of 7 states with population of 35.8 million while Owerri serves the South-East Zone which has 5 states with population of 16.4 million. Ibadan serves the South-West Zone comprising of 6 states with population of 27.6 million. Maiduguri covers North-East Zone with 6 states having a population of 18.2 million. Jos covers North-Central Zone comprising of 6 states with population of 18.2 million. Port-Harcourt is designated the Armed Forces Center while the South-South Zone of 6 states and population of 21.0 million has Benin City as its Zonal Center. Lokoja is a State Center complementing the Zonal Center in Jos while the Nangere-Potiskum Center complements the North-East Zonal Center in Maiduguri. The Abeokuta State Center complements the Zonal Center in Ibadan while the Sokoto Center will complement the center in Kaduna (North-West). The Calabar Center is to complement the South-South Zonal Center in Benin City.

An aggressive donor recruitment campaign is in progress to educate the populace about the importance of voluntary blood donations to blood safety and adequacy. The campaigns are carried out mostly in tertiary educational institutions and to faith based organizations via mass media (TV, radio), sensitization talks, road shows and one-on-one recruitment. Young persons are targeted to become regular blood donors through regular education and counseling and reinforcing messages about living healthy lifestyles that reduce the risk of contracting HIV and other Transfusion Transmissible Infections (TTIs). The youth recruitment program relies substantially on the establishment of youth donor associations such as local Club 25 and Lifesavers Club. Other youth NGOs like the Rotaract Club (Junior Rotarians) also have committed blood donor programs. Walk-in donors are also encouraged during emergencies. Donor retention programs will be intensified in COP09 through routine follow up and improved donor care.

The National Blood Transfusion Service will also embark on regular training of medical personnel in the catchments areas on the appropriate use of blood and blood products using a standard training module which will be regularly updated. A total number of 278 staff will be trained by the end of COP09. Training will be conducted on core basic knowledge and logistics/cold chain management for NBTS staff and hospitals staff in USG PEPFAR supported sites and other collaborating hospitals under the hospitals linkage program. NBTS will employ different cadres of medical and administrative professionals per center (physicians, donor recruiters, nurses, phlebotomists, counselors and laboratory scientists) who will be trained as master trainers and conduct step down trainings within their NBTS centers and at catchment hospitals. NBTS in collaboration with Safe Blood for Africa Foundation (SBFAF) conducts other trainings for blood safety.

Formal referral linkages exist between the NBTS Centers to appropriate treatment facilities for HIV and other TTI reactive donors. The National Blood Transfusion Service is developing a quality management protocol for the assessment of the program at regular intervals. A biannual technical audit of all NBTS centers is conducted with technical support from SBFAF. Standard operating guidelines for all processes and procedures carried out within the service have been developed. Regular scheduled and unscheduled monitoring and evaluation, using a standard checklist, will complement quality management efforts. A National blood policy was adopted and launched in COP06, and a legislative back up bill is currently being considered by the National Assembly. A ten-year strategic plan drawn in collaboration with SBFAF is in place to direct implementation of the program. As part of Government of Nigeria (GON) commitment to the blood safety project, an additional six centers will be established bringing the total number to 17 centers nationwide.

CONTRIBUTIONS TO OVERALL PROGRAM AREA Safe blood supply in our communities will result in significant reduction in the transmissions of HIV and other TTIs from unsafe blood transfusions. This contributes immensely to PEPFAR's 5 year strategic plan for Nigeria to reduce new HIV infections through the provision of safe blood and the implementation of safe blood interventions in the country.

LINKS TO OTHER ACTIVITIES This activity links with HVCT and ARV. The NBTS Centers work closely with the State Action Committees on AIDS (SACAs) in the various zones to promote HIV/AIDS prevention, education and strategies. NBTS also works in collaboration with SBFAF, which serves as its technical partner.

Activity Narrative: POPULATIONS BEING TARGETED The main target populations for regular voluntary blood donor recruitments are the youths between the ages of 18 and 30 years. Many of the youths are in tertiary educational institutions within the catchments areas. There is a very active population of donors from the faith-based organizations and the general population is also targeted.

KEY LEGISLATIVE ISSUES ADDRESSED Key legislative issues addressed include gender, stigma and discrimination and volunteers. NBTS activities will help to increase gender equity in voluntary blood donations through counseling messages targeted to the populace. An estimate of the donor data at the centers indicates a low patronage by women (male:female~4:1).

EMPHASIS AREAS The major emphasis areas to be targeted in 2009 will be community mobilization and participation for voluntary non-remunerated blood donation and strengthening of the hospitals linkage program. Other areas of emphasis are training of appropriate staff (donor recruiters, laboratory scientists, quality officers and donor care officers), and establishing an infrastructure for screening, cold chain maintenance and banking safe blood in Nigeria.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13046

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13046	5669.08	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Nigeria	6375	3812.08	HHS/CDC Track 1.0 MoH NBTS	\$3,500,000
6711	5669.07	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Nigeria	4168	3812.07	Track 1.0	\$3,500,000
5669	5669.06	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Nigeria	3812	3812.06	Track 1.0	\$1,500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$97,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 544.09 **Mechanism:** HHS/HRSA Track 2.0 Harvard SPH
Prime Partner: Harvard University School of Public Health **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Biomedical Prevention: Blood Safety
Budget Code: HMBL **Program Budget Code:** 04
Activity ID: 6491.24890.09 **Planned Funds:** \$40,913

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The blood safety (HMBL) activity supports infrastructure and capacity development for blood safety training and equipment, blood bank screening for HIV and other transfusion transmissible infections (TTIs: HIV, HBV, HCV and syphilis), high-quality blood bank and transfusion practices, support of counseling and lab personnel and their training on universal safety precautions (UP) and good lab practices, waste management, and QA/QC for HIV serologic testing. At the end of COP08, capacity for high-quality blood transfusion services at 7 Harvard-supported ARV centers will be increased through linkages between blood banks at the sites and National Blood Transfusion Service (NBTS) Zonal Centers. In COP09, these same sites will be supported for effective compliance with the National Blood policy. The policy emphasizes the use of voluntary blood donors, screening for 4 TTIs with ELISA techniques before transfusion and centrally coordinated blood banking services through the NBTS.

In COP09, Harvard will continue to work closely with the NBTS and Safe Blood for Africa Foundation (SBFAF) in all aspects of its blood safety program. Harvard supports the NBTS' primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide, where a key feature of the program is a nationwide voluntary nonremunerated donor recruitment system (VNRD). At Harvard-supported facilities, NBTS will provide TA for blood donation drives and SBFA will train nurses and medical lab scientists in recruitment strategies to create repeat voluntary blood donors from current family replacement donors. In this plan, Harvard will be instrumental in working with hospital management and staff at all comprehensive sites to participate in the NBTS blood services program to create support of blood donor organizers and to strengthen health facility and community focused blood drive activities. All Harvard sites with blood transfusion services (7) will be technically supported so that donors are screened with the national pre-donation questionnaire. Donors deferred after administration of the questionnaire will be offered HCT using the National testing algorithm. Data on patients provided with HCT through these activities will be captured through Harvard SI activities.

Linkages to NBTS Zonal Centers will occur through strengthening of ongoing collaborations. Harvard works with secondary and tertiary facilities that do blood transfusions, some of which are already utilizing a combination of ELISA and rapid tests for the 4 TTIs and are resistant to moving their current blood screening practices to NBTS. Harvard, NBTS and SBFA will continue promoting the benefits of NBTS-screening to the management and hematology departments of these facilities. Harvard will continue to facilitate the development of an NBTS/hospital blood exchange programs at 7 health facilities that was selected in COP08, based on supportive management, proximity to a zonal NBTS office, availability of blood banking facilities, lab infrastructure and other resources. This linkage will include regular delivery of donated blood to NBTS for screening along with a regular delivery of screened blood back to the facility. In addition to collecting unscreened units, NBTS will deliver the requested order of screened units for blood banking and use at the facilities to these 7 hospitals. NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening. It is expected that through the linkage with the NBTS blood banking system, rapid testing in the blood donor setting will occur in emergencies only. The goal of the NBTS hospital linkage is to limit emergency transfusion with rapid test kits to less than 20% of all transfusions in the hospital. Harvard and its supported facilities will establish and coordinate a regular QA/QC program to ensure that HCT in the blood donor setting meets national and international standards. It is expected that these improvements in the donor screening and blood collection practices will result in the safe collection of 3,500 units of blood. 2,800 (80% of total units of blood) units of blood will be sent to NBTS for screening.

Harvard will identify appropriate staff (50) for training by SBFA who, in turn, will utilize standardized training modules approved by NBTS and appropriate to the various levels of trainees. Subsequently, Harvard will support a total of 140 doctors, nurses, and lab workers at supported sites to be trained via step down training.

QA/QC activities will include site M&E and personnel trainings on proficiency in HIV testing, UP, and good lab practices. All sites will be provided with copies of the National Blood Policy, operational guidelines for blood transfusion, SOPs and job aids to support blood safety activities.

This activity will promote the principles of UP, such as the reduction of unnecessary exposure to blood, accidental injury/contamination as well as the essential consumables and services that protect health care workers (HCWs) from contracting infections, especially HIV. Harvard will support clinical meetings and seminars of medical professionals to promote rational use of blood and blood products.

EMPHASIS AREAS:

HMBL activities emphasize upgrading the infrastructure of participating hospitals, laboratories, and blood banks through training and minor renovations to effectively link up with the NBTS and contribute to the nationally coordinated blood banking system. In order to develop human capacity, there will also be emphasis on in-service training of lab workers and public health personnel in the implementation of recruitment of voluntary non-remunerated blood donation and safe blood activities. This will also be achieved through QA and supportive supervision of trained staff. SI will be emphasized in the collection of data surrounding transfusions done at the site level. Lastly, this program will develop the capacity of local organizations (blood banks in hospitals) to change the practice of fragmented hospital based services and the use of paid/family replacement donors to participate in national blood safety activities. Awareness about safe blood practices will be promoted in the communities and indirectly increase the number of volunteers available for blood donations.

POPULATIONS BEING TARGETED:

HMBL activities target adults, specifically blood donors aged 18 and above. Additionally, it targets public HCWs and laboratory workers for compliance with the national blood policy, training in HIV testing techniques and proper UP in the handling of blood specimens.

CONTRIBUTION TO OVERALL PROGRAM AREA:

HMBL will provide support for 7 service outlets at tertiary health care facilities for improved blood screening

Activity Narrative: activities. Individuals will be trained in counseling and testing and blood bank safety protocols. Linkages will be created with the NBTS. The emphasis on infrastructure building within this program is consistent with the PEPFAR 5-year goal of providing technical assistance for the development of site-specific blood safety policies, protocols and guidelines. Furthermore, it is consistent with the goal of ensuring a safe, effective and nationally coordinated blood program that provides blood free of the four TTIs.

Additionally, as part of the program's sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for HMBL activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

HMBL activities relate to activities in counseling and testing. All blood donors will be screened with donor questionnaires and deferred donors provided with full HCT. The UP processes at the blood bank screening centers also enhance blood bank workers' knowledge on best practices for high quality HIV testing and the proper procedures for handling blood specimens throughout the blood banking protocol. TTI positive donors are linked to care and treatment. HMBL activities also relate to activities in Adult Care and Treatment, Pediatric Care and Treatment, PMTCT, TB/HIV, ART Services and OVC.

HMBL is linked to HMIN activities and to HLAB through the promotion of universal safety precautions, good laboratory practices, and proper waste management for biohazardous materials. Both areas are linked to Human Capacity Development (HCD) and Health Systems Strengthening (OHSS) by training workers and building the overall capacity at the sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13035

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13035	6491.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$200,000
6710	6491.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$108,750
6491	6491.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$225,000

Emphasis Areas

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 632.09

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 3258.25239.09

Activity System ID: 25239

Mechanism: HHS/CDC Track 2.0 Univ
Maryland

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Biomedical Prevention: Blood
Safety

Program Budget Code: 04

Planned Funds: \$70,516

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities will be focused on supportive supervision of 32 hub sites to encourage linkage with NBTS Zonal Centers and adoption of NBTS recommended practices as well as on-site refresher training complementing training provided by NBTS and SBFA.

ACTIVITY DESCRIPTION:

AIDS Care and Treatment in Nigeria (ACTION) will support the USG effort to assist the Nigerian National Blood Transfusion Service (NBTS) in the development of a nationally-coordinated blood program to ensure a safe and adequate blood supply by supporting 32 hospital blood banks to utilize screened blood from NBTS Zonal Centers for their transfusion needs. These activities will be facilitated through the provision of laboratory consumables and supplies, supportive supervision, and on-site refresher training utilizing curricula developed by NBTS and Safe Blood for Africa Foundation (SBFA). For their emergency transfusions as an interim measure, sites will be supported to utilize the NBTS standard donor screening questionnaire, provide full HCT services to deferred donors, and encouraged to screen all emergency donors for the four transfusion transmitted infections (TTIs) (HIV I and II, syphilis, hepatitis B, and hepatitis C) in accordance with NBTS policies. The blood banks will also be supported to carry out proper universal precautions, good laboratory practice, waste management, and QA/QC for all serological testing. Approximately 32 facilities supported by ACTION and carrying out blood transfusion services will be supported to utilize the NBTS donor screening questionnaire, provide pre-donation counseling, and implement standardized blood collection methods. Safe injection program area resources will be leveraged to facilitate proper universal precautions and waste management.

In COP09, ACTION will work closely with NBTS and SBFA in all aspects of its blood safety program. ACTION will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system. ACTION will work with NBTS Centers to implement blood drives at supported facilities and surrounding communities. To assist in the development of efficient national coordinated and centralized donor recruitment, blood screening, and distribution systems in accordance with the Nigerian National Blood Transfusion Policy, the four selected ACTION sites involved in the provision of blood transfusion services and supported as model blood banks in COP08 will be followed up to sustain blood safety activities. Blood banks will be supported to professionally screen and bleed donors. These blood units will be sent to NBTS centers for screening with ELISA techniques for the 4 TTIs. NBTS will return safe blood units to the model blood banks and give return data on the rate of TTI on the screened blood units. A total of 9600 units of blood is targeted for the hospital linkage program in these 4 blood banks.

Recognizing that the transition to full reliance upon the NBTS Centers for all blood products will take some time, sites will be supported to follow NBTS policy in the identification and collection of blood from all donors including blood for emergency transfusions. Procedures for emergency donors at the site will mirror NBTS Center procedures to the extent possible. This will include the use of the NBTS donor screening questionnaire for all donors deferred as necessary based on responses, and the provision of standard HCT services to deferred donors using the National HIV rapid testing algorithm. In order to maintain high quality laboratory results, ACTION will include the blood bank in its laboratory QA/QC program that involves on-site quarterly monitoring and retraining as well as selective retesting and proficiency panels for all serologic testing.

This activity will promote the principles of Universal Safety Precautions, such as the reduction of unnecessary exposure to blood, accidental injury/contamination as well as the essential consumables and services that protect health care workers from contracting infections, especially HIV. Proper waste management will be encouraged through the use of biohazard bags, suitable sharps containers, and the use of incinerators. In addition, each site will have in place a Post-Exposure Prophylaxis (PEP) protocol and starter kits in the event of an occupational exposure (described under the ARV services narrative).

Staff will be trained at sites by SBFA who in turn will utilize standardized training modules that are appropriate to the various levels of trainees and approved by NBTS. In order to avoid double counting, training targets are counted under the SBFA blood safety narrative. ACTION will complement this activity during supportive supervision visits to the 32 supported sites by providing refresher training for 3 staff per site for a total of 96 direct training targets. Clinical seminars for medical doctors on appropriate use of blood will also be supported.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities in this program area will support PEPFAR and GON goals to avert new infections through ensuring that all blood transfused at selected facilities are HIV free by instituting safe blood activities at all sites. Screening for TTIs will provide information on prevalence among blood donors and guide future policy formulation on TTI screening. ACTION activities will support the implementation of GON operational guidelines for blood transfusion practice in Nigeria and actualization of a well coordinated and centralized blood supply system in the country, while the QA program will serve as a mechanism to measure and evaluate the success of the intervention strategy.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT as deferred donors will be provided with full HCT services. This activity is also linked to infection control activities under injection safety as a post exposure prophylaxis policy will be instituted, universal precaution supplies including safe disposal containers will be provided, and training will be conducted. Linkages to laboratory infrastructure also exist. Strategies for HIV positive donor referral to clinical ARV facilities will promote treatment access goals and provide encouragement of donors to have HIV testing done. SI will support data gathering related to blood donations.

POPULATIONS BEING TARGETED:

The target populations are blood donors, laboratory workers, physicians and blood donor organizers at

Activity Narrative: public facilities who will be the focus of capacity development and voluntary blood donations.

EMPHASIS AREAS:

An emphasis area for this activity is organizational capacity building as capacity around blood donor drives and blood banking services in facilities are strengthened. This activity will increase awareness and build skills around safe blood issues at facility and community levels. It is expected to also promote awareness about safe blood practices in the communities and to indirectly increase the number of volunteers available for blood donations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13107

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13107	3258.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$315,000
6769	3258.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$400,000
3258	3258.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$190,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$19,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 554.09

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 5388.25192.09

Activity System ID: 25192

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Biomedical Prevention: Blood Safety

Program Budget Code: 04

Planned Funds: \$30,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY NARRATIVE:

In COP09, the Department of Defense (DOD) HIV Program, in collaboration with the Nigerian Ministry of Defence (NMOD), will continue to support blood safety activities to strengthen NMOD's support and use of the National Blood Transfusion Service (NBTS) as started under COP08. The DOD will conduct activities in four sites. The 4 sites were selected due to their proximity to an NBTS regional blood screening site.

This activity has three components. Working closely with the NBTS, the first component is to support blood drive activities across four military sites. By promoting and facilitating access to the NBTS, the military will support the recruitment of voluntary, non-remunerated blood donors among the barracks community in support of national blood supply needs. Another objective is to increase the number of first-time donors and the proportion of military and civilian personnel who are regular donors. This will be facilitated by frequent blood drives at the sites so military personnel will not have to travel to NBTS to donate. The NMOD will also encourage senior military officers to promote regular blood donation during officer professional development seminars. All donors will be screened with the national blood donor questionnaire and the data remitted to the NBTS. Deferred donors will be offered HCT and data captured under HVCT.

The second component includes supporting sites to transport blood units collected to the NBTS. Currently, blood donations are collected, screened with rapid test kits and transfused at military sites. Instead of screening, storage and distribution of blood at the four military sites, the DOD will work with the sites to establish systematic transportation of blood collections to the nearest NBTS site for processing and screening for the four transmissible transfusion infections with ELISA. This will include the provision of hazmat mobile storage containers to transport blood. By beginning to shift the effort of providing these services through the NBTS, it is anticipated that over time the burden of collecting and screening blood at most of the military sites will be transferred to the NBTS. This will also result in a reduction in the use of rapid test kits to screen blood at military sites, saving resources for VCT and other clinical screening programs. Screened blood from NBTS will be collected and stored at the four collaborating centers so that emergency screening with rapid test kits is minimal. The goal is to make emergency screening of transfused blood with rapid test kits <20% of the total transfusion taking place at these facilities. As a result of these first two activities, the military will support the NBTS in executing its responsibility for ensuring a national, safe blood supply in Nigeria, coordinated and implemented by a single national body. NBTS will also provide monthly feedback on rates of the four TTIs found by ELISA screening of blood units collected by each facility.

The final component of this activity includes strengthening the capacity of military and civilian personnel in blood safety practices. The DOD will also facilitate the training of NMOD staff through the Safe Blood for Africa Project (SBFA) and the NBTS. Education and training in all aspects of blood safety according to Government of Nigeria (GON) national training guidelines will be provided to 12 personnel at the four NMOD sites by SBFA. Step-down training will be conducted at each site. A total of 36 health personnel will be trained through this step down training. This includes topics such as donor recruitment and management, blood collection, as well as in counseling, including appropriate utilization of the NBTS pre-donation screening questionnaire, leading to improved screening of all donors in all facilities. Training on the risks associated with family replacement/ remunerated donors and appropriate clinical use of blood, universal precautions, good clinical and laboratory practices, testing for transfusion-transmissible infections, and other such areas will also be covered. DOD will support clinical meetings and seminars of medical professionals to promote rational use of blood and advocate implementation of the national blood policy.

QC/QA will be instituted for all processes involved in this activity. All sites will be provided with copies of the National Blood Policy, operational guidelines for blood transfusion, SOPs and job aids to support blood safety activities.

This activity will support four NMOD sites in Lagos, Kaduna, Oyo and the FCT. It is expected that an average of 100 units of blood from each of these sites will be screened through linkages with the NBTS making a total of 400 units of blood.

This activity will also promote the principles of Universal Safety Precautions, such as the reduction of occupational exposure to blood, accidental injury/contamination as well as the essential consumables and services that protect health care workers from contracting infections, especially HIV. These universal precaution materials will include personal protective equipment such as hand gloves, laboratory coats, masks, and other essential consumables for each site. Additionally, each site will make provisions for the referral of staff for access to post exposure prophylaxis (PEP) when needed. PEP will be provided through ART drugs activities. Proper waste management will be encouraged at each site through the use of biohazard bags, suitable sharps containers, and the use of incinerators.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will contribute to the USG target of preventing new infections through prevention of medical transmission of HIV by ensuring the supply of a safe and screened national blood supply. This activity will also contribute to GON and PEPFAR training goals by training military personnel in blood safety. This activity will help to establish routine referrals to the NBTS for blood banking services.

LINKS TO OTHER ACTIVITIES:

This activity will be linked to PMTCT (MTCT), HCT (HVCT), Injection Safety (HMIN), Lab (HLAB), ART services (HTXS), and TB/HIV (HVTB). All donors at the collaborating centers will be screened with the national blood donor questionnaires and deferred donors offered full HCT services. The DOD will also establish linkages with other partners to ensure access to the full range of blood safety activities including Safe Blood for Africa and the NBTS.

POPULATIONS BEING TARGETED:

This activity targets military and civilian personnel who are involved in blood collection, storage and

Activity Narrative: transfusion. The activity also targets the broader barracks community to increase the number of voluntary non-remunerated blood donors.

EMPHASIS AREA

This activity targets military populations and health workers in military health institutions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13151

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13151	5388.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$60,000
6805	5388.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$0
5388	5388.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$50,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5230.09

Mechanism: HHS/CDC RFA TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 25640.09

Planned Funds: [REDACTED]

Activity System ID: 25640

Activity Narrative: ACTIVITY DESCRIPTION:

The FY09 HHS/CDC RFA in medical transmission will be a sole source solicitation for the Nigerian National Blood Transfusion Service (NBTS). This award will enable the continued funding partnership between the PEPFAR program and the NBTS after the completion of the current Track 1.0 mechanism. This will allow for continued improvements in creating a safe blood supply for Nigeria. Specific activities may include increased efforts in voluntary blood donation drives, increased collaborative relationships with hospital facilities that conduct blood transfusions, improved data collection on blood transfusion practices, and continued policy and system strengthening activities related to the collection, screening and dissemination of a safe blood supply. This activity will involve regular and periodic reporting on EP and Nigeria's blood safety program indicators to the USG and GON, analysis of data, dissemination of results and providing feedback to the relevant stakeholders. This RFA will also focus on capacity building for staff involved in NBTS and blood transfusion activities.

CONTRIBUTION TO OVERALL AREA:

This activity will enhance blood safety program implementation through support to the NBTS. This will allow for continued strengthening of the Nigerian NBTS after the conclusion of the Track 1.0 award mechanism.

LINKS TO OTHER ACTIVITIES:

This activity is linked to counseling and testing, laboratory services, and injection safety.

EMPHASIS AREAS: This activity has an emphasis in capacity building for staff.

TARGET POPULATION: This target population will be health care workers for training and advocacy in appropriate transfusion practices.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3688.09	Mechanism: HHS/HRSA Track 2.0 CRS AIDSR relief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 5392.25269.09	Planned Funds: \$40,000
Activity System ID: 25269	

Activity Narrative: This activity will support the linkage of AIDSRelief (AR) supported Local Partner Treatment Facilities (LPTF) and their satellite sites to the National Blood Transfusion Service (NBTS) zonal centers across the country. In COP09, AR will be supporting 34 LPTFs and 19 satellite sites in 18 states (Abia, Adamawa, Anambra, Benue, Delta, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, Rivers and Taraba). Blood transfusions occur at all 34 LPTFs.

In COP09, AR will continue to work closely with the National Blood Transfusion Service (NBTS) and Safe Blood for Africa Foundation (SBFA) in all aspects of its blood safety program. AR will support the NBTS in implementing its primary objective of migrating fragmented hospital-based blood services to centralized NBTS-based blood services nationwide. A key feature of this program is the development of a nationwide voluntary donor recruitment system. NBTS, through linkages its zonal centers will develop with AR and its supported facilities, will provide TA for blood donation drives held by these AR-supported hospital facilities. In addition, SBFA will train nurses and medical laboratory scientists in these facilities to recruit repeat voluntary blood donors from the ranks of current family replacement donors. In this plan, AR will be instrumental in working with hospital management and staff at all LPTFs to develop buy-in for the NBTS blood services program, to create support for blood donor organizers, and to strengthen health facility and community focused blood drive activities. AIDSRelief will draw upon its unique position in working with mainly faith-based facilities to facilitate blood donation activities within parishioner communities. AR will support the distribution of IEC/BCC materials obtained from NBTS and SBFA to promote the need for voluntary non-remunerated blood donation. In addition, AR will work closely with LPTF management to establish blood transfusion committees to oversee blood use based on national algorithms and standards in the health facilities.

Under this activity AR will continue the linkage of 5 AR-supported LPTF to proximal zonal NBTS centers in Jos, Kaduna and Owerri. This linkage will include regular delivery of donated units of blood to NBTS for screening in conjunction with a regular delivery of screened units of blood to the facility. NBTS will pick up unscreened blood units that these 5 hospitals have appropriately collected and stored and will transport these units back to NBTS centers where they will be screened for the 4 transfusion transmissible infections (TTIs) of HIV I and II, hepatitis B, hepatitis C and syphilis using ELISA techniques. In addition to collecting unscreened units, NBTS will deliver to these 5 hospitals their requested order of screened units for blood banking and use at the facilities. NBTS will also provide monthly feedback on rates of the 4 TTIs found by ELISA screening of blood units collected by each facility. It is expected that at these 5 blood banking facilities a total of 1,125 transfusions will take place. AR will work to ensure that 80% of blood transfusions that occur at these hospitals will be with NBTS-screened blood units, while only 20% will be emergency transfusions whereby the hospital will screen the donors on site using rapid test kits only. Therefore, at least 900 units of blood will be collected and sent to the nearest NBTS centers for ELISA screening as outlined.

AR will work with the 34 LPTFs that do blood transfusions to ensure appropriate facility-level collection of blood. Directed and voluntary donors will be prescreened with the NBTS donor screening questionnaire and donors will be deferred as necessary based on their responses. Deferred donors will be offered HCT. At least 450 blood donors will be screened using the National HCT testing algorithm, thereby utilizing the blood donor setting as another point of service for HCT during pre-donation. A PEPFAR-supported evaluation of the current emergency-based transfusion system will provide insight into rates of TTIs, including HIV, that go undetected in emergency screened blood.

This activity will support personnel capacity development through SBFA-conducted blood safety training in line with NBTS approved standardized training curricula appropriate to various levels of trainees. Through this mechanism AR will identify 40 laboratory staff and other health care workers involved in blood transfusion services at supported sites that will be trained by SBFA. In order to avoid double counting, these 40 targets are counted under the SBFA blood safety narrative. For core Training of Master Trainers (TOT) modules developed by SBFA, AR will conduct step down training to 80 laboratorians, allied health workers and hospital management staff involved in blood transfusion services at their sites.

In addition to institutional capacity building for blood safety activities, AR will support the implementation of universal precautions, good laboratory practice, and waste management. This activity will promote the principles of universal safety precautions and the reduction of occupational exposure to blood, and accidental injury/contamination. Essential consumables and services that protect the health worker from contacting infections, especially HIV, will be provided. These universal precaution materials include personal protective equipment, such as hand gloves, laboratory coats, and other consumables (e.g., methylated-spirit, hypochlorite solutions, antibacterial soaps, etc.), which will be provided to sites. Other equipment to be provided will include centrifuges, thermometers, pipettes, and HIV rapid test kits. In addition, each site will establish clearly defined procedures for healthcare workers, other staff, and patients to access post-exposure prophylaxis (PEP). Proper waste management will be encouraged through the use of biohazard bags, suitable sharps containers and the use of incinerators. AR will also support clinical meetings and seminars to promote rational use of blood and blood products and reduce unnecessary transfusions.

In order to maintain high quality laboratory results, AR will continue its aggressive QA/QC program that involves on-site quarterly monitoring, retraining, and proficiency in rapid HIV testing. Monitoring and evaluation of the AIDSRelief blood safety program will be consistent with the NBTS national plan. There will be evaluations of transfusion committee activities, infection control practices, waste management systems, and use of standard operating procedures for donor screening and blood collection. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. In COP09, AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous linkage with the National Blood Transfusion Service for access to

Activity Narrative: safe blood, and that all activities facilitate effective coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support; therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity contributes to USG and GON prevention efforts through the prevention of medical transmission of HIV by ensuring a supply of safe and screened blood for blood transfusions. This activity will continue to establish mechanisms for linkages with NBTS centers for blood banking services, while providing the logistics and training to AR health facilities to effectively collect and store blood. Donor drives in the faith based communities for VNRD will be done in collaboration with the NBTS. This also contributes to the overall goal of GON to establish an effective and nationally coordinated and regulated blood program.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT, PMTCT, care and treatment services, OVC, laboratory services, AB, injection safety, and SI. AR activities in blood safety relate to HCT since HCT services will be made available to deferred donors. Injection safety is linked thru universal precautions equipment and laboratory equipment. This activity is most immediately linked to laboratory services to strengthen the collection, testing and storage of blood units at LPTFs. Through transfusion committees and trainings AR will strengthen the links with other LPTF health services to ensure that these activities benefit from a screened, safe blood supply which will also promote program sustainability.

POPULATIONS BEING TARGETED:

This activity targets health care providers, particularly laboratory staff including laboratory assistants and phlebotomists. This activity also targets doctors and nurses. AR mainly works with faith-based rural facilities that serve rural populations who would otherwise have limited or no access to these services. Adults 18 years and above in these communities will be targeted as voluntary non-remunerated blood donors.

EMPHASIS AREAS

This activity has an emphasis on training and institutional capacity building

New/Continuing Activity: Continuing Activity

Continuing Activity: 12995

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12995	5392.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$115,000
6676	5392.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$0
5392	5392.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$72,000

Activity Narrative: ACTIVITY DESCRIPTION

AIDSRelief (AR) local partner treatment facilities (LPTFs) consist largely of primary healthcare institutions located within communities that are poor and underserved in all areas of social infrastructure including healthcare. A proportion of HIV infections are still transmitted within these healthcare facilities through unsafe injection practices. In COP08, AR supported specific safe injection activities at 31 LPTFs and 10 satellite clinics in the 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau and Taraba. In COP09, AR will expand to support safe injection activities at a total of 53 sites (34 LPTF and 19 satellite sites) in a total of 18 states of Abia, Adamawa, Anambra, Benue, Delta, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau Rivers and Taraba. In setting and achieving COP09 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in other programs in order to concomitantly work towards continuous quality improvement.

AR injection safety activities encompass the training of infection control personnel from each supported facility on universal precautions and medical waste management. Healthcare workers trained in collaboration with John Snow Inc./Making Medical Injections Safer (JSI/MMIS) will step down the training to ensure sustainability and behavioral change. It is expected that a total of 120 personnel will be trained. This step down training to other LPTF staff, including nurses, doctors, laboratory staff, hospital cleaners, laundry workers and waste managers, will include topics such as proper techniques for giving injections, drawing blood, dispensing blood into laboratory bottles for laboratory testing, and disposal of used needles, sharps and other materials contaminated by blood and other biohazardous materials. AR will obtain and use MMIS supplied manuals to conduct follow-up on-site training at AR-supported LPTFs. Behavioral change communication (BCC) activities will be carried out to reduce unnecessary use of injections. In COP09, AR will work with MMIS to provide supportive supervision to all trained AR supported facilities.

AR will collaborate with JSI/MMIS to supply and distribute single-use needles, safety boxes, and personal protective equipments to all AR-supported LPTFs. This activity will provide retractable needles and syringes, sharps containers, and liquid hand washing soap in LPTF wards, clinic rooms, laboratory work stations, and strategic areas to encourage their use. This activity will also provide personal protective equipment (PPE) for health workers and ancillary hospital staff who come into contact with sharps and contaminated materials. AR will work with each LPTF to improve access to water at each hand washing point. For sustainability purposes, AR will ensure that these activities are integrated within each facility's overall infection prevention and control and workplace safety programs. AR will also support post-HIV exposure prophylaxis (PEP) programs at all sites.

Health care waste management will also be supported in this activity. Incinerators will be repaired and fueled where they are available and constructed where there are no incinerators.

In COP09, AR will strengthen its program for Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. CQI specialists and laboratorians will conduct team site visits at least quarterly during which there will be evaluations of infection control practices, waste management procedures, proper record keeping, and use of standard operating procedures for injection safety.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes to the USG Nigeria target of preventing 1,145,545 new HIV infections through the prevention of medical transmission of HIV. Planned institutional and human capacity building and the provision of safe injection commodities/PPE will reduce occupational hazards and unnecessary exposure of health workers and ancillary staff to blood borne pathogens.

LINKS TO OTHER ACTIVITIES

AIDSRelief activities in injection safety relate to activities in ARV services, PMTCT, laboratory services, basic care and support, TB/HIV, OVC, blood safety, and SI to ensure that healthcare providers and ancillary staff under all these programs adhere to the principles of infection prevention and control including injection safety.

POPULATIONS BEING TARGETED

This activity will mainly target healthcare providers including doctors, laboratory workers, nurses, pharmacists. Ancillary staff, who may not have direct patient contact but handle or manage biohazardous materials, will also be targeted.

KEY LEGISLATIVE ISSUES ADDRESSED

Through the increased knowledge gained by healthcare workers and laypersons via IEC/BCC these activities will result in a reduction in unsafe injection practices and unnecessary demand for injection. This activity addresses issues of stigma and discrimination as the services will reduce stigma and discrimination associated with HIV status in the health care facility setting and better care of PLWHA.

EMPHASIS AREAS

This activity has an emphasis on training on universal safety precautions, supportive supervision and appropriate health care waste management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12996

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12996	6820.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$175,000
6820	6820.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$25,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7215.09

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 16930.24950.09

Planned Funds: \$3,060

Activity System ID: 24950

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency HMIN ICASS budget for FY09 is to provide necessary ICASS support for the one USAID employee under the Safe Injection program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16930

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16930	16930.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$1,640

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1532.09 **Mechanism:** USAID Agency Funding
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Biomedical Prevention: Injection Safety
Budget Code: HMIN **Program Budget Code:** 05
Activity ID: 9777.24938.09 **Planned Funds:** \$98,452
Activity System ID: 24938
Activity Narrative: ACTIVITY DESCRIPTION:
 This activity represents the "fully-loaded" costs of a full-time Nigerian program officer for medical transmission. This is a continuing position.
 The program officer for medical transmission provides technical and programmatic support to the USG partners in the areas of safe injection, blood safety, and generalized health care waste management. The program officer's responsibilities include: 1) representing the USG in technical discussions with the GON with guidance from the Prevention Senior Advisor, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC technical working groups, and 4) interfacing with the USG/Nigeria prevention team. This officer spends 50% of his time advising in the safe injection program area and 50% of his time advising in the blood safety program areas, however all his direct costs are captured in this program area. The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.
New/Continuing Activity: Continuing Activity
Continuing Activity: 13123

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13123	9777.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$86,881
9777	9777.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$80,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 554.09 **Mechanism:** DoD Track 2.0 Program
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Biomedical Prevention: Injection Safety
Budget Code: HMIN **Program Budget Code:** 05
Activity ID: 16943.25193.09 **Planned Funds:** \$20,000
Activity System ID: 25193

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION:

From COP05 through COP08, the Department of Defense (DOD) HIV Program, in collaboration with the Nigerian Ministry of Defense (NMOD), received support for injection safety through John Snow Incorporated (JSI)/Making Medical Injection Safer (MMIS) including training and the provision of auto-disable (AD) syringes and sharp boxes. In order to strengthen injection safety practices in the Nigerian Military, the DOD will further expand infection prevention/safety activities during COP09. Activities will support capacity building/training, safe and effective waste management systems, ensuring availability of safe injection equipment and the promotion of oral alternatives. Activities will be conducted at 20 existing DOD sites.

The DOD will continue to collaborate with JSI/MMIS in the areas of training and commodities procurement. JSI/MMIS will train DOD master trainers personnel (TOT) centrally and these master trainers will step down trainings at various DOD sites utilizing the JSI/MMIS curriculum for the step down trainings. At least 20 military health care personnel (e.g., physicians, nurses, pharmacists, sanitarians) will be trained. All safety protocols will be reviewed and distributed.

To supplement the limited supply of commodities that are provided by MMIS, the DOD will procure (via the Supply Chain Management System) commodities that are required for safe injections/needle handling and disposal: \$10,000 has been allocated to SCMS for this activity. Depending on site inventories and needs, commodities may include disposable syringes, respiratory masks, surgical gloves, waste/sharps collection units and other safe injection equipment. Commodities will be provided to all 20 military sites.

Another component of this activity is to reprint or adapt existing educational materials (e.g., pamphlets, brochures) on injection safety that have been produced in COP06-COP08 by other partners such as IHVN. Materials will be distributed at trainings and will be posted in relevant locations (e.g., laboratories, pharmacies) at the 20 sites. Materials will include a poster on procedures for post-exposure prophylaxis. Materials will also aim to reduce prescription of unnecessary injections.

The final aspect of this activity will be to assess each site's healthcare waste (HCW) management system. As necessary, renovations and construction of incinerators will be conducted, using WHO specifications to ensure that HCW are treated and disposed of appropriately.

By the end of COP09, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, and Anambra (16 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will contribute to the prevention of new infections and reduction of occupational hazard exposures among military and civilian personnel by promoting injection safety. Thus, the activities will contribute to the overall PEPFAR goal of prevention of medical transmission through injection safety.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in MTCT, HVCT, HMBL, HLAB, HTXS and HVTB.

POPULATIONS BEING TARGETED:

This activity primarily targets military and civilian health care personnel who are involved in handling needles and/or blood from patients and/or handle waste disposal.

EMPHASIS AREAS:

This activity has an emphasis on military populations and universal precaution.

ACTIVITY DESCRIPTION:

From COP05 through COP07, the Department of Defense (DOD) HIV Program, in collaboration with the Nigerian Ministry of Defense (NMOD), received support for injection safety through John Snow Incorporated (JSI)/Making Medical Injection Safer (MMIS) including the provision of training and sharp boxes. In order to strengthen injection safety practices in the Nigerian Military, the DOD will further expand infection prevention/safety activities during COP08. Activities will support capacity building/training, safe and effective waste management systems, ensuring availability of safe injection equipment and the promotion of safe injections. Activities will be conducted at 14 existing DOD sites and six new expansion sites in COP08.

The DOD will continue to collaborate with JSI/MMIS in the areas of training and commodities procurement. JSI/MMIS will train DOD master trainers personnel (TOT) centrally and these master trainers will step down trainings at various DOD sites utilizing the JSI/MMIS curriculum for the step down trainings. At least 60 military health care personnel (e.g., physicians, nurses, pharmacists, sanitarians) will be re-trained or trained. All safety protocols will be reviewed and distributed. To ensure sustainability, the cadre of staff trained as trainers will conduct regular biannual refresher trainings across the 20 sites.

To supplement the limited supply of commodities that are provided by MMIS, the DOD will procure (via the Supply Chain Management System) commodities that are required for safe injections/needle handling and disposal. Depending on site inventories and needs, commodities may include disposable syringes, respiratory masks, surgical gloves, waste/sharps collection units and other safe injection equipment. Commodities will be provided to all 20 military sites.

Another component of this activity is to reprint or adapt existing educational materials (e.g., pamphlets, brochures) on injection safety that have been produced in COP06 and COP07 by other partners such as IHVN. Materials will be distributed at trainings and will be posted in relevant locations (e.g., laboratories, pharmacies) at the 20 sites. Materials will include a poster on procedures for post-exposure prophylaxis. Materials will also aim to reduce unnecessary injections.

Activity Narrative: The last component of this activity includes an assessment of each site's waste management system. As necessary, renovations of waste-disposal pits will be conducted to ensure that pits are built to safety standards (e.g., proper depth, width, sealed correctly). In the few sites that have incinerators, renovations may be conducted, if necessary.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

This activity will contribute to the prevention of new infections and reduction of occupational hazard exposures among military and civilian personnel by promoting injection safety. Thus, the activities will contribute to the overall PEPFAR goal of prevention medical transmission through injection safety.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in MTCT (3246.08), HVCT (3241.08), HMBL (5388.08), HLAB (3244.08), HTXS (3243.08) and HVTB (3240.08).

POPULATIONS BEING TARGETED:

This activity primarily targets military and civilian health care personnel who are involved in handling needles and/or blood from patients and/or handle waste disposal.

EMPHASIS AREAS:

This activity has an emphasis on local organization capacity building and human capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16943

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16943	16943.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$45,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 544.09

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Biomedical Prevention:
Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 6818.25216.09

Planned Funds: \$90,010

Activity System ID: 25216

Activity Narrative: By the end of COP08, 450 health workers in 28 Harvard- and APIN-supported sites will have been trained in injection safety. In COP09, Harvard will continue performing HMIN activities in 28 sites in 9 states (Benue, Borno, Enugu, Kaduna, Lagos, Ogun, Oyo, Plateau, Yobe). This activity provides the initiation of an intensive training program in injection safety practices for health care workers (HCWs) at the sites. As Harvard scales up HIV/AIDS care and treatment activities, we aim to also build capacity to provide such care in a medically safe environment. This includes education on appropriate practices to diminish the risks of medical transmission and adoption of policies that address the risks of HIV medical transmission and methods that can be used to mitigate these risks. In this vein, at all Harvard sites, a minimum package of safe injection activities is provided, which includes needle disposal containers, vacutainers, and basic educational materials for staff. Harvard also provides ongoing training efforts in universal protection (UP) that have been a part of the continuing education of HCWs.

In COP08, trainings focused on scale-up to facility saturation, reaching workers from every section of the hospital facility. In order to build the human resource capacity of each site for these activities, at least one workshop on injection safety procedures was conducted in each site. Harvard collaborated with JSI/MMIS in the development of the training plan and delivery of the training. Trainers trained by JSI/MMIS in COP08 with a standard curriculum developed and approved by the GON were utilized in step-down trainings for other HCWs at these 28 sites. Workers who attended the workshop included physicians, nurses, laboratory workers, community HCWs involved in Home Based Care (HBC), laundry workers, and administrative personnel. Site-based waste managers and handlers were also provided with training on safe waste management techniques. At this workshop, the protocol for safe needle handling and disposal was reviewed. For COP09, Harvard will target HCWs at sites who were not provided with training during COP08. As a part of the LGA coverage plan for Plateau State, secondary and tertiary health care facilities will be targeted for training efforts. Trained personnel at these sites will engage in step-down trainings to build capacity in this area for associated primary health care centers. A total of 280 people will be trained. The funding for this activity will also support the procurement of color-coded bin liners for segregation of infectious wastes and autoclave containers at 28 Harvard sites.

The funding will also support the distribution of educational materials and posters on injection safety for relevant locations at all 28 sites. Harvard will collaborate with MMIS to distribute the educational materials. Sites will be provided job aids and IEC materials to encourage behavior change and sustainability. Training activities for each of the 28 sites will be accompanied by the sharing of safe injection SOPs at each site. Supportive supervision will be provided to all the sites with technical support from MMIS. Harvard aims to build networks among sites and involve the Plateau State Ministry of Health to allow the continued roll out of training, services, and best practices in a sustainable manner.

For both HMBL and HMIN, UP materials will include personal protective equipment such as gloves, lab coats, masks, and other essential consumables for each site. Additionally, each site will make provisions for the referral of staff for access to post-exposure prophylaxis (PEP), as needed. PEP will be provided through ART drug activities. Proper waste management will be encouraged at each site through the use of biohazard bags and suitable sharps containers. Incinerators will be repaired or constructed as applicable.

EMPHASIS AREAS:

Through HMIN activities, emphasis is placed on staff training and capacity development of Harvard-supported sites. This activity will provide the basis for a workplace program through professional medical associations that will ensure that the care and treatment of HIV-infected patients and safe handling of specimens, with minimal risk to HCWs. In COP09, emphasis will also be on supportive supervision of these sites to sustain the gains achieved in COP08 and appropriate health care waste management.

Stigma and discrimination has also been reported in healthcare settings in Nigeria. As HIV care and treatment programs have been initiated, the training of all levels of HCWs in UP and the risks of medical transmission have helped reduce the stigma and discrimination that can occur in these settings due to fear of occupational hazard. Emphasis areas also include military populations, through supportive supervision; training/retraining for staff and renovation of the incinerator at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

POPULATIONS BEING TARGETED:

All levels of HCWs that handle needles and/or blood from patients will be involved in the HMIN training efforts. In addition, heads of service and administrators need to be aware of the policies put in place to limit medical transmission of HIV. Furthermore, these activities will indirectly target the general population, who will be provided with safer injection practices, which are designed to prevent transmission of HIV.

CONTRIBUTION TO OVERALL PROGRAM AREA:

HMIN activities will contribute to the reduction of medical transmission of HIV and other blood-borne diseases by following UP measures, as well as proper waste management. It will likely improve the quality of health care and reduce stigma and barriers to comprehensive medical care for PLWHAs by addressing concerns of HCWs and other hospital staff. As the overall program continues to scale-up, there will be an increasing number of patients at each site with needs other than ART; well-trained staff in injection safety will be a necessity. The adoption of practices and policies to address the risks of HIV medical transmission is important for maintaining a high-quality comprehensive HIV/AIDS care and treatment program and in preventing new infections.

Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for our HMIN activities. This will include the implementation of a transition plan of site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

HMIN activities relate to activities in Adult Care and Treatment (HTXS and HBHC), Pediatric Care and

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

78 sites, as supported during COP08, will be maintained. These sites provide direct medical service (either PMTCT or ARV or Adult/Pediatric C&S). Emphasis in COP09 will be supportive supervision of these sites and health care waste management. Training activity principally addressing infection control and proper waste management will focus on the retraining at existing sites due to limited funds.

In COP08, ACTION supported 78 sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto) with injection safety programming. In COP09, ACTION will continue to collaborate with JSI/MMIS to provide safe injection programming to 78 ACTION-supported sites in the 23 states. In COP08, JSI provided initial training and seed commodities to sites, while ACTION provided step down training and ongoing commodity procurement and management for all sites. An ACTION program officer is dedicated to the oversight of this program area with the support of regionally based medical and nursing program officers. The focus of this activity is to reduce exposure to blood borne pathogens, particularly HIV, and the incidence of medical transmission of these pathogens.

Health care workers targeted for this activity included physicians, nurses, community health extension workers (CHEWs), laboratory workers, and waste handlers. In COP08, ACTION supported follow-up and step down site level trainings to physicians and nurses from the inpatient wards, clinics, labor and delivery, and the surgical theaters. In addition, HCT counselors performing rapid tests, laboratory scientists, blood bank staff, and waste handlers were trained. Training topics included BCC strategies to reduce unnecessary medical injections, safe injection practices, proper handling and disposal of syringes and sharps, infection control policies and practices, universal precautions, use of personal protective equipment (PPE), protocol for post-exposure prophylaxis (PEP, see ART services), and appropriate waste segregation, handling, and disposal. Standard curricula and IEC materials developed by JSI/MMIS and approved by the GON were utilized. In addition, training materials developed in the context of the OVC program that address issues of stigma and irrational fear related to "fear of contagion" were included with the goal that informed health care providers and CHEWs will help inform others in the health care and community setting of what the true risks are rather than the widely held beliefs prevalent in the community that contribute to stigmatization. A total of 240 health workers and waste handlers will be trained in COP09. Sites were also provided with job aids and IEC materials to encourage behavior change and sustainability. Emphasis in COP09 will be supportive supervision of injection safety activities and implementation of appropriate healthcare waste management. A follow-up of trainees and on site retraining based on performance evaluation at sites will be the focus. IHVN will ensure that sites implement infection control plans including waste management practices which were developed in COP08. Master trainers will be used to facilitate supportive supervision at these sites.

ACTION will continue to provide personal protective commodities and will take on the new role of logistic supplier of recurrent stocks of injection safety commodities for all sites. ACTION will supply color coded bin liners for waste segregation and universal precaution supplies including gloves, eye shields, boots, and aprons. Commodities and disposables will be procured, warehoused, and distributed by ACTION. They will be provided to sites based upon a pull system using a site level inventory control system linked to the ACTION warehouse logistics management information system. The current system can be easily harmonized with a national or PEPFAR-wide logistics management information system and inventory control system once implemented. ACTION will intensify advocacy so that the sites will be able to take over procurement of some of the commodities. In addition, ACTION will support safe health care waste management by supporting construction or repair of existing incinerators at sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to the reduction of medical transmission of HIV and other blood-borne diseases by following universal precaution measures, as well as proper waste management. It will likely improve the quality of health care and reduce stigma and barriers to comprehensive medical care for PLWHA by addressing concerns of health workers and other hospital staff. Overall this will contribute to the USG goal for Nigeria of the prevention of 1,145,545 new HIV infections by 2010 in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity is linked to laboratory services, PMTCT, ART services, blood safety, HCT, and SI. Health care workers involved in these programs will benefit from the training program in injection safety and the adoption of a safe needle, needle stick policy, and PEP protocol, all which will improve the safety for workers involved in these other programmatic activities.

POPULATIONS BEING TARGETED:

Doctors, nurses, laboratory scientists, other health care workers and waste handlers are targeted for training and services in the public sector.

KEY LEGISLATIVE ISSUES ADDRESSED:

This activity addresses issues of stigma and discrimination as the services will reduce stigma and discrimination associated with HIV status in the health care facility setting.

EMPHASIS AREAS:

The emphasis area for this activity is training as nearly all supported personnel are technical experts who focus on development of training materials, SOPs and the provision of training at the site level. A secondary emphasis area is commodity procurement as supplies for safe disposal will be procured and supplied.

ACTIVITY DESCRIPTION:

In COP07, ACTION supported 46 sites in 13 states (Anambra, Edo, FCT, Nassarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Rivers, Delta, and Lagos) with injection safety programming. In COP08, ACTION will collaborate with JSI/MMIS to provide safe injection programming to 106 ACTION-supported sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo,

Activity Narrative: Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). In COP06 and COP07, JSI procured commodities for all sites while ACTION and JSI divided sites by state in the provision of training and commodity management. Under COP08, JSI will provide initial training and seed commodities to all sites, while ACTION will provide step down training and ongoing commodity procurement and management for all sites. An ACTION program officer is dedicated to oversight of this program area with the support of regionally based medical and nursing program officers. The focus of this activity is to reduce exposure to blood borne pathogens, particularly HIV, and the incidence of medical transmission of these pathogens.

Health care workers targeted for this activity include physicians, nurses, community health extension workers (CHEWs), laboratory workers, and waste handlers. JSI will be responsible for conducting initial training at the site level; this will include both the training of new sites and the retraining of existing sites. ACTION will support follow-up and step down site level trainings to train an average of 8 additional staff per site for a direct training target of 848. Physicians and nurses from the inpatient wards, clinics, labor and delivery, and the surgical theater will be targeted. In addition, HCT counselors performing rapid tests, laboratory scientists, blood bank staff, and waste handlers will be trained. Training topics will include BCC strategies to reduce unnecessary medical injections, safe injection practices, proper handling and disposal of syringes and sharps, infection control policies and practices, universal precautions, use of personal protective equipment (PPE), protocol for post-exposure prophylaxis (PEP, see ART services), and appropriate waste segregation, handling, and disposal. Standard curricula and IEC materials developed by JSI/MMIS and approved by the GON will be utilized. In addition, training materials developed in the context of the OVC program that address issues of stigma and irrational fear related to "fear of contagion" will be included with the goal that informed health care providers and CHEWs will help inform others in the health care and community setting of what the true risks are rather than the widely held beliefs prevalent in the community that contribute to stigmatization. Sites will also be provided job aids and IEC materials to encourage behavior change and sustainability.

While JSI, the main procuring IP will provide a seed stock of all commodities, ACTION will continue to provide personal protective commodities and will take on the new role of logistic supply of recurrent stocks of injection safety commodities for all sites. ACTION will supply color coded bin liners for waste segregation and universal precaution supplies including gloves, eye shields, boots, and aprons. Commodities and disposables will be procured, warehoused and distributed by ACTION. They will be provided to sites based upon a pull system using a site level inventory control system linked to the ACTION warehouse logistics management information system. The current system can be easily harmonized with a national or PEPFAR-wide logistics management information system and inventory control system once implemented. In addition, ACTION will support safe health care waste management by supporting repair of existing incinerators at sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to the reduction of medical transmission of HIV and other blood-borne diseases by following universal precaution measures, as well as proper waste management. It will likely improve the quality of health care and reduce stigma and barriers to comprehensive medical care for PLWHA by addressing concerns of health workers and other hospital staff. Overall this will contribute to the USG goal for Nigeria of the prevention of 1,145,545 new HIV infections by 2010 in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity is linked to laboratory services (3256.08), PMTCT (3257.08), ART services (3255.08), blood safety (3258.08), HCT (5426.08) and SI (3253.08). Health care workers involved in these programs will benefit from the training program in injection safety and the adoption of a safe needle, needle stick policy and PEP protocol, all which will improve the safety for workers involved in these other programmatic activities.

POPULATIONS BEING TARGETED:

Doctors, nurses, laboratory scientists, other health care workers and waste handlers are targeted for training and services in the public sector.

KEY LEGISLATIVE ISSUES ADDRESSED:

This activity addresses issues of stigma and discrimination as the services will reduce stigma and discrimination associated with HIV status in the health care facility setting.

EMPHASIS AREAS:

The emphasis area for this activity is training as nearly all supported personnel are technical experts who focus on development of training materials, SOPs and the provision of training at the site level. A secondary emphasis area is commodity procurement as supplies for safe disposal will be procured and supplied.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13108

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13108	6821.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$350,000
6821	6821.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$122,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$16,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 552.09	Mechanism: USAID Track 2.0 GHAIN
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 9776.24891.09	Planned Funds: \$175,000
Activity System ID: 24891	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HIV infections are known to be transmitted through unsafe injection practices and medical waste disposal. This program area supports training, waste-management systems, advocacy, and other activities to promote medical injection safety. By the end of COP08, GHAIN would have conducted injection safety activities in 60 comprehensive sites in 36 states and FCT. In COP 09, GHAIN will continue to support injection safety activities in these facilities. A total of 240 health workers and waste handlers will be trained. With technical assistance from John Snow Inc. / Making Medical Injection Safer (JSI/MMIS) project, GHAIN will continue to apply all four major technical approaches of making injection safer to create an enabling environment for health workers to provide quality services to clients without fear of medical accidents and infections. The approaches will include on-site refresher trainings and capacity building, behavioral change communication (BCC)/advocacy, procurement and supply of safe injection equipment, and health care waste management.

GHAIN will continue to support JSI/MMIS and other USG policy partners in their efforts towards ensuring behavior change of the communities through dissemination of the injection safety policy at the state level of government, while focusing on ensuring behavior change of the health workers and clients towards making medical injection safer in its supported health facilities. Strategic behavior communication (SBC) materials produced by JSI/MMIS on injection safety will continue to be distributed to all GHAIN supported sites.

GHAIN will procure and supply safe injection equipment and other day-to-day consumables to GHAIN supported sites within the limits of the available funding. GHAIN will continue to advocate to the facilities to utilize the universal safety precautions in the disposal of medical waste, including use of sharp boxes, and to support incineration of such medical waste through repairs, maintenance and provision of running costs for existing incinerator facilities. Where incinerators are not available, GHAIN will construct incinerators according to WHO standards. Health workers will continue to be encouraged to utilize the knowledge and skills gained from the universal safety precaution and post exposure prophylaxis will be provided through the ART unit. In each facility supported for injection safety activities, GHAIN will continue to focus on facility saturation so that the entire health facility is injection safety compliant.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Injection safety will contribute to the overall program by preventing biomedical transmission of HIV and other blood borne pathogens. Such activities will also improve the safety of the healthcare provider thus leading to reduction of stigma to clients and making the clients feel safe and access the health system for care and treatment of AIDS. This will result in an increase in the uptake of Counseling and Testing (CT), Palliative Care (PC), Antiretroviral Therapy (ART), Prevention of Mother to Child Transmission (PMTCT) and laboratory services, leading towards target achievement in all areas.

LINKS TO OTHER ACTIVITIES

The GHAIN Injection safety program will relate to activities in Medical Transmission/Blood Safety, Sexual Prevention activities, PMTCT, Counseling and Testing; Adult and Pediatric care and treatment services. The linkages of all the above components will ensure compliance with principles of universal precautions and impact not only the quality of care given to clients but also care and occupational safety of the health care worker.

POPULATIONS BEING TARGETED

GHAIN in collaboration with JSI/MMIS will continue to provide injection safety on-site refresher trainings and service aids to health care workers such as public health workers, doctors, nurses, pharmacists, laboratory workers and waste handlers at the various points of service where such sharps are used, including counseling and testing units, laboratory, phlebotomy rooms, wards, labor rooms, delivery rooms and immunization clinics among others. Education on proper handling and use of sharps, including disposal methods, will continue to be extended to health workers and clients outside the HIV/AIDS care arena to enable them carry on such practices both in the health facility and even in their homes. This will add value to the home based care of patients.

KEY LEGISLATIVE ISSUES ADDRESSED

This program shall work to strengthen injection safety procedures across the GHAIN supported facilities which will go a long way in reducing HIV/AIDS related stigma and discrimination amongst healthcare workers. This attitude change will in turn create an enabling environment for clients to access HIV care and treatment services.

EMPHASIS AREAS

Injection safety activity includes major emphasis on procurement of injection safety equipment/consumables and distribution of SBC materials; health care waste management and minor emphasis on capacity building through the training of key health care workers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13036

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13036	9776.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$400,000
9776	9776.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$125,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1561.09

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 6817.25971.09

Activity System ID: 25971

Mechanism: HHS/CDC Track 2.0 Agency Funding

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Biomedical Prevention: Injection Safety

Program Budget Code: 05

Planned Funds: \$36,898

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the fully-loaded costs of a full-time Nigerian program officer for biomedical transmission. This is a continuing position.

This activity relates directly to all Nigeria HHS Medical Transmission Injection Safety COP09 activities.

The USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria hired one full time staff position in FY07 to support Medical Transmission prevention activities with 75% of time allocated to Blood Safety and 25% of time allocated to Safe Injection. The budget includes 25% of one FSN salary, funding for required domestic or international travel, training funds and allocated minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP). This staff member will be supervised by a Senior Prevention Manager funded across the CDC agency prevention programs.

The HIV Medical Transmission Prevention staff member will work in close coordination with their USAID HIV Medical Transmission Prevention counterpart and directly provide quality assurance and program monitoring to HHS supported implementing partners with Injection Safety activities: University of Maryland-ACTION, Harvard SPH-APIN, Columbia University, SPH-ICAP, and Catholic Relief Services-AIDSRelief, and Safe Blood for Africa Foundation as well as to USAID-supported partners and the DoD program. The program officer for biomedical transmission provides technical and programmatic support to the USG partners in the areas of safe injection, blood safety, and generalized health care waste management. The program officer's responsibilities include: 1) representing the USG in technical discussions with the GON with guidance from the Senior Prevention Manager, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with OGAC technical working groups, and 4) interfacing with the USG/Nigeria prevention team.

These HHS/CDC and USAID HIV Medical Transmission staff members provide technical support and capacity development to new partners selected through RFAs, the New Partner Initiative and to the Government of Nigeria at the national and state levels to promote Nigeria national guidelines related to injection safety. Technical assistance through the HIV Medical Transmission TWG will be provided as needed to all USG partners with Safe Injection activities. Under this activity the staff member will provide direct or indirect monitoring and support to over 700 Emergency Plan supported sites with injection safety activities in COP09.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13135

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13135	6817.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$15,000
6817	6817.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$20,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 9775.26054.09

Planned Funds: \$120,000

Activity System ID: 26054

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers not only the procurement but also the shipment, distribution and delivery of injection safety related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR partners to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure safe injection equipments (including injection devices and safety boxes) and health care waste management equipments such as personal protective gear and incinerators for implementing partners including the Department of Defense (DOD). Through its continuous support to and strengthening of commodity security in PEPFAR programs, SCMS works toward ensuring uninterrupted availability of needed commodities for safe injection practices and adequate disposal of medical wastes to avoid the medical transmission of HIV to health workers and patients working in or attending health care facilities providing HIV/AIDS services, thus ultimately targeting the general population.

The present budget will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS in this area. SCMS will support the IPs (IHVN, HARVARD, GHAIN, CRS-AR, ICAP and DoD) in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (GON) national injection safety and healthcare waste management guidelines, marketing authorization status (NAFDAC registration) and GON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service).

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. All implementing partners and DoD requests for injection safety related commodities will be addressed to and coordinated with SCMS field office directly, in line with the funds placed in this program area for this purpose. In addition to the \$110,000 placed for general use, SCMS will also be responsible for DOD's allocation of an additional \$10,000 for support of their particular activities.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with the partners; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS will also assist the partners to monitor/report on stock levels and usage through the deployment of Pipeline databases. SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to the partners including the training of staff in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services them based on the recommendations that came out of a supply chain system's

Activity Narrative: assessment carried out in COP07.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP 09, Supply Chain Support Teams (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own but supports all the participating partners including DoD in reaching their prevention planned targets.

EMPHASIS AREA:
Institutional capacity development

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers not only the procurement but also the shipment, distribution and delivery of injection safety related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR partners to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure safe injection equipments such as injection devices and safety boxes as well as health care waste management equipments such as personal protective gear for the Department of Defense (DOD). Through its continuous support to and strengthening of commodity security in PEPFAR programs, SCMS works towards ensuring uninterrupted availability of needed commodities for safe injection practices and adequate disposal of medical wastes to avoid the medical transmission of HIV to health workers and patients working in or attending health care facilities providing HIV/AIDS services, thus ultimately targeting the general population.

The present budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. SCMS will support the DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national injection safety and healthcare waste management guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities. SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service).

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. The DoD's requests for injection safety related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1 duty exemption form. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner. Delivery arrangements will be determined with the DoD; SCMS will either deliver to a central location or to point of services as needed based on DOD's programmatic needs.

SCMS will also assist in the monitoring of stock levels and usage through the deployment of Pipeline databases.

SCMS provides TA and SS services in all areas of the supply chain including product selection,

Activity Narrative: quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and DOD have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Under this program area, SCMS does not have targets of its own but supports DoD reaching their prevention planned targets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Overall, SCMS activity contributes to the PEPFAR goal to avert 7 million infections worldwide by procuring and distributing high quality, low cost as well as providing TA and SS to improve existing supply chains and build capacity where needed. SCMS' activities will contribute to enable the scale up of HIV/AIDS prevention PEPFAR programs in Nigeria to reach national targets of preventing 1,145,545 new infections thus supporting PEPFAR efforts to reduce the impact of HIV/AIDS in Nigeria. SCMS TA and SS activities will build supply chain management capacity as well as strengthen supply chain systems and their operation within the various PEPFAR programs thus contributing to the sustainability of the HIV/AIDS services in Nigeria.

LINKS TO OTHER ACTIVITIES:

Related SCMS activities in other program areas include: PMTCT (#9748.08), AB (#16919.08), Blood safety (#14085.08, #9773.08), Condoms and other prevention activities (#9784.08), Basic health care and support (#9842.08), TB/HIV (#9878.08), Orphans and vulnerable children (#9883.08), Counseling and testing (#6643.08), ARV drugs (#6402.08) and Laboratory infrastructure (#9894.08). Logistics system strengthening efforts will be linked with policy (#5300.08) and strategic information (#6661.08) activities.

EMPHASIS AREA:

Human capacity development

New/Continuing Activity: Continuing Activity

Continuing Activity: 13079

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13079	9775.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$55,000
9775	9775.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$3,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3681.09	Mechanism: USAID Track 2.0 Safe Injections
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 26167.09	Planned Funds: ██████████
Activity System ID: 26167	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The significant change in MMIS activity from COP08 to COP09 is the expansion strategy to selected sites as directed by USG and GON with inclusion of phlebotomy activities. This will entail implementation of injection safety practices at sites supported by other USG Implementing Partners (IPs) in addition to sites supported by JSI/MMIS only, the Government of Nigeria (GON), faith-based and other private health facilities. MMIS' support to USG IPs will include IS training and coordination of all USG sites while supplying a limited stock of safe injection commodities and guidance on external procurements of injection safety commodities through alternative procurement systems. Waste management strategies will cover only non-USG sites after training completion. MMIS will also support setting up of support supervision system at sites level.

Making Medical Injection Safer (MMIS) had implemented Injection Safety (IS) programs in five states (Anambra, Edo, Cross River, Lagos, Kano) and the Federal Capital Territory (FCT) since 2004 and individual USG and GON health facilities across another fourteen states (Bauchi, Benue, Nassarawa, Niger, Plateau, Kwara, Ogun, Borno, Delta, Enugu, Kaduna, Katsina, Kebbi and Oyo States) during the FY08. By the end of COP 08, MMIS would have trained a total number of 25,226 health care workers and 10,743 waste handlers. In COP09, MMIS will be conducting injection safety activities primarily in the 5 focal states and FCT. Technical assistance will be provided to other PEPFAR Implementing Partner (IP) supported sites through new and refresher trainings for initial sites and supportive supervision of trainers, health workers, store keepers, and waste handlers. In COP 09, MMIS will expand to 30 new sites in a total of four States.

MMIS will continue to implement in the four major technical areas: human and institutional capacity building; behavioral change of healthcare personnel to promote safe injection practices and the communities to promote oral medication where possible; ensure availability of equipment and supplies; and appropriate healthcare waste management at the 789 previously supported health facilities. In addition MMIS will extend its activities to 30 public health facilities through ad hoc partnership with corresponding IPs and the Government of Nigeria. In COP09, MMIS will provide Injection Safety (IS) training to a total of 5,000 individuals using FMOH adapted WHOAFRO/JSI training curriculum. A training of trainers on supportive supervision will be provided for all IP injection safety staff to enable them to consolidate the gains of the training and ensure behavioral change at implementing sites. All IPs will be encouraged to advocate for and support infection prevention committees at facility levels.

Advocacy and behavior change communication (BCC) efforts include periodic advocacy meetings with policy makers at all levels of healthcare management and dissemination of BCC materials, tools, job aids, posters, and pamphlets to healthcare providers. MMIS will also promote safe injection practices, and oral medication to reduce unnecessary demand for injections at community level through Community Based Organizations (CBOs) interventions and the mass media. Collaborative BCC and advocacy work will continue with national and local institutions/organizations such as NAFDAC, the National Orientation Agency (NOA) and local/community and religious organizations. NAFDAC is supporting injection safety through media messaging to discourage the populace from demanding injections from their health providers, advocacy to pharmaceutical industries producing injectables in Nigeria to support local production of safety boxes and promoting nationwide use of auto-disabled syringes. Community outreach activities are expected to foster community engagement on issues of health with emphasis on injection safety issues as it affects communities in Nigeria. In COP08, MMIS trained field staff of the NOA to deliver appropriate injection safety messaging to grassroots organizations. This activity will continue in COP09. MMIS will work to maintain grassroots coalitions and encourage those coalitions to advocate on issues of injection safety with focus on the reduction of the demand for unnecessary injections, ensuring the safety of all necessary injections, and proper healthcare waste management to the relevant health authorities and government.

MMIS will continue to work towards commodity security. MMIS will procure limited stocks of IS commodities such as injection devices and safety boxes through her sub-contractor, PATH (Program for Appropriate Technology). Commodities will be stored at the Government Central Medical Store in Oshodi (Lagos) and distributed by the USAID accredited courier distribution company, SDV, to the focal GON Stores. MMIS will continue to use its tracking system to collect data on consumption and stock levels along the supply chain.

MMIS will support healthcare waste management through provision of seed waste segregation commodities, building infectious waste pits, and encouraging the building of incinerators or use of encapsulation in rural areas for appropriate final disposal options in accordance with WHO standards. We will also support the repair and construction of existing incinerators and provide funds for operation and maintenance whenever possible and where applicable. MMIS will work through the Federal Ministry of Environment and the National Prevention Technical Working Group with other partners to map out the Health Care Waste Management (HCWM) micro-plan for selected health facility sites, and to adapt the national HCWM Plan's policies and guidelines at the lowest service delivery points. MMIS will facilitate and guide the procurement of injection safety commodities by IPs outside of the MMIS procurement sub-contractor. All IPs are encouraged to plan for sustainability of the program in their sites.

MMIS will continue to work with the Federal Ministry of Health (FMOH) and other major stakeholders (such as the Nursing and Midwifery Council of Nigeria and Medical and Dental Council of Nigeria). MMIS will also work with training health institutions, such as medical, dental, pharmacy, nursing and midwifery schools and schools of health technology, to review, include, and update safe injection issues in their various curricula. In addition, injection safety training will be part of the continuous medical education taking place at supported sites mentioned above (old or new). A training package for new entrance health workers into the healthcare system has been developed and will be used to reach newly employed health care workers after completion of site trainings.

The National Policy on Injection Safety and Health Care Waste Management will continue to be disseminated widely in COP09. MMIS will perform quarterly monitoring of all sites, including GON and USG supported sites, using the MMIS tools. State MOH and other PEPFAR IPs will participate at state-level

Activity Narrative: meetings to give feedback for service delivery quality improvement.

CONTRIBUTION TO OVERALL PROGRAM AREA.

As MMIS plans to extend coverage to some sites supported by other USG IPs, this integrated HIV/AIDS programming will improve collaboration amongst partners, will maximize the impact, and will contribute to the prevention of 1,145,545 new HIV infections in Nigeria. This will also improve the equity in access to HIV prevention services to the communities most in need, both rural and urban, by reducing the risk of transmission to the community as well as to health care workers. These activities would contribute substantively to NACA's National HIV Prevention Plan implementation develop strong links between MMIS services and other service providers, such as PEPFAR IPs, National Primary Health Care Development Agency (NPHCDA), UNICEF, the World Bank, WHO, and other organizations working on HIV/AIDS issues. Improved safety in the work environment and implementation of universal precautions among health providers will lead to higher quality of health services and reduction in stigma/discrimination towards PLWHA.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in HIV Counseling and Testing, Laboratory, Palliative Care, TB/HIV, ART Services and OVC. Health care workers involved in these programs will benefit from the training program in injection safety and the adoption of utilization of single-use syringe and needles, needle stick policy and PEP protocol, all of which will improve the safety for workers involved in these other programmatic activities.

POPULATIONS BEING TARGETED

Targeted population include healthcare workers at focal health facilities; doctors, nurses, pharmacists, laboratory scientists, phlebotomists, community health officers, environmental health officers, store keepers and waste handlers. Religious and community leaders, community-based organizations are also targeted within the communities. In addition, heads of service and administrators need to be aware of the policies put in place to control medical transmission of HIV. Government policy makers, line ministries and National AIDS control program staff are also targeted for advocacy to leverage policy decisions, national guidelines and sustainability issues. Furthermore, these activities will indirectly target the general population on the community outreach program, who will be provided with information on safer injection practices, which are designed to prevent transmission of HIV and promote oral medications.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and discrimination also occur in healthcare settings, and this has been reported in Nigeria. As HIV/AIDS treatment and care programs have been expanded, the training of all levels of healthcare providers on universal precautions and the risks of medical transmission have helped reduce the stigma and discrimination that can occur in these settings due to fear of occupational hazard.

EMPHASIS AREAS

Through these activities, major emphasis is placed on training of staff and institutional capacity development. This program will provide the basis for a workplace program through professional medical associations that will ensure that all treatment and laboratory specimens are handled safely, with minimal risk to healthcare providers. Minor emphasis includes policy and guidelines, information, education and communication, commodities procurement and quality assurance, quality improvement and supportive supervision.

ACTIVITY DESCRIPTION:

In Nigeria today, only a small percentage of single use disposable syringes are available for use at health care services centers. This creates a threat of HIV/AIDS transmission through the reuse of syringes which may contain trace quantities of infected blood or through the risk of needle stick. In order to eliminate this threat, the Government of Nigeria has set a mandate for 100% single use autodisable disposable syringe adoption by mid-2009. It is anticipated that the majority of these will be produced domestically by current syringe manufacturers.

Nigeria currently consumes approximately 600 million syringes per year. The major procurers of syringes in Nigeria include the Ministry of Health, World Health Organization, UNICEF, and teaching hospitals. With the Government of Nigeria behind the conversion, it is anticipated that each of these institutions will begin procuring only single use disposable syringes. There is also unmet demand in the West Africa region.

Major supplies of syringes to Nigeria come from abroad. There are two sites currently producing single use disposable syringes in Nigeria. The first is in Calabar and has a maximum capacity of 90 million annually. The plan for this facility is to scale up to 160 million in the near future. The second site is in Port Harcourt and will be completed soon. It will have a capacity of 150 million with the goal of scaling up to 350 million in the near future. These two facilities alone could be producing over 500 million by 2009.

This program aims to facilitate a comprehensive assessment of potentials for domestic production of auto-disable syringes. This assessment will determine demand and supply for single use disposable syringes in 2009 and afterwards; assess the financial viability and competitiveness of domestic syringe production; analyze the barriers to increased domestic production of syringes (financial, technical assistance, risk, etc); and understand the points of leverage where donor money can facilitate greater production of quality, single use disposable syringes through the cultivation of public-private partnerships.

Upon completion of this assessment, USAID's PEPFAR team, in partnership with local manufacturers, banks, and procuring organizations, will design an intervention aimed at meeting the Government of Nigeria's mandate. Possible solutions include: the establishment of a credit guarantee program through USAID's Development Credit Authority (DCA) to facilitate financing for the procurement of necessary manufacturing equipment; the leveraging of contacts from the Foreign Commercial Service to link local manufacturers with equipment manufacturers in the US willing to provide credit, technical assistance, and

Activity Narrative: design services directly; the facilitation of advance contracts to secure orders for future production; increased private sector investment for renovation and expansion of current facilities matched with the provision of technical assistance; and increased private sector investment matched with awareness campaigns intending to encourage increased use of single use disposable syringes.

CONTRIBUTION TO OVERALL PROGRAM AREA.

This program will inform the design of any PEPFAR-supported intervention and will enable PEPFAR Nigeria to contribute to the overcoming of existing barriers which discourage the private sector from meeting future demand for single use disposable syringes. It would also contribute substantively to NACA's 5-year Strategy Framework implementation and contribute to the prevention of 1,145,545 new HIV infections by 2010 in line with the PEPFAR global achievement of the 2,7,10 goals.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in HIV Counseling and Testing, Laboratory, Palliative Care, TB/HIV, ART Services, Blood Safety and OVC and the adoption of utilization of single syringe and needle stick policy of GON, all which are aimed at improving the safety for workers involved in these other programmatic activities.

EMPHASIS AREAS

Major emphasis is placed on public – private partnership development for Domestic Production of Disposable Syringe.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5269.09

Mechanism: USAID Track 2.0 PPP

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 16925.26169.09

Planned Funds: ██████████

Activity System ID: 26169

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP 09, the increased funds for this activity will go toward the credit guarantee for the identified indigenous producers of auto-disposable syringes. Following an initial assessment of capacity for local production of injection safety products, results of the evaluation/assessment will further inform programming efforts. Sustainability plans will include increasing efforts at public private partnership for health care waste management and involvement of private health practitioners in injection safety programs within each Local Government Area where public facilities have instituted injection safety programs.

The USAID PEPFAR team will intensify efforts on creating an enabling environment for the use of retractable syringes and the production and utilization of waste boxes. The emphasis will be on entrenchment of the national injection safety policy into law, integration of policy into the national health plan, and the implementation of the policy at facility levels. Efforts will be made to ensure constant and continuous supply of injection safety commodities (retractable needles and syringes, safety boxes, context appropriate incinerators or other waste management systems) to all injection safety program sites in Nigeria through ongoing collaborative logistics system efforts with GON.

ACTIVITY DESCRIPTION:

In Nigeria today, only a small percentage of single use disposable syringes are available for use at health care services centers. This creates a threat of HIV/AIDS transmission through the reuse of syringes which may contain trace quantities of infected blood or through the risk of needle stick. In order to eliminate this threat, the Government of Nigeria has set a mandate for 100% single use auto-disposable disposable syringe adoption by mid-2009. It is anticipated that the majority of these will be produced domestically by current syringe manufacturers.

Nigeria currently consumes approximately 600 million syringes per year. The major procurers of syringes in Nigeria include the Ministry of Health, World Health Organization, UNICEF, and teaching hospitals. With the Government of Nigeria behind the conversion, it is anticipated that each of these institutions will begin procuring only single use disposable syringes. There is also unmet demand in the West Africa region.

Major supplies of syringes to Nigeria come from abroad. There are two sites currently producing single use disposable syringes in Nigeria. The first is in Calabar and has a maximum capacity of 90 million annually. The plan for this facility is to scale up to 160 million in the near future. The second site is in Port Harcourt and will be completed soon. It will have a capacity of 150 million with the goal of scaling up to 350 million in the near future. These two facilities alone could be producing over 500 million by 2009.

While the potential for significant manufacturing of single use disposable syringes is evident, the plans for scaling up are tenuous and yet to be proven commercially viable. Supply and demand assessments based on limited information are not reliable. Without reliable information, any intervention would be risky, unlikely to achieve the desired result of increased domestic production of single use disposable syringes, even potentially hindering future developments that would occur naturally through private sector investment.

This program aims to facilitate a comprehensive assessment of potentials for domestic production of auto-disposable syringes. This assessment will determine demand and supply for single use disposable syringes in 2009 and afterwards; assess the financial viability and competitiveness of domestic syringe production; analyze the barriers to increased domestic production of syringes (financial, technical assistance, risk, etc); and understand the points of leverage where donor money can facilitate greater production of quality, single use disposable syringes through the cultivation of public-private partnerships.

Upon completion of this assessment, USAID's PEPFAR team, in partnership with local manufacturers, banks, and procuring organizations, will design an intervention aimed at meeting the Government of Nigeria's mandate. Possible solutions include: the establishment of a credit guarantee program through USAID's Development Credit Authority (DCA) to facilitate financing for the procurement of necessary manufacturing equipment; the leveraging of contacts from the Foreign Commercial Service to link local manufacturers with equipment manufacturers in the US willing to provide credit, technical assistance, and design services directly; the facilitation of advance contracts to secure orders for future production; increased private sector investment for renovation and expansion of current facilities matched with the provision of technical assistance; and increased private sector investment matched with awareness campaigns intending to encourage increased use of single use disposable syringes.

CONTRIBUTION TO OVERALL PROGRAM AREA.

This program through its comprehensive assessment effort will inform the design of any PEPFAR-supported intervention and will enable PEPFAR Nigeria to contribute to the overcoming of existing barriers which discourage the private sector from meeting future demand for single use disposable syringes. It would also contribute substantively to NACA's 5-year Strategy Framework implementation and contribute to the prevention of 1,145,545 new HIV infections by 2010 in line with the PEPFAR global achievement of the 2,7,10 goals.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in HIV Counseling and Testing, Laboratory, Palliative Care, TB/HIV, ART Services, Blood Safety and OVC and the adoption of utilization of single syringe and needle stick policy of GON, all which are aimed at improving the safety for workers involved in these other programmatic activities.

EMPHASIS AREAS

Through these activities, major emphasis is placed on public – private partnership development for Domestic Production of Disposable Syringe.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16925	16925.08	U.S. Agency for International Development	To Be Determined	6356	5269.08	USAID Track 2.0 PPP	\$50,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 2768.09

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 6819.28544.09

Planned Funds: [REDACTED]

Activity System ID: 28544

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, ICAP will promote biomedical prevention through the promotion of safe injections, directly targeting health care workers at ICAP supported facilities. Specifically, ICAP will emphasize training to build human capacity in safe injections and promote commensurate behavior change through IEC; institute safe injection, provision of commodities, increase community awareness, and strategic linkages with other partners and initiatives like the Making Medical Injections Safer (MMIS) project. ICAP will also collaborate with MMIS to support the government in the development and implementation of health care waste management policy.

While injection is a necessary mode of providing treatment, contraception and immunization, contaminated injections add to the burden of illness. Reused syringes and needles, lack of sterilization, suboptimal collection and disposal of used needles as well as lack of training or standards of procedures lead to the exposure to HIV and other blood borne pathogens.

As a response and in consultation with the Federal Ministry of Health (FMOH) and MMIS, ICAP has implemented the Safe Injection Global Network (SIGN) strategy, an infection prevention strategy to reduce HIV transmission through unsafe injections. In COP08, ICAP supported injection safety in the context of infection prevention and control services at 28 hospital networks in the 6 states of Kaduna, Cross River, Benue, Gombe, Kogi and Akwa Ibom. Infection prevention practices were enhanced and universal precautions were introduced. By the end of COP08, 900 health care providers will be trained on injection safety, including general aspects of universal safety procedures and health care waste management, while advocacy and BCC activities on safe injection are conducted amongst health care workers to enable adoption of safer workplace behaviors.

ICAP in COP09 will continue to focus on these strategies to effect change in injection practices. These include: training to build the capacity of health care providers to provide safe injections advocacy and behavior change communication (BCC) to promote safe injections; improving health care waste management; implementing universal safety precautions, and providing commodities necessary for safe injection and waste disposal.

Training to build human capacity and effect behavior change: Training will be based on the National Training manual adapted from WHO Do-No-Harm curriculum. Trainers trained in COP08 by MMIS have conducted step down trainings. The training focused on safety standards of safe injections procedures, behavior change to prevent unsafe and overuse of injections, consistent practice of universal precautions, and appropriate health care waste management.

In COP09, 100 health care providers from two new health facilities will be trained on infection control in the context of injection safety to enable them adopt safer workplace behaviors. Refresher/ update trainings will be conducted for 280 staff across the 28 existing sites.

ICAP will also continue to promote and facilitate behavioral change among health workers through supportive supervision, distribution of communication materials (leaflets, posters, reference guides) on safer injection practices, and support to the FMOH to adopt a national health care waste management plan in collaboration with JSI/MMIS. This will also address stigma and discrimination issues that are often generated by fear among health care providers. Behavior change communication activities will facilitate the adoption of safe injection practices among health care providers.

Improve health care waste management: In COP09, ICAP will focus on promoting effective waste management in 30 (28 existing and 2 new) comprehensive secondary health facilities across the 6 states namely, Kaduna, Cross River, Benue, Gombe, Kogi and Akwa Ibom. ICAP will implement these activities by partnering with a local non-governmental organization, HIV/AIDS Restoring Hope and Life (HARHL) Trust. This local NGO has extensive experience in responding to health sector program needs including issues of safe injection, universal safety precautions, and safe blood. In addition, this organization will assist the sites to develop and implement appropriate work plans and policies using the SIGN strategy for ensuring injection safety.

Provide commodities: ICAP will procure color-coded bin liners for segregation of infectious waste and personal protective equipment (i.e. disposable surgical gloves, disposable syringes, respiratory masks and gowns) for these sites. ICAP will also support proper waste management by repairing incinerators in selected sites based on need.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These activities will contribute to the overall Emergency Plan for prevention of new infections by promoting injection safety. It will also reduce exposure of health care workers to occupational hazards in the supported health services. ICAP will also support effective waste disposal through the repair/purchase of incinerators in need based selected health facilities.

LINKS TO OTHER ACTIVITIES:

This activity is closely linked to activities in ART, Palliative Care, OVC, HCT, Lab, and PMTCT to ensure that health workers under all these areas adhere to principles of safe injection and universal precautions. With the linkage to Lab, lab-based activities will support injection safety activities at all ICAP supported sites through training, supervision, equipment maintenance and supplies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13023

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13023	6819.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$172,000
6819	6819.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$40,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 12265.09

Mechanism: Male Circumcision Desk Review

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 29879.09

Planned Funds: [REDACTED]

Activity System ID: 29879

Activity Narrative: Narrative TBD. Activity added during April 2009 reprogramming.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$37,289,099

Program Area Narrative:

It is estimated that over 3 million people are infected with HIV in Nigeria. The Nigerian PEPFAR 5-year goal for care and treatment is to reach 1,750,000 people infected by HIV/AIDS with care services and place 350,000 people living with HIV/AIDS (PLWHA) on antiretroviral therapy (ART) by 2009. At the end of COP07, USG/Nigeria had provided care services (excluding TB services) to 269,506 PLWHA and treated 149,091 clients. In COP09, USG/Nigeria partners will provide care and support services to 486,951 adult and 40,187 pediatric clients, and an additional 220,000 people affected by AIDS (55.4% of the 5-year goal). In COP09, PEPFAR implementing partners (IPs) will provide ART services to 269,843 adult clients and 29768 pediatric clients (85.6 % of our 5-year goal) at 372 tertiary, secondary, and primary level service delivery sites in 36 States and the Federal Capital Territory (FCT).

USG PEPFAR/Nigeria has increased access to care and treatment for PLWHA, incorporated "prevention with positives" (PwP) services at various service points, and ensured that enrolled clients receive the basic care package. Some IPs are decentralizing services to lower levels of care and improving service provision in the communities, in collaboration with community institutions/structures. In previous COP years, the USG PEPFAR and Government of Nigeria (GoN) Adult Care & Treatment program have concentrated services in the tertiary and secondary levels of care. This has resulted in overburden of these levels of care. In addition, the network, referral and linkage systems, though improving, are still weak and the existing infrastructure and capacity of the health system are inadequate. Less emphasis has been placed on pre-ART care services and programming, which as a low cost per target, and results in high attrition rate.

In COP09, the USG/Nigeria PEPFAR Adult Care and Treatment program will reach targets for the country by (1) continuing the decentralization of care and treatment to Primary Health Care (PHC) levels using the "Hub and Spoke" model developed in collaboration with GON; (2) improving quality of care and treatment services using HIV/QUAL and other quality improvement and assurance (QI/QA) systems; (3) enhancing networking and referral mechanisms, including patient tracking; (4) supporting task-shifting policy development and implementation, (5) further strengthening linkages between adult and pediatric care and treatment, PMTCT, and OVC programs, nutritional services, and support groups; (6) expanding strategic integration of HIV/AIDS care and treatment services into the routine and existing health systems such that it is beneficial to all patients, including non-HIV infected clients patronizing the health facilities; (7) supporting programming for pre-ART clients aimed at improving retention in care; and (8) promoting health systems strengthening (HSS) activities. These are priority activities and strategies for the Adult Care and Treatment program area in COP09.

The USG/Nigeria Adult Care and Treatment program is comprised of facility-based and Community/Home Based Care (CHBC) activities for HIV-infected adults and people affected by AIDS aimed at extending and optimizing quality of life for HIV-infected individuals from diagnosis through illness. Program activities include the provision of clinical, psychological, social, economic, spiritual, and prevention services. Ensuring continuity of care is a goal of the adult care and treatment program and will require attention to priority areas that include: PwP; nutrition care; pain management and palliative care; procurement and distribution of ARV drugs and Cotrimoxazole (CTX) prophylaxis, early referral and retention in care and treatment; monitoring, reporting, and program evaluation of activities; quality of care and treatment services assurance; task-shifting (i.e., training and deployment of additional categories of care providers to provide care and treatment); centralized procurement mechanism; and strategic geographic concentration of partners' activities.

ART eligible clients are placed on a first line regimen (2 Nucleoside Reverse Transcriptase Inhibitors [NRTIs] + 1 Non-Nucleoside Reverse Transcriptase Inhibitor [NNRTI], specifically Lamivudine [3TC], Azidothymidine [AZT], and Nevirapine/Efavirenz [NVP/EFV] with alternative of Stavudine [D4T], 3TC, and Tenofovir [TDF] as outlined in the National ART guidelines, except as otherwise indicated. Through CHBC, USG/Nigeria will continue to emphasize ART adherence in the home setting through education and addressing adherence barriers, utilizing volunteers, peers and buddy systems and pill boxes as reminders for effective drug adherence. In order to strengthen HIV-TB programs, all care and treatment sites are co-locating with TB-DOTS (Directly Observed Treatment Short-course for tuberculosis) programs. Where co-location is not possible, effective linkages will be facilitated to encourage implementation of the "three Is"; Intensified Case Finding, Infection Control, and Isoniazid Preventive Therapy.

Service provision data are collected by the use of National Patient Management and Monitoring (PMM) forms and ART cards. Most partners have in place electronic systems for information collection and analysis. These databases improve efficiency in service provision including tracking early or missed appointments. Despite a lack of a national task-shifting policy, facilities are

training nurses to triage patients and prioritize access to physician care. Attention is also being paid to ensuring a more manageable physician-to-patient ratio at facilities with secondary and tertiary facilities graduating stable patients to lower level facilities.

Psychological support includes group and individual counseling and culturally-appropriate end-of-life care, bereavement services and effective adherence education and counseling. Spiritual care addresses the major life events that cause people to question their purpose and meaning in life. The interventions are culturally sensitive and include a life review and assessment, involving clergy and spiritual leaders. Social care assists individuals and family members maintain linkages to various social services, including community-based support groups, stigma reduction activities, training and support of caregivers, transportation support, economic empowerment, food support, and/or legal assistance. Prevention services, including Prevention with Positives (PwP), are designed to prevent transmission of HIV to others, as well as protect PLWHA from re-infection with HIV or infection with other STIs. Existing CHBC teams comprised of health care workers, community volunteers, including PLWHA, have sufficient skill sets to provide the range of facility, community and home care services. CHBC services are linked to facility services through a coordinated network and referral systems.

The minimum care package of services provided to each PLWHA includes clinical care with a basic care kit and two supportive services delivered at the facility and CHBC levels in accordance with the National ART and Palliative Care Guidelines. Service providers keep records of services offered to clients, while the USG Care & Treatment team conducts supportive supervisory site visits to monitor and evaluate these services periodically. USG PEPFAR/Nigeria will in collaboration with GoN and other stakeholders (Nigeria Medical council, Nursing council, Laboratory council etc) to develop a policy on task shifting allowing other trained cadres of health care workers to provide care, and particularly, treatment to clients.

USG/Nigeria in COP09 will continue close linkages with Global Fund Initiatives. To ensure adequate and appropriate geographic and epidemiologic coverage and retention, USG/Nigeria partners are encouraged to do state expansion where they have a comparative advantage, as we move into the phase of reaching out to Primary Health Care levels to improve access to care.

USG/Nigeria will continue provider initiated testing of inpatients in hospital wards, pregnant women, TB patients, and STI patients as a part of the counseling and testing strategy to improve enrollment and access to care. All ineligible clients for ART will be enrolled in HIV care and wellness programs for regular periodic follow-up and to identify change in ART eligibility status. Linkage of adult programs to OVC programs will be established so that children of enrolled PLWHAs are able to access OVC services in the communities. Strengthening of the support group programs through restructuring of activities and reaching out to non-ART eligible individuals, will further ensure retention of pre-ART clients in care. USG/Nigeria PEPFAR program already has in place "pre-ART" registers for monitoring these Non ART Eligible patients. The care and treatment program also seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Through gender-sensitive programming and improved quality services, the program will contribute to the reduction in HIV/AIDS stigma and discrimination, and address male norms and behaviors by encouraging men to contribute to care and support in their families.

USG/Nigeria employs point persons for supply chain management, including ARV drugs. These individuals work with implementing partners to keep track of ARV drugs for all USG/Nigeria partners and the GON to ensure adequate stock and maintenance of ARV drugs, supplies, and other commodities. USG/Nigeria also supports strengthening National procurement and distribution systems by investment into the Supply Chain Management System (SCMS) managed by Partnership for Supply Chain Management. This implementing partner serves to provide technical assistance in procurement plans and capacity building of in-country procurement and logistics staff. SCMS will work with the USG Procurement & Logistic team to train implementing partners and site counterparts in drug forecasting and management. USG will utilize SCMS for care commodities, OIs and ARV drug procurement as SCMS increases its services in Nigeria. USG/Nigeria will work closely with GON and the Global Fund to harmonize and institute a nationwide supply chain and logistics management system that will not only cater to ART drugs, but will increase efficiency and effectiveness of distribution of other commodities and supplies, such as OI drugs and Basic Care Kits.

USG/Nigeria will continue to partner with the Clinton Foundation and the Global Fund to utilize opportunities to reduce costs. USG/Nigeria will continue to work towards sustainability by supporting renovation of physical infrastructure, improving laboratory support systems, and ensuring community involvement and ownership of programs. USG/Nigeria will also participate in and support the harmonization process led by GON that is in line with "one national program at all levels". It will also participate in building the capacity of health care providers as well as facilitate private partnerships with organizations, such as ExxonMobil and Accordia, to increase patient access to care and treatment services. To further strengthen health systems in Nigeria, facilities and partners are encouraged to arrange a mechanism for partial cost-sharing to enable all clients at facilities to have access to laboratory and other services formerly limited only to HIV positive clients.

In keeping with the PEPFAR's commitment to the "three ones" through alignment with the GON National framework, coordinating authority, and monitoring and evaluation systems, the USG/Nigeria PEPFAR care and treatment program has become an integral part of the National Care and Treatment plan, strategies and program monitoring and evaluation. USG/Nigeria has integrated quality assurance and improvement systems into its existing care and treatment program, and, in collaboration with GON, will continue to monitor and evaluate the COP09 strategies to ensure optimal quality of care, utilizing jointly organized and implemented onsite supportive supervision, HIVQUAL, data reporting systems (monthly data collection, collation and analysis) with feedback through the monthly bulletin developed by the Strategic Information Unit of the PEPFAR Program. The USG/Nigeria Clinical Care meetings and Technical Work Group meetings will continue providing implementing partners with technical assistance, sharing best practices, identifying emerging challenges and developing strategies to address them. QA/QI has been a strong component of the laboratory services in country, which as resulted in most laboratories providing internationally acceptable service level for ART.

The care and treatment training plans for COP09 are aimed at quality assurance and improvement. These include the training, retraining, and mentoring of care and treatment providers using the National Care and Treatment Training Curricula. Additional

training plans include further expansion of HIVQUAL program for QA/QI. USG/Nigeria will coordinate implementing partners' activities to train master trainers in good clinical care. All care and treatment training will emphasize pain assessment and management using the National Guideline, which includes the World Health Organization (WHO) step-ladder approach.

PEPFAR/Nigeria has proposed two public health evaluations (PHEs) in COP09: an assessment of barriers to ART initiation among clinically eligible patients (the role of patient- and site- factors in delaying treatment initiation); and an evaluation of patient retention in pre-ART care. A program evaluation of the national Care and Treatment Program will also be conducted in collaboration with the GON to evaluate the quality and outcome of services.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2768.09	Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 5552.28546.09	Planned Funds: \$3,511,600
Activity System ID: 28546	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: : Combination of ART, & Care and support Services and narrative.

ACTIVITY DESCRIPTION: ADULT CARE, SUPPORT AND TREATMENT

In COP08, ICAP supported 28 hospital networks and their communities, partnering with community-based organizations (CBOs), faith-based organizations (FBOs), and PLWHA groups to enable people with HIV/AIDS to access clinical care and support as well as laboratory and pharmacy services across the 6 states of Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi.

In COP09, ICAP will continue to provide support to 30 comprehensive facilities which will include 28 existing health facility networks and expand support to 2 additional new comprehensive health facilities in Akwa Ibom and Gombe States to provide care and support services to 52,310 HIV+ clients and 104,620 PABAs. A total of 28,351 (3,238 new) patients will be enrolled on ART among the HIV positive patients in COP09.

In COP09, ICAP will enable health facilities to provide clinical care, support and treatment to HIV positive persons by supporting: strategic approaches including training; clinical, laboratory and pharmacy services; systems management; procurement of drugs and supplies; and the expansion of support groups and peer health educator programs.

Following National Palliative Care Guidance and USG PC policy, ICAP-supported sites will provide a basic package of care services, including basic care kits, prevention with positives, clinical care (nursing care, pain management, OI and STI treatment and prophylaxis, nutritional assessment and support, lab- baseline hematology, chemistry and CD4 and follow up, OI and STI diagnosis, psychosocial support, home based care and active linkages between hospitals, health centers, and communities. ICAP will provide clinical care with basic care kits plus at least two other supportive services in the domains of psychosocial, spiritual and preventive services to all PLWHA. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (cotrimoxazole), and 50% Home Based Care and training. Patient education to promote positive living, self-care, and support adherence will be provided. ICAP will support integration of syndromic management of STIs and risk reduction interventions into care.

ICAP will continue to strengthen the HBC teams (doctors, nurses, CHEW, PHEs, members of CBOs). ICAP will expand HBC services to include the provision of domestic support, nursing care, pain management, counseling and referral services. CBOs and FBOs will be supported to package and distribute standardized HBC kits (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, gentian violet, etc.) to each trained HBC provider for use when visiting clients. Basic care kits containing ITN, water guard, water vessel, soap, gloves, ORS, condoms and IEC materials will be distributed to all PLWHAs through facility and community based support groups. Retired health care providers within the communities will be encouraged to volunteer to lead HBC teams through existing CBOs.

At the facility level, ICAP will conduct quality improvement activities using processes like Clinical System Mentorship and HIVQUAL. Checklist, SOPs, Standard of Care and Model of care assessment will be used to enhance quality of services in all comprehensive sites and PHCs.

ICAP will train, retrain and mentor health care providers on HIV/AIDS care and management. ICAP will enhance adult care and treatment by providing ongoing site-level mentoring and supportive supervision of facility-based staff. Job aids and SOPs will be provided to support and enhance provider skills. ICAP will participate in the USG/GoN joint supervisory sites visits.

ICAP will further strengthen patient appointment and defaulter tracking systems, as well as routine reporting systems for monitoring basic care and support activities. Outreach teams linking hospital programs to primary health centers and communities will be expanded and supported by ICAP network coordinators. In order to improve access to services and retain in care, HIV positive clients will be supported to access health care facilities via community-based transportation support. Adherence trainings and support services will facilitate adherence, support patient education, enhance appointment system, and strengthen referral linkages/defaulters tracing programs. ICAP will also expand its successful Peer Health Educator program, enhancing family counseling and testing, defaulter tracking, and inter/intra-facility linkages. ICAP also support the development of patient education materials that encourages retention in care.

In COP09, ICAP will maintain provision of quality focused ART services at 28 existing health networks and scale up services in 2 additional health facilities to provide comprehensive ART services to a total number of 28,351 clients by the end of COP09, out of which 25,516 clients will remain on treatment at the end of the reporting period. ICAP will participate in the yearly National Care and treatment evaluation.

Based on FY08 experience, ICAP will provide support for infrastructural development, program management and systems strengthening, including within-facility linkages, retention of health care workers, Management Information System, and inter-disciplinary partnerships. ICAP will facilitate onsite assistance to strengthen systems, including ART clinic management, medical records, referral linkages, patient follow-up, integration of prevention into care and treatment, and involvement of PLWHA; laboratory services. We anticipate increasing need for second-line ART, and will place special emphasis on training and mentoring health care providers to identify treatment failure and initiate second-line regimens when needed. Building on the ICAP-model which emphasizes comprehensive support, capacity-building and local ownership as mechanisms to provide sustainable high-quality HIV/AIDS care and treatment to families and communities, facilities will be supported through enhancement of site-level project management teams (PMTs).

ICAP will prioritize the expansion and decentralization of palliative care services to selected primary health centers (PHC) to reduce the client load on the existing secondary health facility networks. Building on the network of care model, ICAP will scale up care, support and ART drugs refills to PHCs by identifying at least one PHC around each secondary hospital that can provide care and ART drug refills to stable patients. ICAP will also enable the decentralization of existing facility-based support groups, facilitating their expansion into surrounding communities to promote acceptance and ownership, reduce stigma, and increase sustainability. To do this, ICAP will work closely with the state and local governments of the six

Activity Narrative: ICAP supported states to further explore and put in place mechanisms to strengthen the role of PHCs in providing quality ART care and ART drugs refills. ICAP will work closely with established State primary health care development agencies to develop/adapt mechanisms to strengthen the health care systems by leveraging available HIV/AIDS resources. This decentralization will include the development/adaptation of referral protocols (for both "down" and "up" referrals), referral forms/tools, and site supervision tools. Networking and referral linkages between hospital based providers and PHCs will be strengthened. Health Teams in PHCs will be trained on Care and Treatment to encourage task shifting.

This will be a critical element in ICAP's support to health care cadres through the COP09 program activities. Clinicians at all 30 sites will be assisted to identify 'most at risk' HIV-infected patients, enroll them in care and treatment, to perform appropriate clinical and laboratory staging of adults and children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible patients. ICAP will provide follow-on ART/Palliative Care trainings, including ongoing CME and QA activities, for 500 health care workers (including physicians, nurses, counselors, pharmacy, and laboratory personnel) and 100 members of CBOs on palliative care. Onsite clinical mentoring will enhance quality of care and build site-level clinical and management skills for program sustainability. ART reference tools will include pocket guides, dosing cards, posters, and detailed SOPs.

ICAP will continue to work closely with other PEPFAR IPs and GON to ensure compliance with National policies, curricula and guidelines. ICAP will continue to participate in the USG Technical Working Groups to address emerging treatment and care -related topics and further promote harmonization with other IPs and the GON. ICAP will also continue its partnership with SCMS by allocating USD 675,000 of its resources for care, support and treatment related procurements.

ICAP will facilitate linkages through existing and new CBO/NGO or FBOs within the communities to economic empowerment and other programs such as safe motherhood and child survival activities. Therapeutic feeding using approved selection and exit criteria will be provided via referrals where possible and directly when no alternatives exist. Facilities and communities will be supported to identify innovative approaches to sustainable food support such as establishment of innovative food banks, linkages with wraparound programs and existing microfinance opportunities. At the community level, HBC, OVC, HCT outreaches, AB messages, patient retention mechanisms and other support services will be subcontracted to non-governmental, community and FBOs. Trained HBC providers, including PLWHA, will be supported to deliver care and support services to stable patients and family members at home.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By training and retraining at least 600 care providers including PLWHA, ICAP will enhance the delivery of comprehensive basic care and support within national guidelines and protocols via a multidisciplinary family -focused approach. This activity contributes to the USG cumulative targets by reaching at least 52,310 PLWHAs (104,620 persons affected by HIV/AIDS) on care, including 28,351 HIV positive adults on treatment.

LINKS TO OTHER ACTIVITIES:

This activity relates to OVC, HCT, PMTCT, LAB, sexual prevention, TB/HIV, Gender, Human capacity development and SI. As expansion of ART services is prioritized to rural areas, ICAP will strengthen referral channels and network mechanisms. TB/HIV linkages will be strengthened where ART and TB DOTS sites are co-located, and co-location of new ARV sites will be actively promoted in TB DOTS stand-alone sites. All HIV infected patients will be screened for TB using the National algorithm while all TB patients will be offered HIV testing. ICAP will also provide onsite assistance with data management and M&E to guide quality improvement. Relationships between secondary hospitals and community-based referral facilities will be strengthened via the use of network coordinators, CBOs and NGOs. Patients not yet eligible for ART will be carefully monitored (via clinical and laboratory monitoring), and will receive OI prophylaxis and other preventive services where indicated. Women who become pregnant will be referred to PMTCT; after delivery mother-baby pairs will be referred for care and treatment/OVC services. All care and treatment clients will receive PwP messaging as appropriate. Partnerships with other IPs will provide opportunities for leveraging resources. Patients and their families will be linked to community-based income-generating activities where available.

POPULATIONS BEING TARGETED:

All HIV positive persons including women and their households will be assisted to access care and support. HIV positive persons in the general population will be reached through CBOs and support groups. Persons Affected By HIV/AIDS (PABAs) will also be targeted and enrolled into care under the ICAP family-centered approach as will pregnant women, OVC and TB patients. Facility based care providers and CBOs/FBOs will be trained to provide quality services and facilitate the establishment/strengthening of referral networks. Health care providers in secondary and primary health facilities will be trained to deliver quality ART services.

EMPHASIS AREAS:

Areas of emphasis will include quality improvement and system strengthening human capacity development, Gender and other health related wrap around.

This activity will facilitate equitable access to care and support especially to vulnerable groups of women and children. ICAP will advocate for men's involvement in care and treatment in the community (rallies, community sensitization) for improved inheritance rights for women and children. ICAP will also advocate for stigma and discrimination reduction at the community level. ICAP will emphasize quality assurance/improvement and clinical systems mentorship as part of its capacity building. ICAP personnel including national and international experts will provide skill and competency-based trainings, CME, and ongoing clinical mentoring to enable onsite staff to provide quality ARV services to patients. Services will also focus on addressing the needs of women to reduce gender inequalities and increase access to ART services. ARV services will facilitate linkages into community and support groups for nutritional support and

Activity Narrative: micro-credit/finance activities.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

Early funding is requested for USD 4,009,000 to procure drugs (other than ART), commodities and supplies for currently enrolled in care and treatment patients from the existing 28 facility networks. This is to ensure that orders are placed early to forestall any gaps in supplies and further enhance quality of services provided. In addition, as services for many facilities and CBOs are by subcontract, ICAP is unable to execute subcontracts (which represent an obligation of funding) in a timely manner without such funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13025

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13025	5552.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$3,050,000
6697	5552.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$1,270,000
5552	5552.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$626,500

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$193,816

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$8,750

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$14,250

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$129,600

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9401.09

Prime Partner: Partners for Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 21688.26810.09

Activity System ID: 26810

Mechanism: HHS/CDC Track 2.0 PFD

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$87,500

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

In COP 08, Partners for Development (PFD) worked collaboratively with its sub-partner, the faith-based organization (FBO) Daughters of Charity (DC), to implement activities at two project sites: 1) Assumption Clinic in Warri, Delta State and 2) Catholic VCT Center and primary health care center, Ikot Ekpene, Akwa Ibom State to implement activities under the "Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. This component targeted 400 adults in COP08 needing care through a combination of community-based service provision by peers and community members linked to treatment through health service providers. The model is based on the realization that clinics cannot provide cost-effective, sustained follow-up and care for all infected individuals, and in order to provide a continuum of care, community resources and volunteers will be required. Using peers and other community members also promotes HIV awareness and helps to reduce the stigma associated with HIV/AIDS. Outreach services are provided through Community-based Organizations (CBO) networks to 10 LGAs. In all activities, CAMP draws upon a network of community based groups coordinated at LGA level for service provision on a voluntary basis. The LGA coordination meetings include Parish Action Committees which are themselves coalitions of women's, men's and youth groups as well as health care service provider representatives. They also include representatives from support groups of People Living with HIV/AIDS (PLWHA) or affected by AIDS. Through these LGA coordination mechanisms, volunteers willing to provide home based care to PLWHA are organized, trained and equipped.

In COP 09, PFD will continue to provide care and treatment services to the same target population and plans to reach 850 newly enrolled adults (making a cumulative total of 1250) with care and support services and 900 through ART. PFD and DC will assist adults who need palliative care through a combination of home visits from community volunteers who have been trained in basic nursing skills plus treatment provided by health service staff employed through the two project sites. An enrolled client will be counted to have received care if they have received clinical care, a basic care kit plus two other supportive services which include prevention counseling, psychosocial counseling, volunteer home visitors and logistic support. CAMP Program Officers will train, mentor, and technically support community caregivers as they provide services to persons living with HIV/AIDS. 36 home visitor volunteers will be recruited from PLWHA and their caregivers support groups that have been formed through Parish Action Committees and other CBOs. Support group leaders will coordinate their work at the community level which will in turn be coordinated by an LGA level community nurse. They will be given a basic home nursing training course according to the national curriculum in the beginning, plus quarterly refresher classes that serve to keep their interest high and result in higher retention. Assistance with transportation costs will be provided as needed to volunteers. Home volunteers will be coordinated and linked to clinical services through community nurses/health officers supported by a social worker who will also receive training under this component according to the national curriculum for PLWHA caregivers. There will be two levels of training for home volunteers to correspond to different groups of clients: 1) Pre-ART clients who will require PWP services, health education, CD4 default tracking, as well as family counseling/testing and referrals and 2) clients who are on ART or needing significant clinical assistance/treatment (stage 3 and 4) will first be given more advanced home nursing training and work under a clinical staff person's supervision.

Each enrolled client that receives care and support services from CAMP will be given a basic care kit containing an analgesic (aspirin or paracetamol) and other items including ORS, ITN, water treatment solution and vessel, cotton wool, gloves, soap & IEC materials. The gloves, soap and water treatment solution will be replenished monthly. Home visitors will receive a basic home nursing kit that will contain a thermometer, latex gloves and first aid items. Home visits will be arranged through a referral system organized by an LGA-level volunteer coordinator.

Clients qualifying for care and support will be drawn from a span of intake points such as primary health care outposts, safe motherhood and child survival programs and HCT points. All testing positive will be referred for further medical examinations and lab analysis. ART eligible clients will be placed in ART programs according to National ART Guidelines. Home care capacity of those with chronic and debilitating symptoms will be assessed and those needing assistance from outside their household will be assigned to one of the network of home visitor volunteers. Interface between the home care and clinical care activities will be provided by community nurses who track retention of enrolled clients. Logistical support is organized both by support group leaders who receive training in this area by CAMP personnel and by CBO and health service representatives who have received counseling training (including bereavement counseling). Logistic support includes organizing transportation to ensure that patients can access the clinic-based part of their treatment

Clients will access clinical care as needed (nursing care, pain management, nutritional assessments and interventions, OI diagnosis prophylaxis and treatment, STI diagnosis & management, lab service-baseline hematology, chemistry, CD4 count and follow up, MP, and pregnancy tests when indicated). Clinical staff provides counseling on the importance of adherence to prescribed drug regimes and sets up monitoring and reinforcement chains via a community nurse. For treatments and tests, CAMP clinics have access to supply chains organized at the national level by the Daughters of Charity referral center in Kubwa outside Abuja.

Clinical staff will be trained on pain assessment techniques and management according to the National Palliative Care Guideline. They will also receive a nutritional assessment based on guidelines from the DREAM model adopted by Daughters of Charity. This stands for Drug Resource Enhancement Against

Activity Narrative: Aids and Malnutrition. The DREAM model includes an evaluation covering nutritional anthropometric, clinical and laboratory data. Health care providers investigate the clients' nutritional history and decide on the quality and quantity of any supplement to be prescribed. Signs and symptoms such as anorexia, nausea, vomiting and diarrhea are recorded. Anthropometric measurements of weight, height and body mass index (BMI) are also checked.

Three types of counseling services will also be provided. These include prevention counseling and testing with positives and other prevention counseling for family members including discordant couples. PFD and DC will work towards greater access of home based testing for families where one or more member is positive. Couples where one or more partner are HIV+ will receive HIV/STI prevention counseling from this team, according to the national standards for PWP prevention.

A second type of counseling provided will be psychosocial including bereavement and depression counseling. Home visitor volunteers will receive training in how to provide moral support and encouragement as well as bereavement counseling to families where one or more members are PLWHA, and to learn signs of when their clients need referral to appropriate psychological services. Spiritual counseling will be facilitated through participation of FBOs in the volunteer network and their affiliation to various churches who undertake spiritual and more support activities as part of their mandate.

The third type of counseling is linked to clinical care related to adherence to prescribed treatments, particularly ART. This counseling will be given by the attending health service team initially, but home visitor volunteers will be requested to help with follow up and monitoring of adherence.

Home visitor volunteers are also trained in basic home nursing skills and oriented on how/when to refer clients to CAMP clinics for follow up, counseling and testing. Couples where one or more partner are HIV+ will receive HIV/STI prevention counseling from this team. The Adult Care and Treatment team will cover all aspects of home-based, clinic linked care except that of ARV therapy which is covered in a separate component, however the home-based caregiver team.

Contribution to overall program area:

PFD will through its care and treatment activities/services will contribute to PEPFAR/Nigeria goals of providing treatment to 350,000 and care to 1.75 million people. In addition, PFD is contributing to improved access to care and treatment, particularly to underserved areas.

Links to other activities

This component is strongly linked to prevention, HCT, PMTCT, ARV drugs, SI, OVC, Lab infrastructure and services. There is a strong link to the PMTCT component as mothers may need continuing follow up assistance through this adult basic care and treatment component. Adults being cared for through this component will be able to draw upon primary health care programs offered either through CAMP sub-grantee Daughters of Charity, or who are participating in LGA level coordination mechanisms such as Ministry of Health primary care units for prevention of malaria, TB and communicable diseases

Target population

Target populations for this component are HIV/AIDS infected adults their caregivers, and health care workers. PLWHA will be provided with care and treatments through a combination of assistance from home visit volunteers and health service staff employed at the two project sites. The home visit volunteers are recruited and organized by a network of CBOs (particularly support groups) coordinated at the LGA level and overseen by a community nurse who provides interface between home care and facility based care.

Key legislative issues: PLWHA continue to suffer from stigma and discrimination in many areas of society. Those affected should be monitored and reported with data disaggregated by gender. They should be analyzed from a gender perspective since men and women experience these problems disproportionately. Coordination meetings held at the LGA level with representation from local government assists in keeping local governments updated on the scope of problems related to gender-based violence, stigmatization and discrimination suffered by clients of this care and treatment component. This information will make them better advocates for improved policy at the state level and national level.

Emphasis areas

The main emphasis of this activity is capacity building for improved treatment and care for PLWHA and PABA. This will include integration of care activities with wider malaria prevention and safe motherhood initiatives – both through mainstreaming basic best practices in those areas into training of caregivers for PLWHA as well as using these other programs to enroll PLWHA into the Care and Treatment program as appropriate. Focus will be placed on task shifting through increased delegation of clinical tasks to a wider net of caregivers that have been trained according to national guidelines. This will free up physician's time to enable the clinical/caregiver teams to serve more clients. It will also contribute to the professional development and advancement of various levels of health care providers. PFD will participate in subsequent yearly care and treatment evaluations if requested.

Monitoring and Evaluation

PFD program officers and DC nurse counselors and adherence counselors will work with community volunteers (including adherence guarantees for each HIV patient on Anti-Retro Viral (ARV) drugs) to train them in proper delivery of home-based care. Caregivers will be tasked with monitoring patients in their homes twice weekly, and providing support as necessary. Community-health workers from CAMP sites will do monthly rounds to see People Living With HIV/AIDS (PLWHA) and offer support to their caregivers. Key support categories such as provision of home based care, preventive prophylaxis, palliative care, and nutritional support will be tracked and reported on with patients disaggregated by gender.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21688

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21688	21688.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$40,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,665

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10807.09	Mechanism: USAID Track 2.0 NEPWHAN TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 26881.09	Planned Funds: [REDACTED]
Activity System ID: 26881	

Activity Narrative: In COP09, NEPWHAN will provide adult treatment, care and support services in a to-be-determined number of secondary treatment facilities and primary health care (PHC) centers. These services will take place in 7 states. Through primary and secondary facilities in COP09, NEPWHAN will provide ART services to underserved rural communities to reach 1,490 new patients for a total of 1,490 active adult patients by the end of the year. Comprehensive packages of care and support services will be provided to 2,000 HIV-positive clients (PLWHA) and an additional number of PABAs in the same period.

The package of care services provided to each PLWHA will include one clinical service with the basic care kit and two supportive services including psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and national care and support policies and guidelines. The basic care kit for PLWHAs at sites will include Basic Care Kit (ORS & SSS, LLITN, water treatment solution, water vessel, gloves, soap, condoms and IEC materials,); Home-Based Care (client and caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment-weight, height, BMI, micronutrient counseling and supplementation and referrals) Laboratory Services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All PLWHAs' nutritional status will be assessed at contact and on follow-up visits. By doing BMI and plotting on infant growth charts, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program through wraparound services as well as direct funding. The activity will procure basic care kits through the SCMS central mechanism and OI drugs will be procured through mechanisms that ensure only NAFDAC approved drugs are utilized.

ART services at sites that are co-located in facilities with TB DOTS centers will have the services integrated to facilitate TB/HIV service linkages. All PLWHA will have CD4 counts and other necessary lab analyses performed at least every 6 months to determine the optimal time and eligibility status to initiate ART and monitor effectiveness/side effects for those on ART. Sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure. Cotrimoxazole prophylaxis will be provided for PLWHAs when CD4 <200 or prior TB or other AIDS defining illnesses. The activity will support a pilot program for cervical cancer screening in HIV positive women.

The partner will collaborate with faith-based organizations (FBOs) to achieve these targets by recruiting volunteers and community-based organizations (CBOs). Through these partnerships clients in care will receive a comprehensive package of community and home based care services. HBC teams comprised of nurses, community health workers and trained volunteers will provide HBC services as well as facilitate support group activities. HBC providers will use HBC kits. Partner will focus on improving pre-ART retention in support groups. Strategies to retain clients in care include intensive home visits by HBC team during the first 6 months of enrolment.

All sites will consolidate on their capacity to provide comprehensive quality ART services through management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. Partner will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, partner will collaborate with the Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients.

Monitoring and evaluation will be carried out by a team of trained volunteers working in the communities who will work with the activity's data officers and M&E officers. In addition, data generated will be shared with local government areas to allow them to track their clients and provide ongoing support for sustainability. Registers, forms, and other data tools will be provided and replenished as necessary and staff trained in their use. Partner will report on sex distribution of PLWHAs receiving care and support services and the numbers of PLWHAs reached with community home based care. Personnel will be trained in the use of registers for documentation and data reporting.

The activity will continue to strengthen institutional and health worker's capacity through the training, retraining and mentoring of health service providers to provide care and treatment services at the facility and community levels. 180 doctors, pharmacists, nurses, counselors, and community health extension workers will receive training and onsite mentoring that will allow them to provide comprehensive care. Training will maximize use of all available human resources including a focus on community nursing and community adherence. Care and Treatment trainings will be based on the national curricula. Partner will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide ART.

Partner will conduct 2-week intensive didactic and practical trainings preceding site activation followed by regular onsite mentoring. Community volunteers, including PLWHA and religious leaders will be trained to provide peer education, counseling, psychosocial and spiritual counseling, respectively. Partner will use GON/USG recommended standardized training curriculums, manuals and training aides for all trainings. Information, education and communication materials will be provided to enhance these trainings. NEPWHAN partners will work closely with the USG and GoN team to monitor quality improvement at all sites and across the program. XX Health care workers will benefit from these trainings referred to above in HIV Care, Treatment and Support.

Activity Narrative: A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. Partner will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each site will appoint a staff member to coordinate the linkages of patients to all services. This will also build the capacity of sites for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the partner's technical and program management regional teams.

In COP09, the activity will continue to strengthen its expanded the Quality Improvement Program (QIP) consisting of the annual cross sectional Outcomes & Evaluation (O&E) exercise, the GON/USG supported HIVQual monitoring and the quarterly Continuous Quality Improvement (CQI) activities in order to improve and institutionalize quality interventions. Patient medical records will be standardized to ensure proper record keeping and continuity of care at all sites. Monitoring and evaluation of the ART program will be consistent with the national plan for patient monitoring. Specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site technical assistance (TA) with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each site an annual cross sectional evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of this program, and is based on durable therapeutic programs and health systems strengthening. The activity will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the GON to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and sites they support; therefore, the activity will strengthen selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the sites. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

The partner will continue to participate in GON harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: This activity will contribute to the expansion of adult care and treatment activities, including effective linkages with HBC providers, will contribute to increased access of such services to underserved rural communities. By providing services to 2,000 Adult PLWHA, the activity will contribute to the overall PEPFAR care and support target of providing these services to 10 million people globally by 2009 and will help accomplish the PEPFAR Nigeria target of placing 1,490 clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. This activity contributes to the overall comprehensive HIV and AIDS services by providing the supportive services for all adult PLWHA including those on ART.

LINKS TO OTHER ACTIVITIES: Activities in adult care and treatment are linked to HCT (HVCT), PMTCT (MTCT), ARV drugs (HTXD), laboratory (HLAB), OVC (HOVC), Sexual Prevention (HVAB), Medical Prevention (HMBL) (HMIN) TB/HIV (HVTB) and SI (HVSI) to ensure that PLWHA and their family members have access to a continuum of care. Awardee will continue to collaborate with the XX program of the award to establish networks of community volunteers to support livelihood development program for PLWHA and caregivers requiring such services and support identified child or adolescent headed households to be linked with XX and other OVC programs which will meet the needs of the household. Networks will be created to ensure cross-referrals and sharing of best practices among implementing partner sites for the provision of psychosocial support and community and home based services to PLWHA. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders for harmonization of basic care and support services and the standardization of training manuals for community volunteers and providers

POPULATIONS BEING TARGETED: This activity targets PLWHA, particularly those who qualify for the provision of ART, including PMTCT clients from rural and underserved communities. This activity also targets CBOs and FBOs for capacity building and targets care providers (healthcare professionals and community volunteers) for training.

EMPHASIS AREAS: This activity will include emphasis on human capacity development specifically through in-service training and task-shifting, local organization capacity building for community mobilization and participation, development of networks/linkages/referral systems, and quality assurance/ quality improvement This activity will also ensure gender equity, ensuring access to ART through linkages with PMTCT services, addressing male norms & behaviors, increasing women's legal rights and access to income & productive resources, and reducing violence and coercion against women. This activity will work with CBOs, networks of PLWHA and FBOs and other USG/GON programs to promote economic strengthening activities; education and safe water initiatives, and create access to food and nutritional services. The extension of this activity into rural and previously underserved communities will contribute to

Activity Narrative: the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. This activity will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery [REDACTED]

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [REDACTED]

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water [REDACTED]

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10808.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 26031.09

Activity System ID: 26031

Mechanism: USAID Track 2.0 TBD1

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: [REDACTED]

Activity Narrative: This activity also links with prevention programs.

USAID Nigeria is negotiating a new award which will provide integrated HIV prevention programming for a targeted most-at-risk population of men who have sex with men (MSM). As is the practice when making new awards, OGAC will be informed when the award is ready, and the partner(s) and targets will be uploaded into COPRS. The proposed program will build and strengthen institutional and technical capacity of five local MSM organizations in the FCT, Lagos, Cross Rivers, Rivers and Kano states to deliver high-quality integrated programs and services targeting Men having Sex with Men (MSM). Lagos and FCT will be targeted to start programs in COP 09 with expansion to Rivers, Kano and Cross River state planned for later years.

Nigeria has a generalized national prevalence of 3.4% (FMOH 2007) and some states, with prevalence exceeding 5%, represents a more concentrated epidemic. The higher prevalence rates amongst high risk groups (to include MSMs at 13.5%) emphasizes the need to target this particular group with HIV sensitization programs, prevention messages, and linkages to care and treatment. IBBSS 2007 revealed that half of the MSM surveyed could not correctly identify ways to prevent sexual transmission of HIV. Over 70% used oil based lubricants. Multiple sexual partnerships (insertive and receptive) is common among MSM while over 50% engaged in transactional sex. MSM were not more likely to have used condom at last transactional anal sex with a man (58%) compared to a non commercial sex partner (53%). Only 34% of reporting MSM have ever been tested for HIV in Nigeria.

The proposed program will deliver HIV services as well as undertake multiple level capacity development approach to simultaneously respond to unmet need for prevention, community based care and support HIV services to MSM in Nigeria. Past efforts have worked through rather with MSM grassroots organizations and services were provided under umbrella of most at risk population.

Activities will focus on skills based HIV education for vulnerable young men with broad based community care and support activities that facilitate access to treatment and adherence counseling services for HIV positive MSM. The program will concentrate activities in areas that will be identified through secondary analysis of national behavioral data generated through the project SEARCH and NARHS PLUS survey. The package of care services provided to each PLWHA will include referrals for the provision of clinical services with selected partner clinics that have been sensitized to the particular needs and concerns of sexual minority groups. The program will also provide tailored supportive services including psychological, spiritual, and prevention with positive activities delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and national care and support policies and guidelines.

While the overall project anticipates reaching 22,000 MSM with community and facility services including adherence and prevention with positive services for identified positive MSM utilizing minimum package interventions that provide comprehensive balanced prevention interventions.

The new partner will document and disseminate best practices; successful and innovative approaches with lessons learned and share these with their implementing agencies as well as other partners within the PEPFAR program in Nigeria. In COP 09, particular interest on lessons learned will focus on effective approaches for improving organizational and technical capacity of local lesbian, gay, bisexual, transsexual/men who have sex with men organizations.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The programs and activities implemented will fill critical gap in the reach of HIV interventions into epidemiologically important population to better address gaps in coverage and to better address specific behaviors within underserved populations. This MARP prevention and care program, delivered through implementing agencies whose capacity has been built, will contribute to strengthening and expanding the capacity of the GON's response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of preventing 1,145,545 new infections.

LINKS TO OTHER ACTIVITIES

The care and support activities implemented under the proposed activity will be linked with AB and C/OP activities, as well as with the capacity building and policy related partners.

POPULATIONS BEING TARGETED:

Populations targeted in these activities will include MSM and their partners (male and female).

KEY LEGISLATIVE ISSUES ADDRESSED:

Key legislative issues will address increasing equity and access to information and services for MSM.

EMPHASIS AREAS:

The service delivery component will focus on referrals, counseling and psychosocial supports as well as treatment adherence guidance information and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 4043.09**Prime Partner:** Partnership for Supply Chain
Management**Funding Source:** GHCS (State)**Budget Code:** HBHC**Activity ID:** 9842.26056.09**Activity System ID:** 26056**Mechanism:** USAID Track 2.0 SCMS**USG Agency:** U.S. Agency for International
Development**Program Area:** Care: Adult Care and Support**Program Budget Code:** 08**Planned Funds:** \$742,460

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of medical supplies and equipments used in ARV services including consumables and non medical supplies needed to run ARV services, as well as basic health care and support related commodities for adults including other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure medical supplies and equipments used in ARV services and other commodities used to extend and optimize the quality of life of HIV infected adults and their families for three IPs and DoD. This also encompasses commodities for the prevention, management and clinical monitoring of opportunistic infections (OI), except tuberculosis (TB), other HIV/AIDS related complications, including malaria, and for the management of sexually transmitted infections (STIs). Example of such commodities are pharmaceuticals (OI drugs, pain killers, opioids), insecticide treated nets, home based care kits, water guard, gloves and therapeutic food. SCMS will also procure other medical and non medical supplies used in treatment and basic health care and support services, including home-based care.

Through its continuous support to and strengthening of commodity security in PEPFAR care programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of people living with HIV/AIDS and the general population through their families. This will be achieved by assisting the IPs and DoD in quantification, forecasting of requirements and support for the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

In COP09, SCMS will procure medical supplies and equipments used in ARV services, palliative drugs, care and support commodities and provide requested technical assistance for three IPs and DoD, each of which has allocated specific funds to SCMS for these services: DOD, \$300,000 for Adult Care and Support and \$1,750,000 for Adult Treatment; Columbia University/ICAP, \$150,000 for Adult Care and Support and \$675,000 for Adult Treatment; University of Maryland, \$287,960 for Adult Care and Support; and URC, \$4,500 for Adult Care and Support and \$45,000 for Adult Treatment. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

Currently, there are several challenges associated with the procurement of Opportunistic Infections (OI) drugs. A number of key OI medicines are banned from importation into Nigeria and hence by default, need to be procured from local manufacturers. However, the fact that none of locally manufactured products has US FDA or similar stringent drug regulatory authority approval places the PEPFAR IPs in an untenable situation. In COP 09, SCMS will work with the IPs and GoN to identify key OI drugs that are needed and initiate the process of pre-qualification towards identifying local sources. SCMS will also work with GoN towards defining the modalities for use of opioids for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for palliative care are available for use of the programs, thus improving the quality of life of PLWHA.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for basic health care and support related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and

Activity Narrative: provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with URC, ICAP, UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP 09, Supply Chain Support Teams (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system of SCMS.

In COP07, SCMS undertook, under DoD's request, a feasibility study for a Government Owned Contractor operated (GOCO) warehousing facility to be used by HIV/AIDS Nigerian military and DoD programs. In COP08, SCMS helped define detailed implementation workplan and responsibility for construction of the warehouse, SCMS will provide technical oversight for the construction and managing the equipment of the facility, while the NMoD will finance the construction of the facility, DoD will finance the equipment of the warehouse through COP allocations to SCMS in the range of \$750,000. The establishment of a GOCO, as part of SCMS system strengthening to the host government's supply chain system, will bring a long term solution contributing to the sustainability of the military HIV/AIDS programs in Nigeria. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their care planned targets.

EMPHASIS AREA
Human capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13081	9842.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$1,212,245
9842	9842.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$156,469

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1561.09

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5365.25973.09

Planned Funds: \$150,690

Activity System ID: 25973

Activity Narrative: ACTIVITY DESCRIPTION:

This care and treatment activity relates directly to all HHS Nigeria Adult Care and Treatment COP09 activities.

To support and enhance the USG Nigeria Care and Treatment activities, the USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria, has 2 full time staff positions planned that will focus on adult/adolescent palliative care/basic care and support issues. The care and support sub-budget also includes partial funding for two FSN salaries (shared with OVC or pediatric care), for (limited) international and required domestic travel, for training and also for minor support costs. Additionally, to support the USG Nigeria ARV services program, the USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria, has one full time staff position planned for adult ART services that will focus on supporting implementing partner ART issues. The adult treatment sub-budget also includes partial funding for two FSN salaries shared with care and support or pediatric ARV services, funding for (limited) international and required domestic travel, funding for training and also for minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

These HHS/CDC adult care and treatment staff positions will coordinate with the USAID and DoD care and treatment staff and will provide direct quality assurance and program monitoring to HHS supported implementing partners. HHS supported treatment partners include: University of Maryland-ACTION, Harvard University SPH, APIN Ltd, Columbia University-ICAP, Catholic Relief Services-AIDS Relief, Vanderbilt University, University Research Corporation and Partners for Development. The HHS/CDC staff will also assist USAID staff in joint monitoring visits of USAID-supported treatment partners – Family Health International-GHAIN, LMS Associates, CHAN, AIDSTAR and NEPWHAN. USAID and CDC care and treatment staff will provide assistance as needed to the U.S. Department of Defense program with the Nigerian Ministry of Defense. Other partners providing care (but not treatment services) will also receive close monitoring by the CDC care and support staff. These include HHS-supported Africare, ECEWS and IFESH as well as USAID-supported Catholic Relief Services-7 Dioceses, CEDPA, Winrock and NELA.

The USG care and treatment teams will provide technical support and capacity development to new partners undertaking care and treatment activities through the CDC RFA, USAID APS, and New Partner Initiative activities, as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National policies, guidelines, and training activities. It is estimated that the care and treatment staff under this activity will provide monitoring and support to over 370 clinical sites in COP09.

ICASS and CSCS charges related to these positions are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13137	5365.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$75,000
6786	5365.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$210,000
5365	5365.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$34,474

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7405.09	Mechanism: USAID Track 2.0 FS AIDSTAR
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 25669.09	Planned Funds: \$91,000
Activity System ID: 25669	

Activity Narrative: In COP09 AIDSTAR will provide adult treatment, care and support services to secondary Treatment Facilities and PHC centers. These services will take place in 3 states. Through primary and secondary facilities in COP09, AIDSTAR will provide ART services to underserved rural communities to reach adult patients. The number of patients to be reached will be determined as contract negotiations are finalized and will be reported to OGAC. A comprehensive package of care and support services will be provided to PLWHA and PABAs in the same period.

The package of care services provided to each PLWHA will include one clinical service with the basic care kit and two supportive services including psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and National care and support policies and guidelines. The basic care kit for PLWHAs in AIDSTAR sites include Basic Care Kit (ORS & SSS, LLITN, water treatment solution, water vessel, gloves, soap, condoms and IEC materials,); Home-Based Care (client and Caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals) Laboratory Services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All PLWHAs' nutritional status will be assessed at contact and on follow-up visits. By doing BMI and plotting on infant growth charts Micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program through wraparound services as well as direct funding. AIDSTAR will procure basic care kits through the SCMS central mechanism and OI drugs will be procured through mechanisms that ensure only NAFDAC approved drugs are utilized.

ART services at sites that are co-located in facilities with TB DOTS centers will have the services integrated to facilitate TB/HIV service linkages. All PLWHA will have CD4 counts and other necessary lab analyses performed at least every 6 months to determine the optimal time and eligibility status to initiate ART and monitor effectiveness/side effects for those on ART. AIDSTAR sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure. Cotrimoxazole prophylaxis will be provided for PLWHAs when CD4 <200 or prior TB or other AIDS defining illnesses. AIDSTAR will support a pilot program for cervical cancer screening in HIV positive women.

AIDSTAR will collaborate with faith-based organizations (FBOs) to achieve these targets by recruiting volunteers and community-based organizations (CBOs). Through these partnerships clients in care will receive a comprehensive package of community and home based care services. AIDSTAR HBC teams comprising nurses, community health workers and trained volunteers are supported by AIDSTAR to provide HBC services as well as facilitate support group activities. HBC providers will use HBC kits. AIDSTAR partners will focus on improving pre-ART retention in support groups. Strategies to retain clients in care include intensive home visits by HBC team during the first 6 months of enrolment.

All sites will consolidate on their capacity to provide comprehensive quality ART services through management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. AIDSTAR partners will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, AIDSTAR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients

Monitoring and evaluation will be carried out by a team of trained volunteers working in the communities who work with AIDSTAR data officers and M and E unit officers. In addition, data generated will be shared with local government areas to allow for them to track their clients and provide ongoing support for sustainability. Registers, forms, and other data tools will be provided and replenished as necessary and staff trained in their use. AIDSTAR will report on sex distribution of PLWHAs receiving care and support services and the numbers of PLWHAs reached with community home based care. Personnel will be trained in the use of registers for documentation and data reporting.

In COP09 AIDSTAR partners will continue to strengthen institutional and health worker capacity through the training, retraining and mentoring of health service providers to provide care and treatment services at the facility and community levels. Doctors, pharmacists, nurses, counselors, and community health extension workers will receive training and onsite mentoring that will allow them to provide comprehensive care. Training will maximize use of all available human resources including a focus on community nursing and community adherence. Care and Treatment trainings will be based on the national curricula. AIDSTAR will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide ART. Training targets will be set as contract negotiations are finalized.

In COP09 AIDSTAR will conduct 2-week intensive didactic and practical trainings preceding site activation followed by regular onsite mentoring. APS 2 will also train community volunteers including PLWHA and religious leaders to provide peer education counseling, psychosocial and spiritual counseling, respectively. AIDSTAR will use GON/USG recommended standardized training curriculums, manuals and training aides for all trainings. Information, education and communication materials will be provided to enhance these trainings. AIDSTAR partners will work closely with the USG and GoN team to monitor quality improvement at all sites and across the program. Health care workers will benefit from these trainings referred to above in HIV Care, Treatment and Support.

Activity Narrative: A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. AIDSTAR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each site will appoint a staff member to coordinate the linkages of patients to all services. This will also build the capacity of sites for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AIDSTAR technical and program management regional teams.

In COP09, AIDSTAR will continue to strengthen its expanded Quality Improvement Program (QIP) consisting of the annual cross sectional Outcomes & Evaluation (O&E) exercise, the GON/USG supported HIVQual monitoring and the quarterly Continuous Quality Improvement (CQI) activities in order to improve and institutionalize quality interventions. AIDSTAR partners will standardize patient medical records to ensure proper record keeping and continuity of care at all sites. Monitoring and evaluation of the AIDSTAR ART program will be consistent with the national plan for patient monitoring. The specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site technical assistance (TA) with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each site an annual cross sectional evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AIDSTAR program, and is based on durable therapeutic programs and health systems strengthening. AIDSTAR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and sites they support; therefore, AIDSTAR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the sites. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

AIDSTAR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AIDSTAR's expansion of adult care and treatment activities, including effective linkages with HBC providers, will contribute to increased access of such services to underserved rural communities. By providing services to XXX Adult PLWHA, AIDSTAR will contribute to the overall PEPFAR care and support target of providing these services to 10 million people globally by 2009 and will help accomplish the PEPFAR Nigeria target of placing XXX clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. This activity contributes to the overall AIDSTAR comprehensive HIV and AIDS services by providing the supportive services for all adult PLWHA including those on ART.

LINKS TO OTHER ACTIVITIES:

AIDSTAR activities in adult care and treatment are linked to HCT, PMTCT, ARV drugs, laboratory, OVC, Sexual Prevention, Medical Prevention, TB/HIV and SI to ensure that PLWHA and their family members have access to a continuum of care. AIDSTAR will continue to collaborate with the program of the AIDSTAR to establish networks of community volunteers to support livelihood development program for PLWHA and caregivers requiring such services and support identified child or adolescent headed households to be linked with other OVC programs which will meet the needs of the household. Networks will be created to ensure cross-referrals and sharing of best practices among AIDSTAR and other implementing partner sites for the provision of psychosocial support and community and home based services to PLWHA. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders for harmonization of basic care and support services and the standardization of training manuals for community volunteers and providers

POPULATIONS BEING TARGETED:

This activity targets PLWHA, particularly those who qualify for the provision of ART, including PMTCT clients from rural and underserved communities. This activity also targets CBOs and FBOs for capacity building and targets care providers (healthcare professionals and community volunteers) for training.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training and task-shifting, local organization capacity building for community mobilization and participation, development of networks/linkages/referral systems, and quality assurance/ quality improvement This activity will also ensure gender equity, ensuring access to ART through linkages with PMTCT services, addressing male norms & behaviors, increasing women's legal rights and access to income & productive resources, and reducing violence & coercion against women. AIDSTAR will work with CBOs, networks of PLWHA and FBOs and other USG/GON programs to promote economic strengthening activities; education and safe

Activity Narrative: water initiatives, and create access to food and nutritional services. The extension of this activity into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. This activity will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,600

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$8,500

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$8,500

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$8,500

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5236.09

Mechanism: USAID Track 2.0 APS TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 15670.24867.09

Planned Funds: [REDACTED]

Activity System ID: 24867

Activity Narrative: ACTIVITY DESCRIPTION:

The funds requested to support USAID's Annual Program Statement (APS No. 620-05-007: Support to Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services) for this program area are required for 3 distinct phases related to awards under this open solicitation: partial first year funding of pending awards, second year funding of pending awards, and new awards that may arise out of the open APS solicitation.

First year funding resources is required for new awards that are in progress and will be partially funded using COP07 funds. These applications have passed both the concept paper and full application reviews by the Technical Evaluation Committee (TEC) and are in the final stages of negotiation, with awards expected in October 2007. Details of these awards are still procurement sensitive; however awards are being negotiated with many new local partners that will be awarded as Prime partners.

Second year funding resources are required for these same partners to continue with activities throughout the COP08 funding period. Three of these expected awards have Basic Care & Support components.

The current APS will be amended to solicit applications to fill specific gaps in the program and will be re-posted in October 2007. Resources will be required to fund initial awards of applications selected during the COP08 program period.

The total funding that will be required covers these 3 phases under the Basic Care and Support program area is \$ 400,000.

One of the cornerstones of the CSO/FBO APS is to reach out to national/regional-level agencies that have many chapters or branches that can in turn, reach out to community-based organizations. This will allow local programs to reach deep into communities and help the Emergency Plan in Nigeria go to scale. The CSO/FBO APS was also created to build the capacity of local organizations working in HIV/AIDS because a significant number of Nigerian organizations are new; have little organizational capacity; and often lack linkages with other programs. The CSO/FBO APS will only fund applicants that have clear plans to build their own technical, organizational, and administrative capacities and linkages with other programs.

Community participation in HIV/AIDS prevention programs often provides a strong foundation for integrating prevention messages into all care and support interventions. The CSO/FBO APS will support rapid scale up of the reach and scope of existing activities implemented by NGOs with larger networks or partners that enter into strong consortia. Grantees under the CSO/FBO APS will implement clinical and hospice care programs through several of the following activities: routine clinical monitoring and assessments through laboratory and clinical evaluations; preventing OI's with isoniazid or cotrimoxazole prophylaxis; providing patients with bed nets, water guard, and other standard home care kit items; nutritional assessment and counseling, and provision of therapeutic feeding to severely malnourished individuals; promotion of good personal and household hygiene; assessment and management of HIV-related psychosocial problems; basic nursing care; monitoring of adherence to medications; mental health counseling; family care and support groups, and treatment of HIV-related psychiatric illnesses, such as depression and related anxieties. The CSO/FBO partners will also provide end of life bereavement care for patients and families, as well as succession planning and referrals for orphans and vulnerable children.

Several CSOs/FBOs will also provide spiritual care for individuals in their communities through: life reviews and assessment counseling and life-completion task counseling. It is expected that much of this will be done through community based support groups that may also work on the development of PLWHA leadership; reducing stigma; providing legal services; assisting in applications for government grants, housing, etc.; and other activities to strengthen affected households and communities.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

As has been the case with the APS in the past, targets are negotiated with each awardee based on the proposed program and geographic area during award negotiations and in accordance with specified minimum cost/targets. After being approved by the TEC, O/GAC is copied on the award memo to the Contracts Officer to ensure that appropriate targets and associated costs have been negotiated. Targets and related awardee information will be uploaded into COPRS at that time.

The programs will increase the reach of care and support programs into rural areas in high prevalence states with a focus on underserved populations.

This activity substantively contributes to Nigeria's 5-Year Strategy by developing strong links between the care and support programs and treatment and prevention programs, while also providing support to new indigenous partners.

LINKS TO OTHER ACTIVITIES:

The care and support partners awarded under the FY 08 APS will implement other activities across the spectrum of program areas and are expected to provide clear linkages between their own activities and programs that implement prevention with positives activities. Partners will also be expected to provide referrals and linkages to malaria initiatives to ensure that patients have access to LLITNs as well as access to safe drinking water. Other referrals will be made to inpatient and provincial hospitals when necessary. End of life bereavement activities for patients and families will have strong linkages to succession planning and referrals for orphans and vulnerable children. Grantees will also be expected to strengthen the supply chain for OI drugs and reagents, by supporting or buying into existing supply chain systems.

The overarching focus of the APS has been to bring new local partners to the current mix of partners providing prevention, care, and treatment in Nigeria. It has been successful in many ways, however challenges related to local partners' management capacity have slowed the process and have created uncertainties about their ability to implement in the accountable and transparent manner required by the USG of their recipients. Therefore the Leadership, Management, and Sustainability (LMS) project was

Activity Narrative: added to the portfolio in COP07 specifically to assist with these and other capacity building activities (#9758). They will not only guide new partners through the solicitation and award process, but they will assist them to put accountable and transparent systems in place that allow their first year of implementation to proceed smoothly and to ensure rapid achievement of results. Although the CTO's and activity managers for these new local partners will remain within the USAID technical team, LMS will be a key member of the extended team and will provide invaluable support in developing the capacity of the new awardees. All of the local partners applying for APS funds can benefit from the management support being provided by LMS. In addition, LMS will provide technical assistance specifically in the Basic Health Care and Support prevention area as many local partners may not have this type of institutional capacity at the time of award.

POPULATIONS BEING TARGETED:

Populations targeted in pending awards include communities reached by PLWA support groups, and faith-based communities reached by Parish Action Committees on AIDS.

EMPHASIS AREAS:

As all awards resulting from the APS are to local partners with strong roots in the community and therefore all will have a major emphasis on Community Mobilization/Participation and Local Organization Capacity Building. The service delivery component of these awards will have a key focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15670

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15670	15670.08	U.S. Agency for International Development	To Be Determined	6355	5236.08	USAID Track 2.0 APS TBD	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3689.09	Mechanism: USAID Track 2.0 CRS 7D TBD
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 5366.24870.09	Planned Funds: \$1,400,000
Activity System ID: 24870	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, CRS 7D will provide comprehensive BC&S to 20,000 People Living with HIV (PLHIV) and 60,000 People Affected by HIV/AIDS (PABAs) in 13 arch/dioceses (mega sites) in 8 states of Nigeria. CRS 7D will continue to provide basic health care services in 5 saturated stand-alone and Primary Health Care (PHC) facilities and client households across 251 parishes which are sub-sites from the mega sites totaling 65 PHC sites. Program growth in COP 09 will be focused in 5 saturation parishes in each of the 13 dioceses. The total number of sites (parishes) will not increase in COP09 from COP08.

CRS 7D will continue to involve more PLHIV in the provision of palliative care services through recruitment of HIV+ volunteers and support groups composed primarily of PLHIV.

Under social support, economic strengthening will be provided to PLHIV and PABAs through individual/group grants and promotion of Savings and Internal Lending Community (SILC) – a CRS program that works with groups to leverage internal savings as a mechanism for raising loan capital for group members. The SG+ members will be expected to pay little interest for the money they borrow which will eventually form capital for the groups. This approach has been successfully implemented in South Sudan. 500 PAVs and SGP+ members will be trained to increase their capacity to provide care, support and prevention in households, communities and PHC facilities.

Staff capacity enhancement will focus on PAV recruitment, motivation and retention. CRS 7D will explore different mechanisms of motivating volunteers in COP 09. These may include extension of economic strengthening support through formation of SILC groups or through recognition of the best performing volunteers by offering them awards.

COP 09 ACTIVITY DESCRIPTION:

In COP09, CRS 7D will provide comprehensive BC&S to 20,000 People Living with HIV (PLHIV) who were already tested in the 135 CT service outlets according to FGoN Guidelines in 9 states (Kogi, Benue, Plateau, Nassarawa, Niger, Kaduna, Edo, Cross River and Lagos states) including the FCT & registered by sub-partners; and 60,000 People Affected by HIV/AIDS (PABAs) in 13 arch/dioceses. CRS 7D BC&S will continue to provide basic health care services in 5 saturated stand-alone and Primary Health Care (PHC) facilities and client households across 251 parishes which are sub-sites from the mega sites totaling 65 PHC sites. Program growth in COP 09 will be focused in 5 saturation parishes in each of the 13 dioceses. CRS 7D will continue to involve State Ministry of Women Affairs (SMoWA), SMoH, SACA & LGA staff in M&E visit to partners & training. The total number of sites (parishes) will not increase in COP09 from COP08. The program will piggyback on activities of other program within 7D, SUN & AIDS Relief (AR) for delivery of BC&S services to all those that require them. Clients will be linked to nutritional services as identified including leveraging CHAI's resources.

CRS 7D will continue to support dioceses in developing institutional relationships with at least 5 PHC facilities to provide basic clinical services to PLHIVs including: basic laboratory monitoring for OIs; urine & stool analyses; STI & malaria treatment; basic OI prevention (CPT) & management. Management of OIs will include treating basic OIs including malaria & syndromic management of STIs; LFT for PLHIV, hemoglobin estimates, CD4 count & other advanced HIV disease laboratory diagnostic tests will be referred to AIDSRelief (AR), & other USG IP supported sites, HIV+ pregnant women will be prioritized for CD4 testing & linked to HAART if needed. Clients will also receive PwP services at facilities and in the communities.

For HBC services, CRS 7D will continue to support non-paid PAVs & Support Groups of People Living Positively (SGP+) in the sites to provide non-clinical BC&S Services. In both cases, CRS 7D will continue to involve more PLHIV in the provision of palliative care services through recruitment of HIV+ volunteers & support groups composed primarily of PLHIV. CRS 7D will provide a basic preventive self care package including, provision of ITN, water guard, water vessels, soap, ORS & basic first aid materials. Prevention for positives will be incorporated into home visits & support group meetings through targeted messaging on Abstinence & Be Faithful, counseling for discordant couples, & provision of complete & accurate information/referrals for other prevention methods.

Under psychological care, 7D will provide psychosocial & spiritual counseling for PLHIV & PABAs, facilitate SGP+ & adherence counseling. Counseling will address prevention, mental health, disclosure, crisis, bereavement & adherence to all medication including ART, INH & CPT.

Under social support, economic strengthening will be provided to PLHIV & PABAs through individual/group grants & promotion of Savings & Internal Lending Community (SILC) – a CRS program that works with groups to leverage internal savings as a mechanism for raising loan capital for group members. Nutrition & health education emphasizing personal hygiene & proper disposal of waste will continue to be provided.

Under spiritual care, 7D will be sensitive to the culture and rituals of the individuals & communities it interacts with. With the 7D stigma & discrimination curriculum, 7D will train more clergy, traditional & spiritual leaders on how to provide non-stigmatizing care.

7D will collaborate with the CRS SUN & AR programs in planning & providing holistic services to PLHIV & families with infected individuals or OVCs. Mechanisms will be developed that allow the flow of human, material & financial resources among the programs for effective leverage of each program's comparative advantage. Coherently planning centrally and implementation in project sites will ensure seamless integration for service beneficiaries.

AR & 7D ART & PMTCT sites will also provide palliative care for HIV+ pregnant women, PLHIV & OVC with back & forth linkages among the 3 programs for ART, health, educational, social support & other services.

Through integrated activities among the three programs, PAVs and SGP+ will be given information that will increase their capacity to provide care, support and prevention services in households, communities and PHC facilities. 500 PAVs and SGP+ members will be trained using FGoN C&S providers' manual & CRS HBC manual to increase their capacity to provide care, support and prevention in households, communities

Activity Narrative: & PHC facilities. Volunteers will continue to use HBC kits with the following contents 2 kidney dishes, a pair of forceps & scissors, dressings, protective wears – disposable gloves, plastic aprons mackintosh, bleach e.g. jik, washing materials e.g. plastic bowl, soap, towel soap container, lotions – calamine , ointment – unscented petroleum jelly & waterguard bottles. Provision will be made to replenish the HBC kit contents after each home visit. Each PHC facility is expected to reach 300 PLHIV with BC&S services. 7D will engage SGP+ & PAVs in capacity building that will promote linkages between SGP+, PAVs & PHC facilities for optimal utilization of health facilities & community resources. Service directories will be placed in strategic places such as SGP+ meeting places & HCT centers.

In COP08 CRS carried out Training of Trainers (TOT) on food security and nutrition for Diocesan staff, who will step down the training to the volunteers to increase their service provision to PLHIV. CRS through collaboration with Clintons Foundation will leverage the supply of fortified nutritional supplements to PLHIV as appropriate. CRS will continue to encourage food security & advocate to the dioceses to support food supplementation to PLWHA, as this has been the practice for the past two years.

Staff capacity enhancement will focus on Partner Staff training, PAV recruitment, motivation & retention FGoN Providers' manual and CRS HBC C&S manual. CRS 7D will explore different mechanisms of motivating volunteers in COP 09. These may include extension of economic strengthening support through formation of SILC groups or through recognition of the best performing volunteers by offering them awards. For hard to reach areas, CRS 7D will carry out advocacy with diocesan authorities to facilitate PAVs with motorbikes & fuel on days when they carry out home visits. Site hiring practices will be encouraged to draw from experienced PAVs & SGP+. HBC Kits & other necessary tools will continue to be given to volunteers.

One PAV or SGP+ member will be assigned to a PHC center to triage with the PHC facilities & PLHIV & SGP+ to facilitate access to clinical services. S/he will work with Diocesan Action Committee on AIDS (DACA) staff to develop effective patient follow-up & referral mechanisms that bridge the health facility-community gap. 7D will leverage 7D PMTCT & AR sites in the provision of advanced clinical services.

Organizational development support including administration & financial accounting will be given to PHC, SGP+ & partners to position them for effective participation in BC&S service delivery. Transportation & health care costs for caregivers & clients requiring specialized care not obtainable in immediate PHC will be incorporated.

PAVs are trained to effectively collect data using standardized M&E tools & are monitored by DACA staff during home visits and as they fill the forms using the information generated. PLHIV are only counted as direct beneficiaries when they access 1 clinical & at least 2 services from the other domains (psychological, social, spiritual) then supplemental direct if they access only 1 service. Given the diversity of the package of services PLHIV receive from different IPs, double counting of services will be highly probable. To avoid this, 7D in collaboration with other USG IPs will develop a tracking mechanism that follows the different services from AR and other USG supported IPs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These BC&S services will contribute to several of the PEPFAR goals. The goal of mitigating the impact of HIV/AIDS will be achieved by the provision of BC&S services. This activity will also contribute to the goal of providing treatment to HIV+ individuals, as adults who are eligible for ART will be referred for these services.

LINKS TO OTHER ACTIVITIES:

BC&S relates to other HIV/AIDS activities to ensure continuity of care for persons accessing BC&S through the 7D. This activity links with Prevention of Mother to Child Transmission (PMTCT) (#5448.08), Voluntary Counseling & Testing (#5422.08), Abstinence & Be Faithful (#5312.08) and OVC (5407.08) and SI activities (#9913.08) being undertaken by CRS 7D. Given the increased integration of CRS programming, there will also be close links to the activities across program areas being undertaken by CRS AIDSRelief especially their ART activities (#6678.08).

POPULATIONS BEING TARGETED:

The populations to be served include children & youth, PLHIV & their families, caregivers & widows/widowers within the 13 Arch/dioceses, LGA staff, clergy and lay people & health workers. Through linkages with other program areas (PMTCT, VCT, ART), recently diagnosed HIV positive adults (including TB-HIV) in these communities in need of BC&S are also targeted. Pediatric C&S clients will be assisted through a family care approach and referred to the SUN program for additional child-centered services.

EMPHASIS AREAS:

The emphases of the BC&S Program activities are local organization capacity development, training, developing networks, linkages & referral systems.

These activities will include an emphasis on reducing stigma associated with HIV status and the discrimination faced by individuals with HIV/AIDS & their family members.

HIV prevention will include gender sensitive activities which will address behaviors, social norms & resulting inequalities between men & women that increase the vulnerability to & impact of HIV/AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13007

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13007	5366.08	U.S. Agency for International Development	Catholic Relief Services	6366	3689.08	USAID Track 2.0 CRS 7D	\$610,000
6686	5366.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$610,000
5366	5366.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$600,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$178,268

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5267.09	Mechanism: USAID Track 2.0 CEDPA
Prime Partner: Centre for Development and Population Activities	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 9839.24877.09	Planned Funds: \$805,000
Activity System ID: 24877	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS,

Significant changes from COP08 to COP09 for this activity include:

- Reduction of individuals to be served from 80,860 in COP08 to 23,000 in COP09.
- Reduction of the number of implementing agencies from 65 to 41.

As part of the exit strategy, CEDPA intends to;

- Strengthen the organizational management systems and leadership skills of the community based organizations (CBOs) and faith based organizations (FBOs) to optimize the delivery of home based care services at the community level.
- Facilitate formation and/or strengthening networks and linkages of community/home based care services to health care facilities.
- Support women in their care-supporting role by linking them to micro-credit finance opportunities.
- Ensure that women's practical needs are addressed by involvement of women and young people through greater representation of women groups, PLWHAs and people with gender expertise.
- Enlist support of males within households in the care of PLWHAs.
- Refer back to GHAIN, other implementing partners (IP) and Nigerian government departments all clients recruited in COP 08 for continuation of care and treatment.

The community/home-based services of Positive Living (PL) compliment facility-based care and support provided at secondary and tertiary level hospitals. In COP 09, Basic care and support (BC&S) activities will scale down activities to focus on consolidating structures for care and support delivery and community level referral networks developed in COP 06-08. PL Community Home based Care (CHBC) services will be offered to clients from selected GHAIN-supported ART sites in 20 states namely: Federal Capital Territory (FCT), Lagos, Bauchi, Kano, Edo, Cross River, Anambra, Kogi, Niger, Benue, Imo, Enugu, Taraba, Adamawa., Sokoto, Zamfara, Kebbi, Katsina, Nasarawa and Akwa Ibom. A total of 69,000 people will be reached and these will include 23,000 people living with HIV/AIDS (PHA) and 46,000 people affected by AIDS (PABA). At least 41 Primary health care (PHC) facilities will be supported to provide medical care services required for prevention and treatment of opportunistic infections. These facilities are referred to as triage centers where patients who are very sick are stabilized before referral for advanced care and support. CEDPA works in partnership with existing local NGO/FBO and government owned PHCs in the communities. The facilities are supported with minor renovations, clinical equipment, and essential drugs to act as a one-stop centre for care and support services.

A total of 644 individuals will be trained and these will include 400 home based care (HBHC) volunteers, 164 care coordinators and 80 health care workers. The HBC volunteers will be trained in HIV counseling, care and support for PHA; the care coordinators will be given refresher training in supervisory roles; while the healthcare workers will be supported to get in-service training in clinical management of OIs. Training of home based care volunteers will be facilitated by CEDPA staff and IA trained staff. The HBC volunteers will be supervised by health workers who may be doctors, nurses, pharmacists, laboratory scientists or community health officers. HBC volunteers are selected from family members, PLWHAs, community healthcare workers, religious leaders. The HBC volunteers will be trained for a minimum of five days on HIV education, patient care and management of opportunistic infections using the National Guideline on Care and Support. Following the National Care and support Guidance and USG Palliative Care (PC) Policy, Positive Living (PL) will provide a Basic Care Package including clinical care, basic nursing care, provision of basic care kit, prophylaxis and management of opportunistic infections, referral for laboratory services, nutritional assessments, counseling and adherence support, home-based care (HBC), and active linkages between hospitals, PHCs and communities; and training of healthcare providers and community volunteers. If funds allow, refresher trainings will be provided to all care providers trained in COP08. Trained volunteers will offer psychological and spiritual support to PHA and their families through group and individual counseling.

PL services will reach clients directly generated from communities as identified by HBC volunteers at HIV Counseling and Testing Centres (HCT) and provider intended testing and counseling (PITC) sites. All clients will be assigned to one of three categories and provided appropriate services: those who have just been tested but without major need for medical care will be offered basic care kit, psychosocial and spiritual support, nutritional assessment, prevention with positives (PwP), income generation activities IGA, and those with opportunistic infections will receive intensive adherence counseling, and regular home visits for monitoring and referral. Clients will be attached to specific home-based care teams for follow up. The home-care teams, headed by a trained nurse or Community Health Extension Worker (CHEW) (as care coordinators) will conduct regular home visits and/or telephone contact to assess needs and ensure that registered clients are retained in the program. The identified needs will be addressed through counseling and referral to relevant services. The care coordinators will liaise with the referral focal persons at health care facilities to complement client tracking.

Clinical care services will be provided at 41 primary health care facilities (PHC) (at least 2 facilities per state) to complement care and support services offered at ART centers and general health care facilities and utilize an outreach HBC volunteer program. Staff at various PHC facilities will be trained on clinical management of AIDS related infections and the cross referral procedures. PL will enhance the capacity of PHC and other referral facilities in communities to diagnose and treat STIs by providing laboratory equipment such as specimen bottles, reagents, and drugs, while health workers will be trained on syndromic management of STIs where laboratories are not available. These facilities will serve as referral centers to which HBC volunteers and peer educators under PL's Sexual prevention programs will refer clients for diagnosis and treatment of STIs. Each new client will receive a self-care kit consisting of ORS, insecticide treated nets (ITN) and water guard, information, education and communication (IEC) materials, soap, latex gloves, condom and jerry cans. Basic Care and Support (BC&S) commodities will be purchased through open bidding mechanism from suppliers, after selection and recommendation is carried out by the procurement committee to management. Commodities like ITN, water guard and condoms will be procured from Society for Family Health (SFH). Home care kits containing latex gloves, calamine lotion, vaseline, genetian violet, paracetamol, a pair of scissors, forceps, cotton wool, non sterile gauze, antiseptic soap, soap case, and disinfectant liquid (JIK) provided to HBC volunteers in COP 08 will be replenished regularly to ensure constant supplies needed. The HBC volunteers will link PLWHAs, their families, and

Activity Narrative: community members to anti-retroviral therapy centres, TB treatment centres, HIV/AIDS related services and social welfare services for orphans and vulnerable children (OVC). CEDPA will work with other partners towards providing nutritional supplements for its clients.

To strengthen the HBC volunteer program and improve quality of care, 2 implementing agencies will be selected in each state and mentored to become coordinating agencies through whom CEDPA will support other smaller IAs and support groups to be referred to as satellite groups. The selected IAs will form a core of hubs consisting of other IAs and support groups that CEDPA has been working with through COP 06-08. CEDPA working closely with PHCs will provide minimum/basic package of care and support services. The basic care package includes provision of Basic Care Kit (ORS, ITN, water guard, cotton wool, gloves, soap, Vaseline, Gentian Violet, methylated spirit); Home-Based Care (Client and caregiver Training and education in self-care); Clinical care (Basic nursing care, pain management, OI and STIs prophylaxis and treatment, Nutritional assessment and referrals, Laboratory services; baseline tests Hematology, MP, OI and STI diagnostics when indicated); Psychological (adherence counseling, Prevention with Positives, Bereavement counseling, Depression Assessment and counseling with referral to appropriate services); Spiritual care (access to spiritual care); Social supports: (package of care and support services); The coordinating IAs will be linked to the PHC facilities to manage a one-stop center where adults and children (PHA and PABA) will access psycho-social services, HIV prevention information and linkage to medical treatment from the triage centers. The IAs will be encouraged to establish day-care programs where PHA and PABA can share experiences and learn skills for coping with the impact of HIV/AIDS. Referral/Care coordinator attached to each HBC team will meet monthly with representatives of the IA and the facility to redistribute clients for effective management as the need arises.

Local government staff will be involved in the selection of triage centers and the selection of volunteers for sustainability and ownership. CEDPA will continue to participate in the TWG on training manuals, attend quarterly meetings, joint supervisory visits and be available in any other capacity that its presence or assistance may be required by the USG/GON. CEDPA uses a set of community based care and support monitoring tools to report care and support services. These tools include beneficiary household assessment forms, caregiver services forms and client registers. The community based volunteers and M&E focal persons will be trained in the use of these tools. The M&E Officers at the State level shall provide technical assistance to the CBOs/FBOs on data collection and reporting. The M&E Officers conduct routine monitoring visits to CBOs/FBOs for data quality assurance and advice on quality improvement processes. The State reports shall be collated at the Country Office after conducting routine quality checks on reported service statistics. CEDPA care and support monitoring tools have variables to capture separately clients recruited from GHAIN and non GHAIN sites. Referrals and linkages to ARV treatment will also be supported. Linkages to GHAIN and other USG partners providing care and support at healthcare facilities will be strengthened, to ensure that all PHAs receive community/home-based care services. Care coordinators will be placed in facilities providing ART, VCT, PMTCT and pediatric care and support services to register all those patients who may require HBC services and offer information on follow-up support for PHA. Planning and review meetings will be held regularly with partners to maintain effective referral.

Social-economic support will be provided to 800 individuals in 41 groups enhanced by seed grants between \$ 4310- \$ 8620 per group and vocational training for income-generation will be maintained in Kano, Benue, Bauchi and Imo states through close monitoring and supervision of on going activities. This activity will be facilitated by partnering with microfinance banks Priority will be given to households headed by children, the elderly, and PLWHAs who lack regular sources of income. Seed grants will be provided to small groups of PLWHAs and their families to invest in small-scale businesses and revolving funds for health care. This activity will benefit an additional 8 groups through re-investment of funds to be disbursed by OCEANIC bank.

POPULATIONS TARGETED:

The primary beneficiaries of PL care and support services are PHA and their families. Community volunteers, and caregivers of PHA will be trained. Since women form most of PL's beneficiaries, extra effort will be taken to reach out to men as community leaders and partners of PHA to increase male involvement in HIV care and support.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The planned community/home-based care and support interventions will contribute to the overall PEPFAR care and support goal by reaching 23,000 PHA and 46,000 PABAs with community basic care and support services. PL will work with stakeholders at all levels, to strengthen community systems for the provision of quality care to PHA and their families; build community capacity to deliver care and support by training a total of 644 community resource persons and improve the economic capacities of PHA.

LINKS TO OTHER ACTIVITIES:

BC&S activities will be linked to CEDPA's HVTB, HVOP, and HKID programs. Activities will be linked to HVAB, HVOP, HVTB, HKID, HVCT through training PLWHAs on various aspects of HIV prevention and control of OIs. PL will strengthen and consolidate linkages with stakeholders, particularly GHAIN, SFH, and GoN, to provide care and support packages for OVC and establish linkages between HVCT centers and care outlets. This will improve utilization of MTCT, HKID, HVTB, HTXS and HLAB services and enhance community participation in care for PLWHAs and ensure service quality. PL will refer for wrap around activities - social services, food and livelihood opportunities. Girl-headed households will be linked with supportive women's groups to provide them with psychosocial support and protection. Follow-up supportive supervision will be provided. At each site, PL activities will strengthen linkages to AB and OP prevention activities as integral parts of home-based care for OVC offered by care givers. Those linkages already established will be strengthened with TB/HIV intervention programs, PMTCT services, USG-funded immunization projects and child welfare services.

EMPHASIS AREAS:

PL will advocate for reduced stigma and discrimination at all levels, increasing acceptance of PHA within communities. Interventions will increase gender sensitivity in programming by targeting vulnerable young

Activity Narrative: girls and women, and promote male involvement in care and support. Emphasis will be placed on capacity building of care providers and implementing agencies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13014

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13014	9839.08	U.S. Agency for International Development	Centre for Development and Population Activities	6368	5267.08	USAID Track 2.0 CEDPA	\$4,126,000
9839	9839.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$3,513,750

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$85,893

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 552.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Activity ID: 3237.24893.09

Activity System ID: 24893

Program Budget Code: 08

Planned Funds: \$7,529,300

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Care and treatment narratives were fused.

By the end of COP 08, the Global HIV/AIDS Initiative Nigeria (GHAIN), in collaboration with the Government of Nigeria (GON) and several Faith Based Organizations (FBOs), has supported the provision of antiretroviral therapy (ART) services to over 63,000 HIV infected adults in 112 comprehensive ART sites in 36 states and the FCT. It is estimated that the number of individuals who will have accessed HIV-related palliative care (excluding TB/HIV) at the end of the GHAIN reporting period will be 95,563. In COP 09, GHAIN will continue to provide HIV comprehensive care and treatment services including antiretroviral therapy (ART) to eligible patients through continued support to the existing 112 sites. GHAIN will enroll 5500 new adult patients on ART. Taking into consideration attrition rate, it is estimated that a total of 63,317 adult patients will be on ART by the end of COP 09.

GHAIN will sustain its extensive experience in supporting comprehensive ART services. In addition, GHAIN will strengthen appropriate HIV services at PHC facilities through a decentralized, integrated disease management approach at the LGA level, consistent with a district health management paradigm. To this end, GHAIN will adopt a three-fold strategy: 1) enter in formal agreement with the LGA authorities to create a multi stakeholder committee that oversees the implementation of the program in the entire LGA; 2) contract an umbrella CBO to manage a portfolio of community based activities and 3) link community based activities, PHC and comprehensive sites through a strong and well coordinated referral mechanism to actualize the continuum of prevention, treatment, care and support services.

In this model of service delivery, GHAIN will engage relevant stakeholders, especially the NPHCDA and the relevant disease control program officials to increase access not only for HIV/AIDS, but also for sexual and reproductive health and TB services in the LGA. This model will promote compliance with care and treatment national guidelines for that level of care, the integration of prevention into care and treatment services, the promotion of adherence and treatment education, clinical monitoring, management of OI and related laboratory services within the framework of available funds and GoN policies. GHAIN will also pilot the task shift of ARV refills from comprehensive to PHC facilities, which will be closely monitored in line with national policies and guidelines.

In COP 09, GHAIN will strengthen the capacity of both the public and private sector (where appropriate) sites to implement harmonized quality services with strong focus on adherence, patient retention and ensuring durability of first and second line drugs. This includes the promotion of gender equality and stigma and discrimination reduction activities. 255 health care workers will be re-trained on ART services and the management of opportunistic infections. At the PHC level, community health officers (CHOs), community health extension workers (CHEWs) and nurses will be re-trained using the IMAI tools on relevant aspects of HIV/AIDS services including ARV refill. GHAIN will re-train community pharmacists and will investigate the possibility of engaging with private medical practitioners to support treatment at this level. Laboratory services with CD4+ count testing capacity will be available in all sites. Pregnant women in PMTCT settings who require ART for their own health will be referred and fast tracked into care and treatment services.

Specific focus will be paid to retention of clients not on ART by strengthening our patient tracking system, linkages to support groups and other non ART services. Prevention for Positives will focus on primary and secondary prevention services for all PLWHA. Within the confines of available funds and GON policies, GHAIN will provide or refer PLWHA to preventive care services (IEC, behavioral risk and change counseling, provision of condoms, contraceptive methods, OI prophylaxis, water sanitation, treatment education, ITN, nutritional counseling, micronutrients supplementation), and social services within the community. All PLWHA enrolled with GHAIN will be linked to services where trained providers offer the syndromic management of STIs. GHAIN will ensure, within the confines of available funds and GON policies, that comprehensive sites and PHC centers provide facility based basic care and support services in line with the national palliative care guidelines. This includes clinical services (medical assessment, laboratory services including OI prophylaxis and treatment, nutritional assessment, pain and symptom relief), with basic care kit (ITN, water guard, water vessel, latex gloves, soap, condoms and IEC materials with appropriate PwP messaging) and any other two services from the domain of HBC, psychosocial, PWP, and other prevention services, psychosocial support, and end of life care.

GHAIN will continue to provide technical leadership in strengthening pharmacy systems and pharmacists' capacity to contribute to the delivery of quality HIV/AIDS-related services at all levels of healthcare delivery in Nigeria (tertiary, secondary and primary health care facilities and the communities). GHAIN will re-train pharmacists in all comprehensive ART sites and private pharmacies in pharmaceutical care in HIV/AIDS and best pharmaceutical practices.

Patient management and monitoring will be strengthened in selected sites using GHAIN's Lafiya Management Information System (LAMIS). The LAMIS software will be used both for backlog as well as real time entry of clinical and logistics management data at the ART clinic, pharmacy, laboratory and medical records points of service. Health care workers will be re-trained and mentored to routinely use LAMIS. The LAMIS will also be used by facility management for continuous quality assurance/quality improvement, program evaluation and strengthening drug and commodity inventory management. At national level, LAMIS will be used to evaluate the combined efforts of GHAIN supported care and treatment programs, generate important outcome data from patient cohorts, monitor treatment failure, enable program managers and government counterparts to identify priority areas for action and continuously improve the quality of ART service delivery in Nigeria. GHAIN will monitor of the impact of new care and treatment initiatives on service coverage, uptake and quality.

GHAIN will continue to support the national quality assurance/improvement program under the leadership of NACA and the FMOH, including evaluation efforts of the national ART program on all service levels. This will include the improvement of tools like HIVQUAL and the integration of national performance indicators into the HMIS and the LAMIS.

GHAIN will hold regular, scheduled meetings with CEDPA to explore strategic referral approaches to

Activity Narrative: ensuring that all clients attending facility based care in GHAIN supported sites also have access to quality home based care (HBC) services in 20 states where CEDPA operates namely Lagos, FCT, Kano, Cross Rivers, Bauchi, Anambra, Edo, Taraba, Imo, Enugu, Kogi, Adamawa, Benue, Niger, Katsina, Sokoto, Kebbi, Zamfara, Nassarawa and Akwa Ibom. In States where GHAIN will be providing direct HBC and support, GHAIN will work closely with established facility based PLWHA support groups and care givers to provide HBC as part of an integrated care package to PLWHA in the 8 HAST model focus LGAs. GHAIN will also train 500 PLHA and other volunteers to provide HBC services to PLWHA. The HBC volunteers will also conduct advocacy for and referral to legal support, spiritual support, economic strengthening and shelter. In addition, they will be supported to carry out stigma and discrimination reduction activities, HBC services, psychosocial support, adherence counseling, referrals, contact tracking, basic nursing care, prevention with positives, provision of ITNs and safe water intervention (water guard), etc. HBC providers' kits (mackintosh, scissors, buckets, ITNs, water guard, analgesics, iodine, cotton wool, spirit, forceps, gauze) will be given to trained health care workers, volunteers and PLWHA. GHAIN will establish fora where care providers will meet on a regular basis to motivate each other, share experiences, and discuss various issues including ways of managing stress and other difficult situations. In line with GHAIN's continued support of the UNGASS MIPA principle, GHAIN will ensure that PLWHA participate actively in the planning of meetings and other care and support activities as appropriate.

GHAIN will participate in the joint supervisory visits that will be carried out by the GON/USG. Synergies will continue to be established with the GFATM grant to Nigeria. GHAIN will continue to strengthen its exit/sustainability plan with the health facilities implementing comprehensive care and treatment programs to build their capacity and to customize a specific plan and schedule for each facility.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The provision of care and treatment services through this program will contribute to strengthening and expanding the capacity of the GON's response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of providing life - saving antiretroviral treatment to individuals. Decentralized services at the PHCs centers and community based institution at the LGA level will improve equity in access to HIV care and treatment services and system strengthening at that level.

LINKS TO OTHER ACTIVITIES

The GHAIN adult care and treatment services relate to: TB, HCT and HOP, HIV Drugs, PMTCT, HIV/RH integration program (supported by other non-PEPFAR USAID funds); community services that supports persons on ARV treatment (to encourage adherence; provide information to PLWHA who are not yet on ART; and promote HIV testing, etc); community and home based care services, include vocational training, income-generating activities, social legal protection, training and support of caregivers, etc.; and the multi-directional referral linkages that improve psychosocial support, adherence and reduce treatment failure and resistance.

POPULATIONS BEING TARGETED

This activity targets adult PLWHAs (male and female); TB patients who are HIV positive, pregnant women who are HIV positive and all high risk groups that are HIV positive.

KEY LEGISLATIVE ISSUES ADDRESSED

Task shifting in order to strengthen the capacity of lower level cadres at the PHC level to provide comprehensive care services. Reduction of stigma and discrimination both among health care workers and the general population. Promotion of gender equity in access to the care and treatment programs, by mobilizing both males and females to avail themselves of treatment opportunities.

EMPHASIS AREAS

This activity includes major emphasis on achieving improved access through integrated disease management (HAST approach), quality assurance/quality improvement with supportive supervision and minor emphasis on trainings.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

FHI GHAIN requests for early release of funds to meet its unexpectedly longer lead time for procurement of supplies and commodities, infrastructural upgrade and other activities necessary for the maintenance of clients on treatment, care and support during the initial months of the COP 09 period. It will be appreciated if GHAIN receives an early release of at least \$3,864,681 (15%) of the funds under this program area for the purposes stated above.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13038

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13038	3237.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$3,843,000
6708	3237.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$3,013,750
3237	3237.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$3,005,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$62,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 632.09

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3259.25242.09

Activity System ID: 25242

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$7,434,239

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Adult ARV Narrative: 22 PMTCT sites will be upgraded to provide treatment services. Training targets revised. More emphasis on HIVQual and Clinical QA/QI.

Care and Support Narrative: 22 PMTCT sites will be upgraded to provide care services. Training targets revised and highlights use of Master Trainers from 07 and 08 Health System Strengthening programming. Increased emphasis on basic care kits, PwP, home based care and management of acute malnutrition. Narratives merged.

ACTION will provide Care and Support Services to 113,000 HIV+ adults and support services to an additional 226,000 persons affected by AIDS (PABAs) as well as ARV services to 70,953 adults (7,953 new). In COP08 ACTION supported Adult Care and Treatment services at 78 sites (including 42 smaller secondary hospitals or Primary Health Care Centers (PHC) and DOTS satellite sites using the Hub & Spoke model. In COP09, ACTION will continue to provide services in these 78 sites and will upgrade 22 PMTCT sites, the majority of which are small secondary hospitals or comprehensive primary health centers (PHC) to Adult Care and Treatment satellites so that comprehensive services including ART will be provided in a total of 100 sites. These sites will be located in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). Sites are chosen jointly with the GON to complement the national scale-up plan being supported by Global Fund (GF) and other IPs. Services at PHC satellite sites are provided using three different strategies to ensure quality of care and network linkages: physician and lab assistant team travels from the "hub" site on selected days; nurse-managed PHCs/DOTS with nurses trained using the IMAI national curriculum; and physician/lab assistant team utilizes mobile site/van equipped with CD4 and basic lab equipment to visit PHCs on selected days. An alternative model employs a physician or nurse-led team with transport of samples back to the hub site for lab testing. The vast majority of these sites will also provide Pediatric Care and Treatment services. PMTCT stand-alone points of service (POS) link to adult and pediatric ARV care through utilization of a network PMTCT coordinator based at the hub site. A specific referral SOP is used to ensure that HIV+ pregnant women who require HAART for their own care are linked to an ARV point of service.

In COP 09, ACTION will continue to provide clinical services (pain assessment and management, laboratory, OI prophylaxis/management, nutritional assessment/therapy) with Basic care kits plus at least two other services in the domains of HBC, psychosocial, spiritual, PwP and preventive services to all PLWHA enrolled into care. Lab services will include CD4, hematology, blood chemistry, LFT, OI and pregnancy testing if indicated. CD4 count follow-up will be provided at least every 6 months to monitor for change in status. Access to appropriate TB diagnostics and linkages with DOTS programs described under TB/HIV are also provided. Screening for hepatitis B, malaria and urinalysis are supported for all HIV+ persons if indicated. The nutritional status of PLWHA will be assessed at the initial clinical contact and at follow-up visits. If diagnosed with malnutrition, food by prescription consisting of a ready to mix soya based supplement fortified with multivitamins will be provided and referrals/linkages to wraparound services providing other nutritional therapy will be given. All PLWHA will be provided with a Basic Care Kit including ITN, water guard, water vessel, soap, ORS sachets, latex gloves, condoms and IEC materials on self care and prevention of common OIs. Prevention with positive services provided to PLWHA include condoms and information on use, counseling on reduction of high risk behaviors, abstinence messages, discordant couple counseling and syndromic management of STIs. A standard formulary is provided to sites to treat common opportunistic infections and malaria.

Community HBC will be provided in each of the 32 network catchments areas ACTION supports. This is overseen by a team comprising of community HBC nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home based approach to these other programs and ensuring family engagement in HBC. In addition to HBC for those requiring classic "palliative care" interventions, Community HBC providers support ART adherence in the home setting through education and addressing adherence barriers. This program utilizes volunteers, peers and buddy systems and pill boxes as reminders for effective drug adherence. Community support system of PLWHAs is also used to ensure adherence and tracking defaulters will be sustained. HBC providers focus on linkage to services, ensuring that clients in need of hospital care gain access to care and linking family members to OVC, PMTCT, community immunization, family planning, and TB DOTS services. These activities will be linked to the patient's medical care source as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

PLWHA and PABAs will be afforded linkages to psychosocial support through participation in PLWHA support groups and individual counseling operational at all points of service. Emphasis on support group activities that encourage participation for pre-ART clients will be supported. The function of PLWHA support groups is strengthened by an ACTION program officer with a counseling background who works with the support groups to improve their programs and to ensure linkages between points of service and communities. Services to be provided to PABAs at the clinic and community levels include: promotion of HCT; HIV prevention education including balanced ABC services as appropriate; psychosocial support through on-site counselors; and participation in support groups designed for family members focusing on prevention of transmission, stigma/discrimination reduction, support for infected family members by serving as a treatment partner to enhance adherence. It is anticipated that many PABAs will be reached in the communities rather than clinic settings through the community HBC program which will provide HCT access, linkages to HIV care and other services, peer support and facilitation of home care to PLWHA by PABAs.

ACTION care and treatment services are in line with current GON guidelines. ACTION supported the update of the national care and treatment guidelines and will continue to participate actively in National Care and Treatment Guideline Committees. All sites are supported to employ treatment support specialists – PLWHA who participate in patient education, client advocacy, and home visits to track defaulters. A new SOP to enhance adherence services has been developed and piloted in a number of sites in COP08. This SOP creates a mandatory patient education/preparation before commencement of therapy and ongoing adherence within the health facility and a back up follow up using Treatment Partners and community

Activity Narrative: support. Additionally, sites receive training, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis to address occupational HIV exposure of health care workers.

ACTION uses ART expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established POS as resource persons, site staff will participate in central or regional trainings on ARV care, adherence counseling, and/or pharmacy SOPs. All training will include approaches for prevention for positives integrated into the clinic and community setting. Adapted IMAI manuals will be used to step down trainings for secondary, PHC and DOTS sites. The training plan for COP09 to support this scale up using the National training curriculum includes the training of 30 Master Trainers from established ARV sites who will work with ACTION. Additional training plans include a HIVQUAL training (see below) for the QA/QI Committee Chair at each of 32 hub sites and an Adherence Refresher site based training for 10 staff at each of 32 hub sites. Thus the training target focused on ART care is 30 Master Trainers, 200 site staff, 32 QA/QI and 320 adherence counselors for a total of 582. ACTION will support HBC refresher trainings at 32 sites (or networks) to strengthen existing and new networks with community & primary care facilities for a total of 32 trainings for 10 providers each (subtotal 320). Standard training curricula for healthcare and community workers, developed by ACTION to include specific modules on pediatric home based care will be utilized. To enhance sustainability, ACTION will support retraining for existing COP08 site nurses using nurse Master Trainers from the Health System Strengthening program area. ACTION will support step down trainings at each ART point of service in order to encourage ongoing in-house HIV continuing education program (220 nurses will participate in refresher training). Thus the total training target focused on Care and Support is 540. These training will facilitate task shifting and ACTION will support the GON in developing policies related to this.

Bedside teaching is also a component of ongoing education. IHV/UMD adult and pediatric HIV care specialists are posted in Nigeria as preceptors. ACTION has developed 3 regional training centers which are equipped with training venues adjacent to large clinical care facilities where best practices are modeled. A clinical training center in Abuja provides a model clinic that integrates physician, nurse, treatment support, pharmacy and community outreach teams to provide experiential training in a holistic model clinic setting in order to demonstrate feasible and functional strategies bridging community to care. ACTION supports 4 regional training labs that will train lab scientists working at GON and GF-supported sites in ARV lab monitoring including good lab practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

ACTION in COP08 participated in the National HIVQUAL pilot and then expanded upon these clinical QA/QI indicators to conduct quarterly comprehensive QA/QI assessments jointly with all sites providing ART services. Deficiencies identified are discussed with the site QA/QI committee and ACTION staff and an improvement plan implemented. Training needs identified are addressed by the IHVN Training Dept. In COP09, ACTION will continue this process collaboratively with the sites, USG and GON. Based on gaps in knowledge identified the Training Department refines/updates training materials for new and ongoing training activities. ACTION will also facilitate and actively support onsite standardized HMIS using GON forms and National electronic platforms and will provide onsite assistance with data management and M&E to guide quality improvement measures. ACTION will also participate in the yearly care and treatment evaluation jointly conducted by GON/USG.

Sites are supported to carry out renovations to ensure clinic facilities are adequate and particularly that pharmacy store and dispensing areas are able to store ARVs and other HIV care drugs and commodities consistent with manufacturer guidelines. Care and treatment drugs and commodities are procured through SCMS, and other local mechanisms.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

At the end of COP09 ACTION will be providing ART services to 70,953 people, contributing to GON/PEPFAR targets for Nigeria.

This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing a basic package of care services to all HIV+ adults and PABAs. The services are consistent with the current Guidelines for Palliative Care in Nigeria and the USG Palliative Care Policy as well as the Nigerian Guidelines for Antiretroviral Therapy. ACTION will build the skills of over 1000 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

Using the Hub-and-Spoke model in site selection leverages resources and improves referrals between tertiary, secondary and primary health care facilities. This activity is linked to drugs, HCT, HVOP, OVC, TB/HIV, PMTCT, Lab, and SI. Services are co-located with TB DOTS centers and TB/HIV linkages will be strengthened; all HIV infected patients will be screened for TB using the National algorithm. ACTION will also provide onsite assistance with data management and M&E to guide quality improvement. HCT targeting MARPs is established proximate to ARV POS. Using a network model, linkage to ARV services for HIV+ women identified through PMTCT and HIV-infected infants are in place. Quality lab services supported by an ACTION-facilitated lab QA manual program are available at comprehensive sites while manual lab methods or specimen transport systems will be established for primary health center satellites. Sites have been chosen to maximize linkages with national TB DOTS sites and to provide services for HIV+ pregnant women identified through PMTCT.

POPULATIONS BEING TARGETED:

Populations targeted are adults living with HIV/AIDS and PABAs, TB patients, OVC, persons in prostitution, and pregnant women. Doctors, nurses, other health workers (public sector) as well as people living with HIV/AIDS and caregivers of PLWHA are targeted for training.

EMPHASIS AREAS:

Emphasis areas include human capacity building as capacity development for sustainability is a key focus. Local organization capacity building and TB-related wraparound programs are another focus.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 13110

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13110	3259.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$5,346,000
6770	3259.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$4,249,931
3259	3259.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$1,923,750

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$366,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$75,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 544.09

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5369.25218.09

Planned Funds: \$4,521,262

Activity System ID: 25218

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of medical supplies and equipments used in ARV services including consumables and non medical supplies needed to run ARV services, as well as basic health care and support related commodities for adults including other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure medical supplies and equipments used in ARV services and other commodities used to extend and optimize the quality of life of HIV infected adults and their families for three IPs and DoD. This also encompasses commodities for the prevention, management and clinical monitoring of opportunistic infections (OI), except tuberculosis (TB), other HIV/AIDS related complications, including malaria, and for the management of sexually transmitted infections (STIs). Example of such commodities are pharmaceuticals (OI drugs, pain killers, opioids), insecticide treated nets, home based care kits, water guard, gloves and therapeutic food. SCMS will also procure other medical and non medical supplies used in treatment and basic health care and support services, including home-based care.

Through its continuous support to and strengthening of commodity security in PEPFAR care programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of people living with HIV/AIDS and the general population through their families. This will be achieved by assisting the IPs and DoD in quantification, forecasting of requirements and support for the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

In COP09, SCMS will procure medical supplies and equipments used in ARV services, palliative drugs, care and support commodities and provide requested technical assistance for three IPs and DoD, each of which has allocated specific funds to SCMS for these services: DOD, \$300,000 for Adult Care and Support and \$1,750,000 for Adult Treatment; Columbia University/ICAP, \$150,000 for Adult Care and Support and \$675,000 for Adult Treatment; University of Maryland, \$287,960 for Adult Care and Support; and URC, \$4,500 for Adult Care and Support and \$45,000 for Adult Treatment. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

Currently, there are several challenges associated with the procurement of Opportunistic Infections (OI) drugs. A number of key OI medicines are banned from importation into Nigeria and hence by default, need to be procured from local manufacturers. However, the fact that none of locally manufactured products has US FDA or similar stringent drug regulatory authority approval places the PEPFAR IPs in an untenable situation. In COP 09, SCMS will work with the IPs and GoN to identify key OI drugs that are needed and initiate the process of pre-qualification towards identifying local sources. SCMS will also work with GoN towards defining the modalities for use of opioids for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for palliative care are available for use of the programs, thus improving the quality of life of PLWHA.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for basic health care and support related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and

Activity Narrative: provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with URC, ICAP, UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP 09, Supply Chain Support Teams (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system of SCMS.

In COP07, SCMS undertook, under DoD's request, a feasibility study for a Government Owned Contractor operated (GOCO) warehousing facility to be used by HIV/AIDS Nigerian military and DoD programs. In COP08, SCMS helped define detailed implementation workplan and responsibility for construction of the warehouse, SCMS will provide technical oversight for the construction and managing the equipment of the warehouse, while the NMoD will finance the construction of the facility, DoD will finance the equipment of the warehouse through COP allocations to SCMS in the range of \$750,000. The establishment of a GOCO, as part of SCMS system strengthening to the host government's supply chain system, will bring a long term solution contributing to the sustainability of the military HIV/AIDS programs in Nigeria. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their care planned targets.

EMPHASIS AREA
Human capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13055

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13055	5369.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$5,065,000
6719	5369.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$4,070,100
5369	5369.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$2,573,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$172,530

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$664,486

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 16942.25207.09	Planned Funds: \$107,910

Activity System ID: 25207

Activity Narrative: ACTIVITY DESCRIPTION: This activity represents funding for one contracted Nigerian health care provider for activities in Basic Care and Support. A new emphasis by DOD in COP08 and continued emphasis in COP09 is to provide additional attention to psychosocial, spiritual, and other non-clinical support and aspects of care. Funding will also support external technical support of BCS. The budget includes funding for one FSN direct hire, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for two weeks of in-country support to provide TA on basic care and support, continuing medical education and mentorship. TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

A unique aspect of the NMOD-DOD Program is the implementation of the program by non-PEPFAR remunerated staff. Support to and development of local support groups and encouragement of military members, staff and family members to participate in community efforts to care for HIV+ patients will enable increased programming.

The Care and Support Officer will work as members of the USG Care and Treatment Technical Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group. The program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site Care and Treatment Programs. The program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16942

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16942	16942.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$100,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 Program
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3247.25194.09	Planned Funds: \$972,000
Activity System ID: 25194	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

• Narrative combined; Targets updated

ACTIVITY DESCRIPTION:

This activity relates to activities in HCT, PMTCT, Basic Care and Support, and TB/HIV activities.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP09, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to provide free care and treatment services in 20 military hospitals.

In COP09, DOD – NMOD will provide comprehensive ART services to 9,806 adult patients. A total of 1,046 new patients will be added during the reporting period. Clinicians across the 20 sites will be assisted to promptly initiate support for ART eligible patients, with emphasis on supporting the 6 newer primary sites. Each site is an integrated hospital supporting HCT, laboratory, TB and other services. Linkages with both NMOD and other partner facilities will support referral of complicated or stable patients to ease overcrowding and maximize facility abilities. Care and support services will be provided to 18,600 HIV+ adults and will reach an additional 37,200 persons affected by AIDS (PABAs), including family members and children.

A major component of this activity is human capacity development- both in increasing numbers of providers and the training provided to them. The NMOD has committed to increasing and developing a sustainable treatment program by hiring 100 new health care professionals dedicated directly for PEPFAR goals (30 each physicians and nurses, 20 each laboratorians and pharmacists). In COP09, the DOD will support the training of an additional 100 health care workers, including doctors, pharmacists, nurses, laboratorians, site administrators, commanders, and team leaders in the areas of ART services and 100 in care and support. Additional temporary staff through the National Youth Service Corps (NYSC) will be utilized. In COP06, NYSC physicians were jointly funded by the DOD and NMOD programs; in COP07-COP08, the NMOD assumed total coverage of these salaries. Funding may be provided to expand this program in COP09. Use of the NYSC (usually three to four per site) provides a dual purpose of training young physicians in Nigeria in ARV services and HIV/AIDS care and support, and exposes them to the military system for possible accession to the uniformed services or as NMOD civilian providers. Advocacy for task shifting will be undertaken with NMOD leadership under policy activities.

Training is the second component of capacity development. The base of training has included the four week ART training at the Infectious Disease Institute in Uganda and will continue to serve as a training component for COP09. This will complement local training utilizing the GON national guidelines and training manual/curriculum. A dedicated Infectious Disease physician will provide mentoring and continuing medical education courses through centralized in-country and on-site trainings on HIV/AIDS care and support, treatment, adherence and laboratory monitoring. Adherence counseling for ARVs and instruction in side effects and contra-indications is part of the NMOD internal ART course and each pharmacist is provided with initial and refresher training through this course.

The third tenet of capacity development is physical capacity. This will be increased through refurbishments at each site as required by each site to improve patient flow and throughput. This will be accomplished through bilateral planning of both the NMOD and DOD funding. US DOD funding has provided refurbishments at seven sites and the NMOD has funded refurbishments at seven sites. One site was jointly refurbished (44 NARHK) due to its size and dual use as a NMOD treatment site and as a referral center for all of Kaduna State.

To enhance quality of care, the DOD will conduct on-site clinical mentoring via centrally located staff and DOD HQ Technical Assistance rotations. The DOD-NMOD Technical working Group will integrate with USG and MOH advisors to ensure that all activities and support are in compliance with National policies, curricula and guidelines. In addition, the DOD will ensure that routine meetings with all hospital staff involved in HIV/AIDS patient care are occurring monthly (or more frequently, as needed). This will support monitoring and evaluation of clinical outcomes and allow for dissemination of information and lessons learned to improve care, and will help to support participation in ongoing efforts such as HIVQUAL and NMOD/DOD's electronic patient registry.

The DOD will support the provision of comprehensive clinical care, including OI syndromic treatment and management of STIs (e.g., (e.g., ceftriaxone, azithromycin, acyclovir, penicillin G) and malaria (e.g., ceftriaxone, azithromycin, acyclovir, penicillin G), diagnosis and treatment as well as pain and symptom management, through the full course of infection at all 20 hospitals. This will be accomplished by: strengthening institutional and health worker capacity with ongoing, in-service training, providing initial training 100 health care workers in palliative care skills as part of and in addition to ART education; increasing the capacity of clinicians to diagnose and manage common OIs; provide psychosocial counseling; and strengthening laboratory diagnostic facilities and pharmacy capacity through refurbishments, equipment, training and QA/QC programming. Nutritional assessments (weight, height, BMI) will be conducted and vitamin supplementation will be provided as appropriate. Facility based care will be complemented using a network model through trained volunteers, nurses, health workers, PLWHAs and family members working together both in the facilities as well as following up patients at home. Basic care kits, including an insect treated net, water guard, water vessel, latex gloves, ORS, soap, IEC materials, and condoms will be provided, as well as cotrimoxazole for patients as clinically appropriate according to national guidelines.

Laboratory services provided will include CD4 ascertainment and follow up, liver function tests, hepatitis screening and management of abnormalities (e.g., elevated liver function, decreased hemoglobin/hematocrit), as appropriate. All patients will be screened for TB and malaria; prophylaxis, treatment, and linkages to wraparound or other program areas will be provided as appropriate.

Activity Narrative: A component of this activity will be supporting and maintaining links with active community-based organizations, home-based care providers (HBCs) and faith-based organizations (FBOs) that will provide at home follow up of patients attending ART clinics. While efforts will be strengthened to provide services to individuals in the community who cannot access ART services, a strong component of these efforts will be linking with local CBOs and FBOs since HBCs are limited in number at sites. Volunteers will be recruited and trained from existing PLWHA support groups. DOD will also work with, and support, the NMOD and its partners in further developing internal guidelines, protocols and standard operating procedures (SOPs), using evidence-based interventions, particularly in the area of pediatric care and implementation of a preventive-care-package.

In COP07-08, 44 Nigerian Army Reference Hospital Kaduna was provided with funding to refurbish a hall for a vocational and economic empowerment center. Support was also provided for the training of PLWHAs on soap making, knitting and tailoring to provide the foundation for sustainable income generation activities. This activity focuses its efforts on young, HIV+ women. In COP09, this training activity will be expanded to additional sites that have space to accommodate a vocational center. PLWHAs who were trained at 44 will serve as trainers for other sites. Support will also be provided to purchase a stock of necessary materials (e.g., soap making materials, weaving materials/equipment).

Another component of this activity is to strengthen spiritual and social services provided to those living with HIV/AIDS in the military barracks. In COP09, DOD will continue to provide support for Imams and Priests to provide spiritual support and/or counseling for PLWHAs and people affected by HIV/AIDS (PABAs). This includes counseling related to a patient's fears, life views, crises, adherence and bereavement. Health care providers will provide linkages and information to reach military Imams and Priests, as well as collaborating PLWHA support groups, during clinical care sessions. Imams and Priest will assist in increasing men's involvement in care and encourage clients, in particular males, to participate in support groups.

In COP09, the DOD's "prevention for positives" program will be continued at all 20 military sites. Providers at each site will provide adherence counseling, syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; and prevention messaging to include partner reduction and/or mutual fidelity, correct and consistent condom use for PLWHAs, disclosure and partner testing. Condoms will be provided free of charge. Providers will counsel clients on their disclosure of HIV status and partner/family notification with an emphasis on client safety. Partner referrals for CT (individual and/or couple) will be provided. Also, referrals to community-based and barracks-based support groups will be provided to HIV+ clients. Linkages to support groups and services will also be enhanced by counselors who are members of PLWHA support groups. Referrals to family planning services will be provided as appropriate, as well as access to pregnancy testing when needed. Care kits for PLWHA will include preventative items, such as: an ITN, waterguard, water vessels, soap, ORS, and condoms. These interventions will be implemented using the recently adapted HIV Prevention in Care and Treatment Settings Prevention Package, which includes several training packages and job aids.

NMOD and DOD participation in the USG ARV/Treatment and Care & Support Technical Working Groups to address care and treatment issues will promote harmonization with the GON and other Implementing Partners, thus strengthening the referral linkages and networks between partners close to NMOD sites. The program will also establish networks for community volunteers, including People Living with HIV/AIDS, to ensure cross-referrals. The DOD will continue to work with the GoN and other national stakeholders to develop networks for purposes of addressing sustainability issues, stigma reduction, treatment, and prevention activities. Linkages with other basic care partners and prevention groups (particularly prevention for positives) will also be supported. NMOD/DOD will also participate in National ART evaluation efforts, as well as provide input into the development of new guidelines such as the national HIV/nutrition guidelines.

Consumables and other supplies will be provided by a combination of two approaches. While the supply of some consumables will continue to be sourced by DOD from local vendors, the majority of funding for drugs and consumables will be invested in the Supply Chain Management Systems (SCMS). The DOD program will continue support to the Nigerian Ministry of Defence (NMOD)-owned, contractor (SCMS) operated warehouse developed under COP07 funding. NMOD customs agents will clear imported supplies. Under training and supervision by SCMS contractors, the facility will distribute supplies directly to all NMOD Points of Service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of critical items maintained in-country to protect against unforeseen shortages. This program fully adheres to USG and FGON policies and acquisition regulations, minimizes indirect costs and accomplishes NMOD capacity building in supply chain management. The program design ensures continued USG visibility and accountability at all levels of implementation. DOD has allocated

DOD has allocated \$1,175,000 of its Adult ARV Services budget and \$400,000 of its Adult Care and Support budget to SCMS for procurement of commodities. This amount is captured under the SCMS ARV Services and the SCMS Care and Support activities.

By the end of COP09, DOD will support 20 NMOD facilities in Anambra, Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Imo, Kaduna, Kano, Lagos, Oyo, Plateau, Rivers, and Sokoto (15 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

Expansion of care and treatment services will contribute to 2009 PEPFAR targets. The training of health care workers and community volunteers will contribute to human resource development to ensure the sustained delivery of high quality care and support and ART services in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity is linked to all prevention activities, HIV/AIDS/TB treatment and care services, drugs and laboratory infrastructure, and SI.

Activity Narrative: POPULATIONS TARGETED:

This activity will target all adults and their caregivers in the 20 military communities served, as well as the civilian population in the surrounding communities, who are diagnosed as HIV+ and clinically assessed as suitable for treatment.

EMPHASIS AREAS:

This activity focuses on military populations and gender by increasing women's access to income and productive resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13153

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13153	3247.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$375,000
6802	3247.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$851,600
3247	3247.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$380,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5268.09

Mechanism: USAID Track 2.0 Winrock AIM

Prime Partner: Winrock International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 9841.24962.09

Planned Funds: \$300,000

Activity Narrative: ACTIVITY MODIFICATIONS INCLUDE

At the request of USAID in COP 07, the project expanded the target from widows and single mothers to include the neediest men. This modification was implemented in COP 08 and will continue in COP 09. The project will also include a few youth particularly child head of households.

ACTIVITY Narrative

Winrock International's Capacity Building for AIDS Impact Mitigation (AIM) Project targets to improve the quality of life of 1,500 people living with HIV/AIDS (PLWHA) in COP 08. This submission is for COP 09. In COP 09, AIM project will strengthen and improve the quality of life of 1,500 People Living with HIV/AIDS (PLWHA) and 3000 People Affected by AIDS (PABA) through its two principal partners RAPAC and Ummah in: Lagos, Oyo, Edo, Anambra, FCT, Kano, Bauchi, and Imo. Based on USAID strategy which encourages partners to saturate regionally, AIM has scaled up activities to saturate these eight states of strength versus the initial 15 states proposed on COP07.

Economic Empowerment – The AIM project has shown great success in sustaining OVC services through the economic empowerment of their caregivers. Studies from the ongoing AIM project shows that caregivers engaged in IGAs use the income from their trade to pay for children's school fees, food, shelter and other immediate family needs. AIM will therefore continue with this activity in COP09. AIM partners will identify PLWHA and PABA from existing support groups. The project will target widows and single mothers with school aged children in their care and will also include men who are the most in need and older child-head of households. AIM partners will work with community selection committees to select project beneficiaries by using established criteria such as HIV status and income level of not more than \$50.

AIM partners will train 1,500 selected PLWHA and PABA in vocational and business entrepreneurial skills such as market identification, product pricing, record keeping and financial management. AIM will use the curriculum for community based IGA's developed by Winrock International. In addition, 1,000 PLWHA and PABA will receive in-kind grants ranging from \$100-\$150 USD for income generating activities (IGA). Project beneficiaries will also be linked to existing business owners for mentorship.

Market assessments will be conducted by AIM partners to identify viable trades within communities where project sites are located. Conducting yearly market assessments allows for identification of new business opportunities. Based on results of markets assessments, AIM partners will provide equipment grants for IGA to the beneficiaries. Experience from previous programming indicates that the preferred model for Economic Empowerment varies in Nigeria by geopolitical zones. For instance, the cooperative society business model has been highly successful amongst rural populations while independent businesses were preferred by urban women. The AIM project will promote appropriate business models for the varied interests of beneficiaries across the country. Beneficiaries who have demonstrated entrepreneurial promise through sustained increase in income for IGA over time will be identified and linked to Oceanic Bank's micro-finance program. Identified PLWHA must have established good recordkeeping practices in their business. This private partnership with Oceanic Bank will provide the beneficiaries access to micro and small loans of \$300 or \$1000 from a pool of \$100,000. Winrock will continue to encourage rotating and savings scheme among beneficiaries.

Basic Care including psychosocial and spiritual support – 24 individuals will be trained to provide HIV care and support services to enrolled clients through 8 service outlets. Trainees will include staff of AIM partners and volunteers from support groups served by AIM partners. The training will focus on positive living education such as nutritional counseling and treatment adherence. Knowledge and skills acquired from the training will help AIM partner staff and volunteers during monthly home visits to PLWHA and PABA.

Referrals to partner organizations for comprehensive prevention package – The AIM Project implements its adult BCS project to ensure economic empowerment of the beneficiaries for increased access to traditional health care or home based care services. Therefore, the project will strengthen its partnership with support groups of PLWHA and PABA and make referrals to USG-IP sites for health care services such as the minimum care package.

Exit strategy at the end of PEPFAR 2: AIM implements its BCS activities through local partners and therefore its first step in AIM's exit plan has been to develop the project management capabilities its local partners. The second step was training the local partners to implement fieldwork through sub-grants. The third step is building their capacity to receive funding directly from the USG or other donors to continue their work with BCS after AIM project close-out.

ACTIVITY DESCRIPTION:

Winrock International's Capacity Building for AIDS Impact Mitigation Project under the USAID APS Civil Society Organizations/Faith Based Organizations (CSOs/FBOs) Network to Provide HIV/AIDS Prevention, Care and Support Services has begun second year of activities under COP 07 funding. This is a submission for COP 08.

In COP 08 AIM will work with existing USG supportive clients to strengthen and improve the quality of life of 500 People Living With HIV/AIDS (PLWHA) and 1,000 People Affected by AIDS (PABA). AIM is currently working in seven states (Lagos, Oyo, Edo, Anambra, FCT, Kano, and Bauchi). AIM will work in 8 new states (Imo, Cross River, Benue, Nassarawa, Niger, Plateau, Adamawa and Borno) to cover the 15 PEPFAR states. AIM will work with existing USG partners and identify sites as the need arises.

The AIM Project will provide services through the following strategies:

Economic strengthening – To mitigate the impact of HIV and AIDS on PLWHA and PABAs AIM will

Activity Narrative: contribute to their economic empowerment. Experience has shown that the families that will benefit most from our economic strengthening usually have low literacy levels and this has a negative impact on business management. AIM will train 800 selected PLWHAs and PABAs in basic business management skills. To identify viable trades, market assessments will be conducted within communities where project sites are located. AIM will award in-kind grants ranging from \$50-\$150 to 500 PLWHA as start up capital for IGAs. Project beneficiaries, in particular young men above 17 years of age, will be linked to existing business owners for mentoring. Experience from previous programming indicates that the preferred model for IGA varies in Nigeria by geopolitical zones. AIM will promote appropriate business models for the varied interests of beneficiaries across the country. AIM is aware of the inadequacy of the start up capital and therefore has an ongoing undertaking with Oceanic Bank for PLWHAs and PABAs to compliment the AIM principal investment. PLWHAs and PABAs who have attained and sustained an increased income over time and exhibited entrepreneurial abilities will be identified and linked to the Bank's micro-credit program.

Psychosocial and spiritual support –Experience has shown the need for basic counseling skills for all service providers to address the psychosocial and spiritual needs of PLWHAs and PABAs. To be able to provide stopgap measures to handle the psychosocial and spiritual needs of our beneficiaries, AIM will train sixty master trainers. Staff and partner staff will be trained on areas focused on key aspects of psychosocial and spiritual. The training will focus on HIV transmission and prevention, counseling (self-esteem, crisis prevention, adherence), and other aspects of living positively (good nutrition, exercise, and treatment adherence) will also be addressed. AIM will also promote reduction of stigma and discrimination and encourage greater involvement of PLWHA in the community and workplace.

Comprehensive prevention package - AIM's integrated services will refer all PLWHAs and PABAs to existing PEPFAR or GON programs to access the Basic Prevention and Care Package comprising of an insecticide treated mosquito net, water guard and a water vessel. AIM will ensure all beneficiaries are linked to other USG agencies, GON for treatment, psychosocial support and other social services. The AIM HBC component will actively leverage interventions to supplement the meager resources available.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This program activity will contribute to the PEPFAR goal of mitigating the impact through provision of care and support to people living with HIV/AIDS. It will also contribute to the reduction of women's vulnerability and reduction of stigma. This activity will also contribute to the alleviation of poverty in the country.

LINKS TO OTHER ACTIVITIES:

AIM will develop a system networking PLWHA and PABA to other USG supported activities such as HCT, HBC, treatment, OVC, AB, condoms and other prevention, TB-HIV, PMTCT. AIM will collaborate with the Nigerian government via the National Directorate of Employment and the Small and Medium Enterprises Development Agency to provide expertise and skills to project beneficiaries.

TARGET POPULATIONS:

PLWHAs, PABAs, their families and communities will benefit from this comprehensive and integrated intervention.

EMPHASIS AREAS:

The socio-economic strengthening and capacity building through CBO/FBO capacity and grant awards is the major emphasis area of the HBHC. As a stopgap measure basic psychosocial and spiritual support will be offered to our beneficiaries.

Program activities will help to address issues related to stigma, discrimination, socioeconomic status and gender, especially increasing women's access to income and productive resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13175

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13175	9841.08	U.S. Agency for International Development	Winrock International	6404	5268.08	USAID Track 2.0 Winrock AIM	\$330,000
9841	9841.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$495,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$61,775

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$81,500

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1532.09

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5364.24939.09

Planned Funds: \$471,318

Activity System ID: 24939

Activity Narrative: ACTIVITY DESCRIPTION: This activity represents the fully-loaded costs of USAID's ART Services (Adult Care and Treatment) team, which includes the Senior ART Advisor, a program assistant and an administrative assistant under Adult Treatment, and a Palliative Care Advisor under Adult Care and Support. The ART Services team, working with the wider PEPFAR ART team, Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the HIV and AIDS clinical interventions and services. The team will also be managing several new mechanisms and providing oversight to a wider geographic range of service delivery points.

Three of these four positions are local hires, the fourth is an offshore US PSC mechanism. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13124

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Fusion of ART Services & Care and support Services

In COP08 AIDSRelief (AR) is providing adult treatment, care and support services to 31 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites. In COP09 these services will be increased to cover an additional 3 LPTFs and 9 satellites across the 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. Through primary and secondary faith-based facilities AR in COP09 will continue to extend ART services to underserved rural communities to reach 4,770 new patients for a total of 30,150 adult patients by the end of the year. Comprehensive package of care and support services will be provided to a cumulative 50,589 PLWHA and 101,178 PABAs in the same period. In setting and achieving COP09 targets, consideration has been given to consolidating on AR's rapid COP08 scale-up efforts in order to concomitantly work towards continuous quality improvement.

The package of care services provided to each PLWHA includes a minimum of clinical service with basic care kit and two supportive services in the domain of psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for PLWHAs in AR's partner sites include Basic Care Kit (ORS, LLITN, water guard, water vessel, gloves, ORS, soap and IEC materials,); Home-Based Care (client and caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, Laboratory Services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated) nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals; Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All PLWHAs' nutritional status will be assessed at contact and on follow-up visits, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. This will be done through wraparound services as well as direct funding. AR will procure basic care kits through a central mechanism and OI drugs will be procured mechanisms that ensure only NAFDAC approved drugs are utilized.

ART sites at LPTFs that are co-located in facilities with TB DOTS centers will have the services integrated to facilitate TB/HIV service linkages. All PLWHA will have CD4 counts and other necessary lab analyses performed at least every 6 months to determine the optimal time and eligibility status to initiate ART and monitor effectiveness/side effects for those on ART. AR sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure. Cotrimoxazole prophylaxis will be provided for PLWHAs according to the National guidelines. AR will support a pilot program for cervical cancer screening in HIV positive women.

AR will collaborate with faith-based organizations (FBOs) and community-based organizations (CBOs) such as 7-Diocese of Catholic Relief Services (CRS) in Benue, Kaduna, Nasarawa and Edo states, CSADI in Kano, Spring of Life in Plateau, New Life Support in Anambra and other CBOs attached to AR LPTFs in the 16 states. These FBOs and CBOs may be sub grantees of AR and/or other PEPFAR IPs. Through these partnerships clients in care will receive a comprehensive package of community and home based care services. LPTF HBC teams comprising nurses, community health workers and trained volunteers are supported by AR to provide HBC services as well as facilitate support group activities. LPTFs HBC providers will use HBC kits. AR will focus on improving pre-ART retention in support groups. Strategies to retain clients in care include intensive home visits by HBC team during the first 6 months of enrolment.

All LPTFs will consolidate on their capacity to provide comprehensive quality ART services through existing AR supported varieties of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. AR will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, AR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients.

In COP09 AR will continue to strengthen institutional and health worker capacity through the training, retraining and mentoring of health service providers to provide care and treatment services at the facility and community levels. Doctors, pharmacists, nurses, counselors, and community health extension workers will receive training and onsite mentoring that will allow them to provide comprehensive care. Training will maximize use of all available human resources including a focus on community nursing and community adherence. Care and Treatment trainings will be based on the national curricula. AR will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide ART.

In COP09 AR will continue conducting 2-week intensive didactic and practical trainings preceding site activation followed by regular onsite mentoring. AR will also train community volunteers including PLWHA and religious leaders to provide peer education counseling, psychosocial and spiritual counseling, respectively. AR will use GON/USG recommended standardized training curriculums, manuals and training aides for all trainings. Information, education and communication materials will be provided to enhance these trainings. AR will work closely with the USG and GoN team to monitor quality improvement at all sites and across the program. 90 Health care workers will benefit from these trainings referred to above in HIV Care, Treatment and Support.

Activity Narrative: A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. AR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each LPTF will appoint a staff member to coordinate the linkages of patients to all services. This will also build the capacity of LPTFs for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AR technical and program management regional teams.

In COP09, AR will continue to strengthen its expanded Quality Improvement Program (QIP) consisting of the annual cross sectional Outcomes & Evaluation (O&E) exercise, the GON/USG supported HIVQual monitoring and the quarterly Continuous Quality Improvement (CQI) activities in order to improve and institutionalize quality interventions. The 4 existing QIP specialists will be responsible for spearheading QIP activities in their respective regions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. Monitoring and evaluation of the AIDSRelief ART program will be consistent with the national plan for patient monitoring. The QIP specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site technical assistance (TA) with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each LPTF an annual cross sectional evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support; therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

AR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AR's expansion of adult care and treatment activities, including effective linkages with HBC providers, will contribute to increased access of such services to underserved rural communities. By providing services to 50, 589 Adult PLWHA, AR will contribute to the overall PEPFAR care and support target of providing these services to 10 million people globally by 2009 and will help accomplish the PEPFAR Nigeria target of placing 350,000 clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. This activity contributes to the overall AR comprehensive HIV and AIDS services by providing the supportive services for all adult PLWHA including those on ART.

LINKS TO OTHER ACTIVITIES:

AR activities in adult care and treatment are linked to HCT, PMTCT, ARV drugs, laboratory, OVC, Sexual Prevention, Medical Prevention, TB/HIV and SI to ensure that PLWHA and their family members have access to a continuum of care. AR will continue to collaborate with the 7-D program of Catholic Relief Services to establish networks of community volunteers to support livelihood development program for PLWHA and caregivers requiring such services and support identified child or adolescent headed households to be linked with CRS/SUN and other OVC programs which will meet the needs of the household. Networks will be created to ensure cross-referrals and sharing of best practices among AR and other implementing partner sites for the provision of psychosocial support and community and home based services to PLWHA. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders for harmonization of basic care and support services and the standardization of training manuals for community volunteers and providers

POPULATIONS BEING TARGETED:

This activity targets PLWHA, particularly those who qualify for the provision of ART, including PMTCT clients from rural and underserved communities. This activity also targets CBOs and FBOs for capacity building and targets care providers (healthcare professionals and community volunteers) for training.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training and task-shifting, local organization capacity building for community mobilization and participation, development of networks/linkages/referral systems, and quality assurance/ quality improvement This activity will also ensure gender equity, ensuring access to ART through linkages with PMTCT services, addressing male norms & behaviors, increasing women's legal rights and access to income & productive resources, and reducing violence & coercion against women. AR will work with CBOs, networks of PLWHA and FBOs

Activity Narrative: and other USG/GON programs to promote economic strengthening activities; education and safe water initiatives, and create access to food and nutritional services. The extension of this activity into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. This activity will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12997

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12997	5368.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$2,797,655
6675	5368.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,630,000
5368	5368.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$917,526

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$25,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$25,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9408.09

Mechanism: USAID Track 2.0 CHAN

Prime Partner: Christian Health Association of
Nigeria

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 25641.09

Activity System ID: 25641

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$133,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Care and treatment narratives were fused.

The Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) will provide ARV services and lab monitoring to 2286 adults (1350 new). In COP08 CHAN NICaB supported ARV services at 12 sites and under COP09 will consolidate services at these 12 sites: all medium – small secondary level mission hospitals will be linked to 60 primary health centers (PHC) using the hub-and-spoke model. Sites will be located in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba. Services at PHC and DOTS satellite sites are limited based on staff strength and their capacity. The model of service delivery at the PHC and DOT sites are modeled on these sites providing HCT and PMTCT and referring positive clients to the hub sites. Following base line investigations, clients are sent back to spoke sites to continue with adherence monitoring. Drugs are sent to spoke sites for patient refill and every three months, they return to hub site for CD4 cell count. Clients who are not eligible for ART are referred to community based NGOs/CBOs/FBOs (CISNAN at national and state levels, NEPWHAN and FOMWAN at state level.) and enrolled into care and support. They return to hub site every six months for CD4 cell count. In all models of community outreach a portable pharmacy is employed to deliver ARVs to patients at the community level.

The CHAN NICaB project will collaborate with GON to adapt and expand the IMAI curriculum to facilitate quality adult ARV care at the PHC level. CHAN NICaB participated actively in the review of the National ARV Guidelines for adults and pediatrics updated in 2007 for consistency with WHO 2006 guidelines. A corresponding National ARV SOP has been developed that is being used at all CHAN NICaB sites to align CHAN NICaB services with GON guidelines. Non-ART and ART eligible clients will be enrolled into care and will receive regular clinical monitoring including CD4 count. CHAN NICaB supports PLHA support groups to facilitate adherence and to provide IEC materials. All sites are supported to engage treatment support specialists – PLHA who participate in patient education, client advocacy, and home visits to track defaulters. All enrolled PLWHA will receive care services including prevention for positives activities (e.g., balanced ABC messaging, couples counseling), ITN, water guard, malaria diagnosis/treatment, OI prophylaxis/diagnosis/treatment (including TMP/SMX), pain/symptom medications, and psychosocial support including linkages to community and facility-based support groups. Home based care programs provide linkages between the medical home and the community.

NICaB will work with civil society organizations and the affiliated CBOs to ensure effective good quality home based care. Working with these groups, support groups will be assisted in capacity building for counseling and adherence support, nutritional counseling, referrals and organization of community assistance. Home based care providers will include PHC staff, infected and affected support group members, family members of HIV positive persons and community volunteers. These providers will be provided with in house trainings by the Civil Society network after TOT conducted for them on basic facts in HIV, H CT, CHTC, Adherence, PMTCT, infant feeding. HBC kits will be procured by SCMS based on National Guidelines for distribution to care givers. Insert here – Strategy for the CHBC services including the cadre of service providers in your HBC team, the provision of training and HBC kits for the HBC service providers.

PMTCT stand-alone points of service (POS) is linked to adult and pediatric ARV care through utilization of a network PMTCT coordinator based at the hub site. A specific referral SOP is used to ensure that HIV+ pregnant women who require HAART for their own care are linked to an ARV POS.

CHAN NICaB uses ART expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established POS as resource persons, 36 health care workers (physicians, nurses, counselors, pharmacists) from COP08 POS will participate in central trainings on adult and pediatric ARV care, adherence counseling, and/or pharmacy SOPs. All training will include approaches for prevention with positives integrated into the clinic and community setting. Nationally adapted and harmonized IMAI/Pediatrics training manuals for training various cadres will be used to step down trainings for secondary, PHC and DOTS sites.

A clinical QA program in CHAN NICaB's training uses objective measures of health care team capacity based on knowledge assessment of individual providers, metrics from SI analysis, and onsite observational assessment of clinical practice and community linkages. Collaboratively with the USG and GON, CHAN NICaB carries out site program review visits. The QA program has site level clinical QA coordinators assigned at each POS who perform structured periodic chart reviews that are incorporated into the QA assessment process. Site level Care service aggregate data is evaluated and feedback provided. Based on gaps in knowledge identified the Training Department refines/updates training materials for new and ongoing training activities. CHAN NICaB will also facilitate and actively support onsite standardized HMIS using GON forms and National electronic platforms and will provide onsite assistance with data management and M&E to guide quality improvement measures.

Sites are supported to carry out renovations to ensure clinic facilities are adequate and particularly that pharmacy store and dispensing areas are able to store ARVs consistent with manufacturer guidelines. ARVs are procured as described in the ARV drugs narrative. CHAN NICaB will partner with Clinton Foundation and GF as appropriate to leverage resources for providing ARVs to patients. SCMS provides pharmaceutical commodity management and ensures access to alternative first line and second line ARVs, pediatric formulations, and wraparound services including lab monitoring and high quality clinical care. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Additionally, sites receive training, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis to address occupational HIV exposure of health care workers.

CHAN NICaB services will reach adult clients referred from ART clinics and other USG implementing partners, directly generated from communities as identified by HBC volunteers and self-referrals. All clients will be assigned to one of three categories and provided appropriate services: 1) those who have just been tested and are positive but without major need for medical care will be assisted to access services that

Activity Narrative: promote prevention of opportunistic infections including basic Co-trimoxazole for prevention of Opportunistic Infections, CD4 count to monitor their status and laboratory services for OI diagnosis. Counseling will emphasize the need to protect others; 2) those with opportunistic infections will be provided with home-based care and supported to access medical care and routine medical tests including CD4 count; 3) those on ART will receive intensive adherence counseling, regular home visits for monitoring and referral. All clients will be offered adherence counseling as well as psychological and spiritual counseling. 20% of the 2836 clients to be served are estimated to require home based nursing care and will be served by home-based care (HBC) volunteers. Following the National Palliative Care Guidance and USG PC Policy, CHAN NICaB will provide a Basic Care Package including clinical care, prophylaxis and management of opportunistic infections, laboratory support, counseling and adherence support, home-based care, and active linkages between hospitals, PHCs and communities; and training of healthcare providers and community volunteers. CHAN NICaB will continue to provide clinical services (laboratory, OI prophylaxis/management, nutritional assessment/therapy) with Basic care kits plus at least two other services in the domains of HBC, psychosocial, spiritual, prevention with positives (PwP) and preventive services to all PLWHA enrolled into care.

Clinical care services will be provided at CHAN MIs ART centers and at primary health care facilities (PHC) and will utilize both facility and outreach HBC volunteer programs involving community health extension workers, support group members and TBAs supervised by health care providers trained under the CHAN-NICaB project. Staff at various PHC facilities will be introduced to standardized clinical management of AIDS related infections and the cross referral procedures to USG service sites. CHAN NICaB will enhance the capacity of MIs, feeder PHCs and other referral facilities in communities to diagnose and treat STIs by providing laboratory equipment such as specimen bottles, reagents, and drugs, while health workers will be trained on syndromic management of STIs where laboratories are not available.

CHAN NICaB will support MIs and feeder PHCs and 24 NGOs/CBOs/FBOs to handle OI management, basic laboratory and prophylaxis for PLHA. Basing on outcomes of needs assessments, CHAN NICaB will facilitate renovation and/or refurbishment of basic laboratories at PHC; provide reagents, STI drugs and essential drugs for treatment and prevention of opportunistic infections and other HIV/AIDS-related complications e.g. malaria and diarrhea. Each new client will receive a self care kit consisting of ORS, ITN, water guard, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline and gentian violet (GV). A total of 1900 kits will be distributed to newly registered clients in COP09. Water guard and other consumable supplies will be purchased and distributed to all clients carried over from COP 08. All clients will receive refills of water guard in the COP year.

HBC volunteers and health care providers will be given home based care kits containing outreach worker treatment guideline manual, ORW check list, antiseptic soap, bleach, Gentian violet, unscented petroleum jelly, Calamine lotion, disposable latex gloves, ORS sachets, mackintosh, gauze, adhesive plaster and cotton wool. Towels. Included in the kit also are bowls. The kit also are pair of scissors, forceps, plastic apron, crepe bandage, two exercise books, water guard for demonstration and drugs for pain relief; the kits will be replenished to ensure constant supplies needed for first aid. To strengthen the HBC volunteer program and improve quality of care HBC volunteers, 240 professional health care providers, mainly nurses and community extension workers (CHEWs) and family members will be trained. PHAs will be trained to enhance skills in advocacy and public speaking, and supported to disclose sero-status to partners and immediate family members. Trained volunteers will offer psychological and spiritual support to PHA and their families through group and individual counseling. Culturally appropriate methods will be adopted for end-of-life care and bereavement services. PHA will further be supported to promote the philosophy of "prevention for positives" to peers, especially those in discordant relationships and family members.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

At the end of COP09 CHAN NICaB will be providing ART services to 2286 people, contributing to GON/PEPFAR targets for Nigeria. The CHAN NICaB project will build the skills of at least 48 care providers thus contributing to national sustainability plans.

The intervention will contribute to the PEPFAR care and support goal by reaching 2836 PLHA and 5672 PABA with basic care and support services. CHAN NICaB will work with stake holders at all levels to strengthen community systems for the provision of quality care to PHA and their families and build community capacity to deliver palliative care by training community resource persons.

LINKS TO OTHER ACTIVITIES:

This activity is linked to drugs, HCT, HVOP, OVC, HBHC, TB/HIV, PMTCT, lab, and SI. Patients on ART will be linked to home based care and support and community and social services. TB/HIV linkages will be strengthened; all HIV infected patients will be screened for TB using the National algorithm. CHAN NICaB will also provide onsite assistance with data management and M&E to guide quality improvement. HCT targeting MARPs is established proximate to ARV POS. Using a network model, linkage to ARV services for HIV+ women identified through PMTCT and HIV-infected infants are in place. Quality lab services supported by CHAN NICaB-facilitated lab QA program are available at comprehensive sites while manual lab methods or specimen transport systems will be established for primary health center satellites.

Care coordinators will be placed in facilities providing ART, VCT, PMTCT and pediatric palliative care services to register all those patients who may require HBC services and offer information on follow-up support for PHA. Planning and review meetings will be held regularly with partners to maintain effective referral. CHAN NICaB will collaborate with Howard University to train community pharmacists and health care providers including CHEWs and patent medicine vendors.

POPULATIONS BEING TARGETED:

ARV services are offered to HIV positive adults. Doctors, nurses, and pharmacists are targeted for training

Activity Narrative: in private-not-for profit, private-for-profit and public sectors.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development through training and local organization capacity building. It will also emphasize on community mobilization, develop sustainable community based support system and decrease stigmatization.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 555.09

Prime Partner: International Foundation for Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5665.25230.09

Activity System ID: 25230

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$245,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

By the end of COP08 IFESH will reach a total of 30 sites. These 30 sites will be maintained in COP09. IFESH will continue to provide basic care and support services to individuals identified as HIV+ from HCT, TB/HIV and PMTCT programs. Care and support services will also be provided to family members/household members of PLWHA. Services will be provided through the 30 sites (where HCT, TB/HIV and PMTCT services are provided) located in Rivers and Imo states. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. This activity provides a critical component of the complete HIV related care package by offering initial care and support to HIV-infected individuals. As in COP08 activities IFESH will provide basic care and support services to 3,500 PLWHA and an estimated 7,000 People Affected by HIV/AIDS (PABAs).

Following National Palliative Care Guidelines and USG PC guidance, HIV positive persons identified through mobile/community HCT, PMTCT and DOTS activities will be provided with basic care package. All PLWHAs will receive clinical services (lab, OI management, pain management, nutritional assessment) with basic care kits (water treatment solution, water vessel, Insecticide Treated Nets (ITNs), soap, condoms, and prevention for positives IEC materials) plus two other services in the domain of psychosocial, HBC, spiritual, Prevention with Positives (PwP) and other prevention services. Clients will be provided with training and education in self care. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (i.e., cotrimoxazole), and 50% Home Based Care. PwP activities will include referral for HCT of family members and sex partners, counseling for discordant couples, provider delivered prevention messages and IEC materials on disclosure. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction.

IFESH will facilitate support group activities to combat denial, stigma and discrimination. Funds will support the recruitment of a Care & Support program specialist to facilitate program activities in the field. Community home based care will be provided in the catchment areas that IFESH supports. This will be implemented by a team of trained community health extension workers and community volunteers, among whom would be retired nurses and midwives within the community and volunteer PLWHA from support groups. Standardized provider HBC kits (consisting of ORS, bleach, cotton wool, latex gloves, soap, calamine lotion, vaseline, gentian violet, etc.) will be provided to each trained HBC provider for use when visiting clients. PLWHAs will be provided with basic care kits. All identified HIV positive persons will be linked to treatment facilities with comprehensive HIV/AIDS related services for baseline laboratory investigations and for referral for ART when and where indicated. Laboratory monitoring (CD4 counts, hematology, blood chemistry, and malaria smears) will be supported from this funding. All enrolled are encouraged to register in a support group whose activities are facilitated by the IFESH C&S team. All clients are referred to a support group where they receive a two way referral form which is used to track the success of referrals. This activity will be integrated with primary prevention, PMTCT and HCT programs emphasizing the "home-based" prevention component to ensure that family members at risk are tested and counseled, a strategy that supports family engagement in home-based care and support. The team of Home based care providers will be linked to a facility within their catchment area.

The capacity of the 30 healthcare facilities in the targeted areas will be strengthened to provide quality care and support to the PLWHAs. Master trainers from IFESH will facilitate trainings using the National training curricula. Health Care Workers (HCW) and community volunteers (including PLWHAs) will be trained and re-trained to provide care and support services. A total of 60 care providers will be trained. Home base care teams will provide counseling services, nutritional education and demonstrations, psychosocial support, basic nursing care, PwP and pain management. IFESH plans to provide HBC services for full coverage of all 30 sites by the end of COP09.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing basic care services for 3500 HIV+ adults and 7000 PABAs. The services are consistent with the Guidelines for Palliative Care in Nigeria and the USG Palliative Care Policy. Capacity development and consistency with national guidelines will ensure sustainability.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT, PMTCT, OVC, other prevention, and TB/HIV. All patients are monitored and linked to ARV therapy when indicated. Care and support services such as psychosocial support and symptom management promote ARV adherence. Services will be integrated with prevention for positives activities including counseling and condom availability. Home based care programs will be implemented by a number of indigenous NGOs, CBOs, and FBOs. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services. Women will be linked to Income Generating Activities (IGAs) where available.

POPULATIONS BEING TARGETED:

Targeted populations include MARPs, TB patients and People Living with HIV/AIDS. Services are offered to adults living with HIV/AIDS and their affected family members, men and women of reproductive age, pregnant women, their spouses or partners, and health care workers. Sites have been chosen to maximize linkage with USG supported facilities providing comprehensive HIV treatment services and to provide services for HIV+ pregnant women identified through PMTCT. Nurses, other health workers as well as volunteer PLWHA and caregivers of PLWHAs are targeted for training.

EMPHASIS AREAS:

Emphasis areas include human capacity development, local organization capacity building, SI and TB wraparound programs.

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

By the end of COP08 IFESH will reach a total of 30 sites. These 30 sites will be maintained in COP09. IFESH will continue to provide basic care and support services to individuals identified as HIV+ from HCT, TB/HIV and PMTCT programs. Care and support services will also be provided to family members/household members of PLWHA. Services will be provided through the 30 sites (where HCT, TB/HIV and PMTCT services are provided) located in Rivers and Imo states. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. This activity provides a critical component of the complete HIV related care package by offering initial care and support to HIV-infected individuals. As in COP08 activities IFESH will provide basic care and support services to 3,500 PLWHA and an estimated 7,000 People Affected by HIV/AIDS (PABAs).

Following National Palliative Care Guidelines and USG PC guidance, HIV positive persons identified through mobile/community HCT, PMTCT and DOTS activities will be provided with basic care package. All PLWHAs will receive clinical services (lab, OI management, pain management, nutritional assessment) with basic care kits (water treatment solution, water vessel, Insecticide Treated Nets (ITNs), soap, condoms, and prevention for positives IEC materials) plus two other services in the domain of psychosocial, HBC, spiritual, Prevention with Positives (PwP) and other prevention services. Clients will be provided with training and education in self care. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (i.e., cotrimoxazole), and 50% Home Based Care. PwP activities will include referral for HCT of family members and sex partners, counseling for discordant couples, provider delivered prevention messages and IEC materials on disclosure. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction.

IFESH will facilitate support group activities to combat denial, stigma and discrimination. Funds will support the recruitment of a Care & Support program specialist to facilitate program activities in the field. Community home based care will be provided in the catchment areas that IFESH supports. This will be implemented by a team of trained community health extension workers and community volunteers, among whom would be retired nurses and midwives within the community and volunteer PLWHA from support groups. Standardized provider HBC kits (consisting of ORS, bleach, cotton wool, latex gloves, soap, calamine lotion, vaseline, gentian violet, etc.) will be provided to each trained HBC provider for use when visiting clients. PLWHAs will be provided with basic care kits. All identified HIV positive persons will be linked to treatment facilities with comprehensive HIV/AIDS related services for baseline laboratory investigations and for referral for ART when and where indicated. Laboratory monitoring (CD4 counts, hematology, blood chemistry, and malaria smears) will be supported from this funding. All enrolled are encouraged to register in a support group whose activities are facilitated by the IFESH C&S team. All clients are referred to a support group where they receive a two way referral form which is used to track the success of referrals. This activity will be integrated with primary prevention, PMTCT and HCT programs emphasizing the "home-based" prevention component to ensure that family members at risk are tested and counseled, a strategy that supports family engagement in home-based care and support. The team of Home based care providers will be linked to a facility within their catchment area.

The capacity of the 30 healthcare facilities in the targeted areas will be strengthened to provide quality care and support to the PLWHAs. Master trainers from IFESH will facilitate trainings using the National training curricula. Health Care Workers (HCW) and community volunteers (including PLWHAs) will be trained and re-trained to provide care and support services. A total of 60 care providers will be trained. Home base care teams will provide counseling services, nutritional education and demonstrations, psychosocial support, basic nursing care, PwP and pain management. IFESH plans to provide HBC services for full coverage of all 30 sites by the end of COP09.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing basic care services for 3500 HIV+ adults and 7000 PABAs. The services are consistent with the Guidelines for Palliative Care in Nigeria and the USG Palliative Care Policy. Capacity development and consistency with national guidelines will ensure sustainability.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT, PMTCT, OVC, other prevention, and TB/HIV. All patients are monitored and linked to ARV therapy when indicated. Care and support services such as psychosocial support and symptom management promote ARV adherence. Services will be integrated with prevention for positives activities including counseling and condom availability. Home based care programs will be implemented by a number of indigenous NGOs, CBOs, and FBOs. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services. Women will be linked to Income Generating Activities (IGAs) where available.

POPULATIONS BEING TARGETED:

Targeted populations include MARPs, TB patients and People Living with HIV/AIDS. Services are offered to adults living with HIV/AIDS and their affected family members, men and women of reproductive age, pregnant women, their spouses or partners, and health care workers. Sites have been chosen to maximize linkage with USG supported facilities providing comprehensive HIV treatment services and to provide services for HIV+ pregnant women identified through PMTCT. Nurses, other health workers as well as volunteer PLWHA and caregivers of PLWHAs are targeted for training.

EMPHASIS AREAS:

Emphasis areas include human capacity development, local organization capacity building, SI and TB wraparound programs.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 13066

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13066	5665.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self -Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$150,000
6747	5665.07	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self -Help	4172	555.07	Cooperative Agreement	\$200,000
5665	5665.06	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self -Help	2774	555.06	Cooperative Agreement	\$75,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$37,000

Education

Estimated amount of funding that is planned for Education \$3,000

Water

Estimated amount of funding that is planned for Water \$7,650

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9404.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 21689.25348.09

Activity System ID: 25348

Mechanism: HHS/CDC Track 2.0 URC

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$126,500

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

ACTIVITY DESCRIPTION

In COP 08, URC will provide care and support services to 1,900 clients and 3,800 persons affected by HIV/AIDS (PABAs) with 1,350 receiving ART services. In COP 09, URC will continue to serve 1,900 PLWHA and 3,800 PABAs with HIV-related care and support. Among those receiving treatment will be 450 new clients. We will work in coordination with the state government of Enugu, the health commissioner and ENSACA, the primary HIV/AIDS program implementing agency in Enugu to continue to select health facility sites for program implementation in the highest HIV prevalence areas of Enugu state. We plan to be working in 10 health facilities to enhance and/or establish care and treatment services. URC will assist facilities to effect strengthening of internal and external referrals and linkages in order to promote access and further care and treatment of all clients through regularly scheduled meetings between the primary care coordinator for each relevant LGA in Enugu (state, private and NGO-supported facilities). Not all service providers or facilities will be able to offer care and treatment within their facilities. In such cases, URC will work with the State Department of Health to develop referral linkages to ensure that clients have easy access to services. We will be training 20 individuals in ART and HIV-related care and support, including community workers and PLWHA to scale up home-based care and support services for people living with HIV/AIDS.

URC will address the shortcomings of supported health facilities in Enugu through training of additional health staff and community workers and provision of needed infrastructure improvements to health facilities and improve coordination and synergy among agencies working on HIV/AIDS in Enugu. We will provide care services in the range of clinical care with basic care kits, psychological, spiritual, social, preventive services, and home-based care. Clinical care will include basic nursing and end-of-life care, assessment and management of pain, nutritional assessment and intervention, OI prophylaxis and management, STI diagnosis and management, and laboratory services. All enrolled clients will receive a basic care kit which includes ITN, water vessel, water guard and ORS, latex gloves, IEC materials, condom, and soap. The minimum care package includes the basic care kit with clinical care, plus two supportive services of those listed above. We will conduct pain assessment and management using WHO step-ladder approach and according to national guidelines. URC will help provide prevention support for HIV positive clients. The Prevention with Positives (PWP) programme will address on going prevention needs for all clients including assistance with disclosure counselling for intimate partners, partner counselling and referral, ongoing risk reduction counselling, provision of condoms, lifestyle counselling, referral linkages to patient support groups and ongoing counselling, screening for STI, staff will be supported using the national and international best practice to provide PWP support. Cotrimoxazole prophylaxis will be provided according to National guidelines. URC will integrate nutrition support into the care and support programme. This support will include nutritional assessment using Body Mass Index (BMI) assessment for all clients to achieve this all clients will have their height and weight measured and recorded. Further all clients with BMI less than 18 will qualify for nutrition support by prescription through the provision of high energy macro and micronutrients. URC will strengthen referral linkages to nutritional support programmes. Patient nutrition education and counselling will also form a major part of the support provided. URC will support clinicians at facility level to stage and manage patients according to national standards. These will be achieved through on site mentorship support and off site but remote training. It is estimated that the 1,350 individuals receiving ART will display moderate or severe malnutrition and thus be provided with food and nutritional supplementation.

URC will work with its partner Vision Africa to support home based care activities. Through this collaboration current and volunteer providers will be accessed and trained on the provision of appropriate support within the home. This will include identification of cases for referral, psychosocial support, patient education, basic first aid and adherence support according to the nationally accepted guidelines. We will provide increased clinic-based and home/community-based activities to adults or adolescent HIV-positive individuals through the training of healthcare workers, PLWHA and community workers in adherence counseling, management of opportunistic infections, diagnosis and relief of symptoms, psychological and spiritual support, clinical monitoring, related laboratory services and delivery of other palliative care services to the community including culturally appropriate end-of-life care per Nigeria's National Palliative Care Standards and Guidelines. This program area also includes the provision of ARV drugs which will be carried out by our partner, Crown Agents, in concurrence with the Nigerian ART guidelines.

URC will ensure that the national guidelines on antiretroviral therapy are implemented. To this end, all ART eligible clients will be taken through a pre-ART programme. This programme will focus on patient preparation, readiness and adherence counselling and will then be placed on the triple ART regimen of either Tenofovir (Zidovudine)/Lamivudine(Emcitrabine)/Nevirapine(Efavirenz), the nationally recommended first line drugs. All clients will be eligible to a CD4 test on enrollment to the programme. All clients on ART will be monitored closely with initial haemoglobin, liver function tests, creatinine and full blood counts carried out for all clients. At a minimum all these will be repeated one month after initiation of therapy and six monthly thereafter. Immunological and clinical monitoring will be used to identify treatment failure, all eligible cases placed on Didanosine (Abacavir)/Lamivudine (Emcitrabine) and a ritonavir boosted protease inhibitor as recommended in the national guidelines with appropriate permutations depending on initial regimens, pregnancy and morbidity status. Education & Adherence Counseling will be closely linked to treatment initiation and maintained with every patient contact. Close links will be formed with home based care providers to maintain adherence within the home setting. Client and family centred approaches will be used. These include disclosure and assisted counselling, the encouragement of treatment support buddies,

Activity Narrative: patient support groups. National pre-ART & ART client attendance registers will be used to track defaulters and those lost to follow up. Facility based community meetings with community gate keepers will be held to help improve community treatment literacy. As part of improving and increasing the effectiveness of care, treatment and support URC will work together with other PEPFAR partners to support the proposed development of a national policy on task shifting. This programme, under the leadership of the Government of Nigeria, aims to shift non essential and routine follow up of clients from physicians to nurses (for ongoing follow up of stable ART and pre-ART clients) and from nurses to counsellors(for adherence counselling and support.)

URC will train 20 health care workers on site, using the national curriculums for palliative care, ART and adherence. This training will be supplemented by on site close support mentoring to ensure proper skills transfer and usage. Local trainer of trainers will be capacitated to provide this training. In addition URC recognizes the work and role of the current implementing partners in Enugu and will use their current expertise to prevent the duplication and wastage of training and other implementation resources.

There will be ongoing monitoring and evaluation of the programme using application of quality improvement initiatives including HIVQUAL, the plan, do, study act cycle, standard setting and tracking, best practice sites with intentional spread and collaboration is the signature hallmark of URC programmes. In addition, on site data collected will be analyzed and used for process and programme improvement. M&E support will be provided by URC's technical team in collaboration with site staff and USG to increase sustainability and ownership.

URC will focus part of its programming on improvement of referral systems to improve the coordination between lower and higher level public healthcare facilities as well as between the public and private sector. This will be accomplished through the scheduling of regular meetings with the primary care coordinator for each relevant LGA in Enugu state, private and NGO-supported facilities to jointly develop indicators that are followed so that weak areas among these facilities can be addressed.

URC recognizes the importance of ensuring uninterrupted supply of drugs, laboratory and allied commodities and will work together with its partner, Crown Agents, through the available central supply systems. This support will supplement the national commodity supply. Locally sourced and USFDA/PEPFAR approved commodity will be procured through this mechanism.

CONTRIBUTIONS TO OVERALL PROGRAM

Training and support to improve the quality and integration of care and treatment services are consistent with FMOH and PEPFAR priorities and will support the strengthening of the health system. URC will hold workshops to promote sharing of knowledge and best practices in all HIV-related services which will allow rapid and effective spread of good practices throughout Enugu State. Our care and support program will build on our partner, Vision Africa's network in Enugu which is affiliated with dozens of FBOs, CBOs and CSOs in Enugu State, including Enugu State's branches of The Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) to train community workers and PLWHAs in the delivery of home-based care services. Additionally, our work in this area will also involve training and new reporting on performance indicators as specified by PEPFAR. This activity in the region will strengthen all reporting, accountability of facilities and data collection in all areas of the health sector in Enugu State. The networking, sharing of best practices and training of health and community workers in ART care and treatment services promotes sustainability.

This program seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families

LINKS TO OTHER ACTIVITIES

This activity is linked to Counseling and Testing, PMTCT, TB/HIV, OVC, Human Capacity Development and Strategic Information.

POPULATIONS BEING TARGETED

People Living with HIV/AIDS (PLWHA), their family members, caregivers and health care workers are targeted in this activity.

EMPHASIS AREAS

The emphasis areas for this program activity includes: Capacity Building of agencies, organizations and health facilities responsible for delivery of HIV interventions, Collaboration and coordination to improve referral systems and availability of services and Community outreach and involvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21689

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21689	21689.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,075

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9692.09	Mechanism: HHS/CDC Track 2.0 APIN
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 22513.25337.09	Planned Funds: \$1,447,947
Activity System ID: 25337	

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move four of the HSPH PEPFAR supported sites to APIN Ltd. (APIN). The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Women's Hospital, and Mushin General Hospital. This activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard.

ACTIVITY DESCRIPTION

In COP08 APIN+ provided comprehensive adult care and treatment (ACT) services in 1 site and care and support at a second site. In COP09, APIN will take over the provision of high quality ARV and basic care and support services to eligible adult patients at a total of 6 sites; 5 comprehensive ART sites (2, tertiary and 3 secondary facilities and 1 PHC located in three states of Lagos and Ogun. This will provide ART services to a total of 13100 adults (8200 new) at the end of the reporting period. Facility-based palliative care services will be provided to approximately 8250 ART ineligible PLWHA and 13100 ART eligible PLWHA making a total of 21350 PLWHA clients. People Affected By HIV/AIDS (PABAs) will be reached through the community and home based care (HBC) of the PLWHA clients.

Patients are identified through HCT services. All HIV-infected individuals are clinically pre-assessed for eligibility for ARV treatment (ART). Patients who are ineligible for ART are provided with continuous clinical monitoring and basic care and support services. ART-eligible patients are provided with ART services, in accordance with a standardized programmatic protocol, which follows the current National ART guidelines. All HIV+ patients are provided with palliative care services, which are consistent with the Nigerian Palliative Care Guidelines. A network model of care will be used for service delivery.

ART-ineligible individuals that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Scheduled physician visits for all are at 3, 6, and 12 months and every 6 months thereafter. ART patients follow the same clinical visit schedule with more intensified monitoring and pick up drugs monthly. For all patients, at each visit, clinical exams, hematology, chemistry, viral load, and CD4 enumeration are performed when indicated. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site lab for analysis. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring. As additional medical needs of patients are identified through clinic visits, they will be provided with clinical services by clinicians or referred for specialty care as necessary. HIV+ individuals will be provided with cotrimoxazole prophylaxis according to national guidelines. Diagnostics for common OIs may include bacterial infections, fungal infections, and protozoal infections. All HIV+ patients will be also symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated

APIN will support integration of syndromic management of STIs and risk reduction interventions into care. All PLWHA will be provided with a basic care kit including clean water kits, ITN, and IEC materials on positive living. Pain assessment will also be conducted by clinicians and HBC providers and analgesics will be provided. Commodities distributed as a part of the palliative care services are procured centrally through the APIN Abuja program office and APIN Central Medical Stores in Lagos. Distribution of commodities to individual sites is coordinated through supply chain mechanisms in place for laboratory test kits and ART drugs. During COP09, APIN will collaborate with Harvard and SCMS for the procurement and distribution of specified OI drugs.

Activities will also focus on PWP services. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. Condoms will also be provided to prevent STIs and re-infection. Patients are also encouraged to refer family members for HCT. ART patients are provided ART education & adherence counseling prior to and during ART provision, which follows the National Curriculum for Adherence Counseling. ART patients are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care.

APIN will encourage support groups and CBOs to mobilize communities to provide HBC services. Site HBC activities will be supervised by a hospital team. Facility-based and community-based HBC teams partner to provide a continuum of HBC services depending on client needs. When ART patients miss scheduled clinic visits or bed ridden clients are reported by the community HBC team, the site HBC team provides follow-up according to a program based SOP, utilizing a HBC kit provided to these outreach teams. The provider HBC kit includes ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet etc. The team will provide basic medical assessment and management of symptoms, basic nursing care, nutritional assessments, domestic support and psychosocial support and make appropriate referrals. HBC teams will also provide refills of cotrimoxazole, paracetamol, additional clean water kits and additional ITNs to patients and their families.

All sites focus on the integration of adult care and treatment (ACT) services for all patients regardless of the source of funding for different components of treatment. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV+ patients into ART from DOTS sites. ART-eligible patients identified through HCT conducted for all TB patients at DOTS sites will be provided with ART.

Activity Narrative: Clinical staff at APIN and Harvard sites meet monthly for updates and training. Each site has a clinic coordinator and senior clinical officer who are responsible for approving drug regimen switching. As clinical training needs are identified for new sites or new staff at existing sites, through Harvard, APIN provides training on regimen switching and other relevant topics. In COP09, APIN will make use of the comprehensive Quality Improvement (QI) Plan incorporated by Harvard using standardized quality indicators. This includes periodic external site assessments and chart reviews as well as quarterly internal reviews, based on electronic databases. This QI Plan has been harmonized with HIVQual activities for participating sites and will continue to be implemented in COP09.

For patients enrolled through the GON National ART Program, we anticipate GON provision of 1st line ARV drugs and PEPFAR support for ACT services. As patients require alternative or 2nd line drugs, they will receive PEPFAR provided drugs. GON provision of 1st line drugs allows for additional ACT targets. APIN will partner with Harvard, Clinton Foundation and Global Fund as appropriate to leverage resources for providing ARVs to patients. The site investigators and project managers will actively participate in the GON National ART program. Harmonization of data collection for M&E will be coordinated with USG and GON efforts. APIN will continue to participate in the USG coordinated Clinical Working Group to address emerging topics in ARV service provision and to ensure harmonization with other IPs and the GON.

The program will identify, collaborate with and strengthen the capacities of support groups and CBOs, to deliver palliative care and home based care services. Supported CBOs will provide a range of facility and HBC services, including prevention for positives, clinical care, prophylaxis and management of OIs, adherence counseling, psychosocial and spiritual support, and active linkages between hospitals, health centers, and communities. Through counselors and clinicians at all sites, APIN will provide referrals for TB, family planning, safe motherhood, and other wrap-around services as appropriate.

APIN will provide training to HCWs and lab scientists working at GON and GF supported sites. APIN will link up with Harvard in the use of its training lab and linkages with the National Public Health Lab to train them in ARV lab monitoring. This will serve to increase the quality and sustainability of ACT outside of PEPFAR-supported sites. APIN will support policy development and implementation of task shifting to improve access to care and treatment services for PLWHAs. A total of 197 health care and non-health care workers will be trained in palliative care, including HBC, in line with the National Palliative Care Guidance and the USG Palliative Care policy.

This funding will support the personnel, clinic and lab services for training of 253 people in ART, monitoring of 21,350 adults at the end of COP09, which includes 8,200 new adult patients.

EMPHASIS AREAS

This program seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV-infected adults for clinical monitoring and ART treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of ART services to secondary health facilities will increase access to necessary services in poor communities.

CONTRIBUTION TO PROGRAM

ACT activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, care and treatment services and lab support to serve more HIV+ people. APIN will continue to support the expansion of ARV services into more local areas by developing a network of secondary or primary health care clinics providing ART services that are linked to tertiary health care facilities. These networks will ensure that facilities are able to develop linkages, which permit patient referral from primary health centers and the provision of specialty care support. In addition, palliative care services will be provided to 21,350 PLWHA and 42,700 PABA for a total of 64,050 people served. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

Additionally, as part of our sustainability building efforts, APIN will receive technical assistance and support from Harvard to assume program management responsibility for the adult care and treatment Activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC and Pediatric ART Care and Treatment for pediatric care, PMTCT, TB/HIV to provide ART to patients with TB, Lab to provide ART diagnostics, HCT as an entry point to ART, and SI (HVS) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pregnant women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22513	22513.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$11,780

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$21,178

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9399.09	Mechanism: HHS/CDC Track 2.0 Vanderbilt
Prime Partner: Vanderbilt University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 21673.25313.09	Planned Funds: \$175,000
Activity System ID: 25313	

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.
ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP08 Vanderbilt provided comprehensive adult care and treatment (ACT) services to 1200 adults at 2 comprehensive sites (site selection pending). In COP09, Vanderbilt will continue to provide adult care and treatment to eligible adult patients at these 2 sites and upgrade 3 satellite sites established in COP08, to the comprehensive care level. In COP09, Vanderbilt will provide care and support services to 2500 adult clients, 1800 of whom will be on ART (including 600 new ART clients in 2009).

Patients are identified through HCT, PMTCT and PITC in in-patient and out-patient departments. Basic care and support for HIV infection will be provided at comprehensive care sites to all adults that test positive for HIV according to National Care and Support guidelines. All HIV-infected individuals are clinically assessed for antiretroviral therapy (ART) eligibility. All clients are provided with basic care and support services with continuous clinical monitoring. Eligibility for antiretroviral treatment (ART) will be determined at an initial visit according to National Guidelines. We will provide ART to those meeting current National ART guidelines. Patients are encouraged to participate in couples counseling and to refer family members for HCT. Activities will also focus on PwP services. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction.

All enrolled clients will have periodic follow-up to identify changes in eligibility status and to monitor disease progression. Routine follow-up schedules are based on their ART eligibility status. Clinical exams, hematology, chemistry and CD4 enumeration are routinely performed according to the national guidelines. In COP08, comprehensive HIV care and treatment took place at the 2 comprehensive care sites. In COP09, satellite sites will be upgraded to perform clinical HIV monitoring and CD4 cell counts. HIV care and support services include: routine clinical monitoring; services to prevent and treat OIs, and malaria; nutritional assessment (including weight, height and BMI) counseling, and intervention including micronutrient supplementation; safe-water systems; promotion of good hygiene practices; psychosocial and spiritual support; HIV prevention counseling (including condom promotion); and prevention and management of STIs. All HIV+ patients will be also symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV+ patients into ART from DOTS sites. ART-eligible patients identified through HCT conducted for all TB patients at DOTS sites will be provided with ART. All PLWHA will be provided with a basic care kit containing water vessel, Water guard, ORS, latex gloves, ITN, soap and IEC materials on positive living.

Routine monitoring of disease progression will involve diagnosis and management of treatment failure. Viral load testing will be performed on selected patient following the national guidelines for HIV and AIDS treatment and care. Those failing on first line regimens will be placed on second line regimens containing a protease inhibitor and referred to tertiary level facilities as needed. ARV drug adherence is essential to minimize drug resistance. ART patients will be provided with education on adherence and counseling prior to and during ART provision, which follows the National Curriculum for Adherence Counseling. ART patients are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care.

Vanderbilt facilitates the formation and sustenance of support groups and CBOs, affiliated with our sites, to mobilize communities to provide HBC services. Site HBC activities are supervised by a hospital team. Facility-based and community-based HBC teams follow-up on missed clinic appointments and encourage patients to return to the clinic for medical care (defaulter tracing) and provide adherence counseling.

Clinical staff are provided with regular updates and training. Training is also provided to lab scientists working at our supported sites. A total of 14 health care and non-health care workers will be trained in care and support in line with the National Palliative Care Guidance and the USG Palliative Care policy. Training will include plans for task shifting at the primary care level where appropriate.

The medical records of clients receiving HIV care and treatment are entered into an electronic medical record system (EMRS) which improves clinical monitoring and allows for centrally coordinated program monitoring. Quality of care will be assured through periodic chart reviews as well as reviews of data in the EMRS using the HIV Qual approach. We will help site managers, clinical staff, and CBO partners implement QI activities, including analyzing performance, prioritizing areas for improvement, planning and piloting improved approaches, and rolling out improvements.

ARVs and commodities for C&S will be purchased through a central procurement mechanism. SCMS will manage ARV procurement to the port of entry and Axios will manage storage and distribution of ARVs to the sites and provide instruction regarding drug management at the sites. Non-ARV commodity procurement and distribution will be managed through Axios.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of providing ARV drugs, care and treatment services to serve more HIV+ people. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

Activity Narrative: LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs (HTXD), OVC (HKID) and Pediatric Care and Treatment (PDTX and PDCS), PMTCT (MTCT), TB/HIV (HVTB) to provide ART to patients with TB, Lab (HLAB) to provide ART diagnostics, HCT (HVCT) as an entry point to ART, and SI (HVSJ).

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV-infected adults for clinical monitoring , care and treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target program managers, doctors, nurses, pharmacists and lab workers at PEPFAR/GoN sites. The expansion of ART services to satellite rural health facilities will increase access to care and treatment services in underserved communities.

EMPHASIS AREAS

This program emphasizes human capacity development through training of health care personnel and volunteers. It also seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21673

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21673	21673.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$115,000

Emphasis Areas**Gender**

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,500

Economic Strengthening**Education****Water**

Estimated amount of funding that is planned for Water \$2,500

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4133.09

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 6493.25292.09

Activity System ID: 25292

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$315,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: : Fusion of Care and support & ART Services and narratives.

ACTIVITY DESCRIPTION

Of the 1,750,000 PEPFAR target for basic care and support services, Africare will provide quality care services to a total of 4,500 (1250 new) PLWHAs and 9000 PABAs in COP 09.

Care and support services were provided through 17 service outlets in COP08. In COP09 Africare/TAP will be consolidating its basic care and support program, strengthening community based support groups, and linkages with PMTCT, TB/HIV, community based OVC and facility based pediatric care and support services in addition to strengthening the care and support received by clients at the community level by expanding provision of care at primary health centers. Services provided will include clinical, psychological, preventive, spiritual and social services actively linked into the OVC and PMTCT programs, forming a broad based continuum of care for PLWHAs in the host communities. All enrolled clients will receive clinical services with basic care kits plus at least 2 support services in the domain of psychological preventive and social in the facility and as part of community home base care. An additional 4 community based sites in the 3 project states will be identified and strengthened, one each in a local government area where services have already commenced, aimed at further expanding support within each community. TB/HIV services will be available onsite at 6 of the 17 other facilities. Home based care (HBC) will form a large part of the services being supported in COP 09. This care will mostly be provided by trained HBC team of clinicians, nurses, CHEW, medical social workers and volunteers including PLWHAs and supervised by local government health care workers. Community interventions will further be strengthened through the Local Government Partnership Initiative, (LGPI) and home based nursing care services will be provided by Africare in partnership with 4 additional CBOs and FBOs that specialize in community health services (total 21 service outlets supported COP09).

Care and support services will be offered to ensure that 20% effort is laboratory, 30% is OI management with STI diagnosis and treatment, and 50% HBC and training. Following on the strategy newly developed in COP 08, Africare will continue with its partnerships with 8 existing organizations (FBOs/CBOs) to link PLWHA identified through community mobilization and HCT with psychosocial services, basic clinical follow-up and HBC, providing services both at primary health care level and at homes, linking these services to other community based services including OVC support, PMTCT, and facility based TB/HIV integration. Support groups will be further decentralized as they increase in size to accommodate new members with emphasis on clients with similar needs. Clinical services will continue to include the prevention and treatment of OIs (excluding TB), malaria, diarrhea through access to Co-Trimoxazole, LLITNs and safe water interventions such as water guard, nursing care, pain management, nutrition assessment and support lab services.

PMTCT will be integrated into the basic care and support component of the project with continuation of the initiative aimed at increasing male involvement through support groups. Gender/occupation based and community support groups will continue to be supported, as well as pregnant women's support groups with champion mothers facilitating. These mothers encourage experience sharing and provide peer education and psychosocial support to other newly diagnosed HIV positive pregnant women.

Psychosocial support will continue through expanded support groups which will be integrated into other care activities, and will address depression assessment and spiritual counseling. Prevention activities will follow on from COP 08 programming and will include prevention for positives, family planning and condom provision with education, behavioral and adherence counseling with patient training and education in self-care. Counseling and testing of family members and sex partners will be addressed through support groups, provision of couples counseling, disclosure counseling and psychosocial support for discordant couples. All clients enrolled into care will receive risk assessment and behavioral counseling early on to achieve risk reduction. Patient education to promote positive living, self-care, and adherence will be provided. Support group activities will also include training on proper nutrition with food demonstrations and information on economic empowerment activities.

Africare, in collaboration with LGA supervisors and CBOs, will ensure weekly and monthly on-site supportive supervision of service delivery activities. HIV infected individuals who are not ART-eligible will be followed up regularly, with provision of a package of basic care and support services including TB assessment and enrolment into the support group. Project interns and community based volunteers will champion integrated networks of care of PLWHAs at the designated PHCs in central health facilities in Local Government secretariats. They will work closely with the LACAs, community development associations and support group facilitators

PLWHAs will be provided with cotrimoxazole according to National guidelines. Each new client diagnosed with HIV will receive a basic care kit containing water guard, water vessel, LLITN, vitamin supplement, soap, condoms, ORS and IEC materials. These will be replenished as needed. Newly diagnosed clients will continue to be screened for risk of TB disease using a questionnaire and referred to further diagnostic testing and treatment as necessary. Africare would actively support these referrals, providing escort service for clients. IEC materials will be produced that cover an array of issues including PwP messages, basic infection control and self care and TB control and treatment.

Home based care providers will work with care givers of PLWHA and will be assigned or linked to a team of medical staff in the hospitals that report to the team's physician. The project will also work with community groups and members, with the full involvement of PLWHAs to form or join existing support groups. PLWHAs are visited by home based care volunteers on at least a monthly basis. Those that are identified as needing additional medical assistance receive either immediate referral to a medical facility or follow-up visits by a home based care medical provider. Home based care volunteers will have Home Based Care kits containing items such as ORS, water guard, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, and gentian violet for use when visiting clients. HBC kits outfitted for health care workers will also contain additional items such as aprons, bandages, analgesics, anti-diarrheas, and anti-malarials. Referral for

Activity Narrative: advanced laboratory diagnostics and clinical management is made to partner facilities. With the integration of TB/HIV program activities into HCT activities, HIV+ clients will be screened and referred for TB diagnosis and/or treatment.

GON palliative care and HBC curricula will be used to train 30 additional volunteers, HBC workers and health care workers. Those who were trained in the past will receive continuing medical education on site, with refresher courses. Mobile counselors will be trained to carry out symptoms screening for STIs, TB and other OIs in homes and make referrals for advanced management of TB and OIs. The Traditional Birth Attendants (TBAs) will be trained for integration with PMTCT care and support. The PMTCT component will be integrated into the family planning, safe motherhood programs already existing in designated facilities. The community health extension workers (CHEWs) will be trained to work in the communities through the Community Development Association (CDAs) who will be affiliated with Africare/TAP project interns based in the Local Government facilities. The capacity building of health care providers will ensure continuity and spill over beyond Africare catchments areas at project close out. In our support groups and CBOs/FBOs partnership PLWHAs are actively involved in the planning and provision of services.

Africare will use data tools to track activities and follow up clients at project sites. SOPs and providers' manuals will be given to all service providers to ensure quality service delivery and national algorithm compliance.

The care and support strategy will work to integrate services between communities and facilities and development of strong community and home based interventions for support. The Community Development Associations (CDAs) will be instrumental in the development of these support systems.

Monitoring and evaluation will be carried out by a team of trained volunteers working in the communities who work with Africare data officers and M&E unit officers. In addition, data generated will be shared with local government areas to allow for them to track their clients and provide ongoing support for sustainability. Registers, forms, and other data tools will be provided and replenished as necessary and staff trained in their use. Africare will report on sex distribution of PLWHAs receiving care and support services and the numbers of PLWHAs reached with community home based care. Personnel will be trained in the use of registers for documentation and data reporting

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Africare will contribute to the overall PEPFAR care and support goal of supporting 1,750,000 individuals through care for 4500 PLWHA and 9000 PABAs. This activity will also contribute to the sustainability of the program through continuing capacity building of the 8 existing partner organizations, support of 21 health facilities and training of 30 additional health care providers. The integrated approach in health facilities will encourage increased use of HCT services by ensuring that clients who test HIV+ receive necessary care and support. In addition, prompt TB diagnosis and treatment will reduce morbidity and mortality of co-infected individuals. Outreach basic care and support services will ensure that care services reach communities that are underserved due to geography or marginalized groups. The networks and linkages established with CBOs/FBOs, state and local authorities will ensure the continuum of care in the communities.

LINKS TO OTHER ACTIVITIES

Adult Care and support activities are related to Counseling and Testing as the entry point to care and support, as well as Sexual prevention, OVC, TB/HIV. All served HIV+ clients needing advanced care will be referred to USG supported, GON and private ART sites. Clients will also have access to Africare's TB/HIV program and prevention activities. Households with children will be linked to Africare's OVC program, or receive facility based pediatric basic care and support services. Networks and linkages are established with CBOs/FBOs, state and local government authorities through this program.

POPULATIONS BEING TARGETED

PLWHA and their families will be targeted for service provision. Volunteers, care givers in communities and at facilities are targeted for training and capacity building. Local Government officials including members of the community development associations, and policy makers at state level are also targeted for training and capacity building to ensure sustainability of programs.

KEY LEGISLATIVE ISSUES ADDRESSED

Project activities will increase gender equity in programming through HIV care and support targeting adults, especially males through the PMTCT and basic care and support enrollment activities. Champion fathers will continually be actively enrolled whose role will be to encourage other men to support their families to access care and treatment services, putting them in charge of the decision making process and ensuring that they remain involved through buddy male involvement and support group activities. Stigma and discrimination of PLWHA will be addressed through mobilization and adult care programs targeted at reducing stigma and discrimination in project communities and encourage care and support of PLWHA through support group participation. The project will use strategies that address other social norms of women's and men's behavior in the communities that increase their vulnerability to impact of HIV and TB. Such strategies include the involvement of men as peer educators and counselors at support group meetings.

EMPHASIS AREAS

Program emphasis will be on human capacity building, addressing gender balance through addressing male norms and behaviors and focusing on health related wrap-around programs, integrating health services with care and support activities. Home based care volunteers will be trained. The Local government staff will be trained in central PHC facilities in Local government secretariat in conjunction with (CDAs). Nutritional assessment skills of volunteers will be built and nutritional support systems such as food security will be developed through partnership with other partners. Key emphasis will be laid on the provision of basic care and support services through the PMTCT program support group facilitation. It is expected that experience sharing and pregnant women peer support will consolidate the basic care and support program strategy in the communities, as this will be central to all the other support groups in the communities including the

Activity Narrative: OVC, male and youth groups. Limited task shifting and sharing at facility level within the confines of existing government policy will address existing human resource constraints. Also, Africare will engage NYSC members, project interns as well as support community based volunteers and local government/community leaders to fill in the gaps created by personnel shortages.

COVERAGE AREAS

Lagos, Rivers and Bayelsa states will be covered in COP 09. Sites will be established at the secondary and primary health center levels with linkages to tertiary centers to provide accessibility of services to patients. Sites for expansion of support will depend on existing networks and state allocation of sites and local government areas

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

Africare hereby requests \$150,000 early funding to ensure the support of continuous and uninterrupted procurement of basic care and support items and service delivery necessary for existing clients in care. Africare's funds are disbursed from head office in Washington DC; thus, early funding is requested to forestall the delays experienced with overseas fund transfers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12985

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12985	6493.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$170,000
6672	6493.07	HHS/Centers for Disease Control & Prevention	Africare	4161	4133.07	Cooperative Agreement	\$375,000
6493	6493.06	HHS/Centers for Disease Control & Prevention	Africare	4133	4133.06	Cooperative Agreement	\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,988

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$3,478

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$602

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5230.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 12970.25299.09

Activity System ID: 25299

Mechanism: HHS/CDC RFA TBD

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: ██████████

Activity Narrative: ACTIVITY DESCRIPTION:

These funds are to be used by the award recipients of the FY08 HHS/CDC RFA, with emphasis on local implementing partners, to implement an HIV care and support programs in new underserved areas of Nigeria. Basic Health Care package services that may be included by the award recipient include: HCT, basic medical, laboratory and nursing care, adherence counseling, prevention for positives, linkage to psychosocial support through participation in PLWHA support groups and individual counseling operational at two points of service with transportation, communication and referrals, pain and symptom management, and access to community home based care (HBC).

The award recipients will be expected to provide the following types of basic care and support: Laboratory monitoring which include CD4 counts, hemogram, clinical chemistry, and malaria smears are supported and funded under this program area for those not requiring ARV treatment. This activity will include the provision of co-trimoxazole prophylaxis (CPT) to eligible HIV positive patients, including TB/HIV co-infected clients that will be identified and referred from program sites. Special effort will be made to expand upon the growing collaboration between the TB and HIV/AIDS control program to link such care to TB/HIV patients. This activity is also identified as a key intervention in Nigeria's 5-Year Strategic Plan to address TB and HIV.

The recipients will be expected to provide palliative and home based care both at facility level and in communities with an appropriate combination of models which will be utilized depending upon the site preference. The RFA will supplement site staffing with trained PLWHAs and volunteers from communities to provide this service. An identified trained Basic Care and Support Program Officer with a counseling background at each facility will work with support groups to improve educational and support programs, and coordinate linkage of the facility points of service to the communities.

Training essential for program success and sustainability will target doctors, nurses, health aids, counselors, PLWHAs and community volunteers. This training will be conducted by CDC/RFA program staff at the site level to maximize coverage. An estimated minimum of 15 health care providers will be trained through this activity. Training will be done using the training manual which is being developed by current large treatment partners through PEPFAR support. All HBC providers will receive a provider's manual describing methods of assessment, diagnosis, treatment, management and referral for HIV related symptoms. This will ensure all PLWHAs, including HIV + pregnant women as well as all HIV/TB patients, get the correct care and the same quality of care across the sites. There will also be Standard Operating Procedures for Basic Care and Support at all service outlets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2:7:10 Emergency Plan Strategy by providing a basic package of care for all PLWHA including HIV+ pregnant women and TB/HIV + patients. The services are consistent with the draft Guidelines for Palliative Care in Nigeria as well as the Nigerian Guidelines for ART which emphasize HBC, symptom management, and OI prophylaxis. Capacity development at the site level and consistency with national guidelines will ensure sustainability. RFA identified staff will contribute to development of a national palliative care training curriculum, identified as a priority by the Government of Nigeria (GON).

LINKS TO OTHER ACTIVITIES:

This activity is linked to HVCT (12972.08), HVOP (12969.08), PMTCT (12968.08), HVTB (12971.08), HKID (14087.08) and HTXS (14089.08). HCT will target at risk populations including all pregnant women and all TB patients. All patients are monitored and linked to ARV therapy when indicated. Care and Support services such as psychosocial support and symptom management promotes ARV adherence. Prevention for Positives which includes counseling and condom availability will be integrated into this activity. Services are co-located with TB Directly Observed Treatment Services (DOTS) centers with referrals from other DOTS centers. RFA identified staff will work with sites to ensure effective referral/linkage and coordination systems are in place. High quality laboratory services supported by CDC/RFA facilitated laboratory QA program will be available at sites.

POPULATIONS BEING TARGETED:

Services are offered to all PLWHAs including HIV+ TB patients and pregnant women identified through TB DOT Centers and PMTCT programs, respectively. Doctors, nurses, other health workers, PLWHAs and volunteer caregivers of PLWHA are targeted for training. The volunteers participate in providing HBC services as well as adherence counseling.

EMPHASIS AREAS: The emphasis area for this activity is training as capacity development for sustainability is a key focus.

COVERAGE AREAS: underserved expansion states TBD when awarded.

***The USG Nigeria team is proposing estimated targets in the narratives and not in the target tables in the COPRS for open solicitations for USAID APS and CDC RFAs. These solicitations have not been awarded at this time and targets and other specifics will only be finalized and reflected in the activities in COPRS after negotiations have been concluded and the award has been made.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12970

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12970	12970.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6354	5230.08	HHS/CDC RFA TBD	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7144.09	Mechanism: USAID Track 2.0 LMS Associate
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 15642.24908.09	Planned Funds: \$872,000
Activity System ID: 24908	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Care and treatment narratives have been merged.

ACTIVITY DESCRIPTION

This activity relates to OVC (15644.08) and TB/HIV (15643.08), and HCT. In COP09, LMS will build upon its achievements and experiences of COP08 to meet its COP09 ART targets by training 70 persons to provide ART services to both the 6,120 clients carried over from COP08 and the 968 adults newly initiating ART in COP09. By the end of COP 09, LMS will have supported 7,088 adult PLWHAs with ART services. This will be achieved by supporting 17 existing Comprehensive Care and Treatment (CCT) sites in Kogi, Niger, Kebbi, Kwara, Adamawa and Taraba States, as well as upgrading 2 secondary health facilities to CCT sites; and further decentralizing access to ARV drugs at selected linked PHC units in existing states. The project will therefore operate a total of 19 CCT sites in COP09. Prior to initiating CC&T services, baseline assessments will be conducted and key hospital units will be refurbished based on need. To promote ownership and for sustainability of the program, LMS will advocate to State and Local Government Councils to support the refurbishment of these units and take responsibility for the procurement of a certain percentage of commodities such as Rapid Tests Kits and laboratory reagents.

Many opportunities to diagnose HIV in clinical settings in Nigeria are being missed because the provider-initiated approach to HIV counselling and testing is not widely practiced. In COP09, LMS will build on the successes of the Provider-Initiated Testing and Counselling (PITC) approach to initiate points of service testing in all hospital clinics and units including in-patient wards as a strategy to capture more HIV positive individuals. LMS will support the establishment of two types of clinics at every CCT site: a) a care clinic to which all identified HIV positive clients will be referred for initial baseline CD4 and clinical staging of the HIV/AIDS disease according to National Guidelines. HIV positive clients not eligible for ART according to national treatment guidelines will be enrolled in this clinic for on-going psycho-social, medical and psychological care, prophylaxis and Prevention-with-Positives (PwP) package. The care clinic clients will have their CD4 levels and clinical picture assessed every 3-6 months or as appropriate to determine progress and eligibility for ART. LMS will initiate the diagnosis and management of STIs using WHO syndromic management protocols. To further strengthen clinical laboratory support services, LMS will advocate to the facility management to procure reagents for diagnosis of OIs so that other patients can benefit from the wide range of tests available. b) The second clinic will be the Antiretroviral Therapy (ART) or simply the treatment clinic to which clients eligible for ART according to the national guideline shall be further assessed both clinically and in the laboratory to obtain their baseline chemistry and hematological profiles. These patients will be commenced on first line highly active antiretroviral therapy (HAART) regimen and monitored every month for adherence and detection of any adverse drug reactions. Prior to initiation of HAART, all eligible patients will undergo three adherence counselling sessions and will be encouraged to disclose to a few family members who will serve as treatment buddies. Adherence counselling services will be provided at the health facility by trained pharmacists and persons living with HIV/AIDS (PLWHAs) who will work as ART aides. Patients enrolled in care or treatment will be offered on-going counseling, diagnosis of opportunistic infections (OIs), prophylaxis and treatment as indicated. LMS will provide cotrimoxazole prophylaxis for all HIV positive adults with CD4 counts of less than 350 in line with national clinical guidelines. TB screening will be done using a structured symptom checklist. These patients will also be enrolled into the facility and community-based family support groups for continuous psychosocial support and education.

All enrolled patients will be provided with a basic home care kit consisting of insecticide treated bed nets (ITNs), Water Guard, cotton wool, latex gloves, soap, calamine lotion, Vaseline, and Gentian Violet and condoms as part of the prevention package. LMS will source drug-fact sheets from the USG ART TWG, while other patient education materials and resources will be leveraged from PEPFAR IPs. In order to increase access and retain patients on care and treatment, LMS will decentralize services gradually building the capacity of select primary health care centers (PHC) to provide ART refill services in its focus states. In addition, clinicians from MSH-supported sites will be encouraged to apply and participate in the PEPFAR Health Professional Fellowship Program. The Fellowship program is aimed at building the capacity of health professionals like nurses, community health officers, and PHC coordinators to improve their clinical skills and effectively respond to the challenges of managing HIV/AIDS services. LMS supports the policy of task-shifting and will build the capacity of nurses, laboratory technicians and pharmacy assistants to take-on more responsibilities and allow time for doctors, pharmacists and laboratory scientists to manage the more advanced tasks.

Once task-shifting is initiated, all clients newly initiating ART will be evaluated by a doctor and as soon as they are stabilized on treatment, they will be followed up by a nurse whose capacity has been built to provide this service. The clients may be seen at each monthly visit by any other trained clinician. In COP08, LMS initiated a default tracking system that ensured that defaulting patients are tracked back to care by referral and tracking coordinators based in the facility. In COP09, LMS will build on the successes of this innovative approach through the involvement of community-based organizations (CBOs) and persons living with HIV/AIDS (PLWHA) groups. As a strategy to mainstream quality in COP08, MSH supported the initiation of multidisciplinary care coordination teams to maintain and improve ART services, as well as provide patient-centered care. LMS also conducted periodic clinical audits using structured Clinical Quality Assessment tools. This activity evaluated standards of care relating to CD4 monitoring, adherence to treatment, OI prophylaxis, TB screening, and prevention education. In COP09, health workers in outpatient and inpatient units will be trained and supported to offer HIV/AIDS care & treatment with emphasis on diagnosis; treatment of OIs and pain management; nutritional assessment/therapeutic feeding; wider basic care and support issues like end-of-life care, mental health, and legal protection for property and inheritance rights using standard national training curricula. In addition, LMS will conduct trainings on Good Clinical Care for 85 health workers from the 19 CC&T sites to further ensure that they adhere to the ethics and principles of good clinical practice. The training curriculum will be adapted from WHO's training package on good clinical practice.

In COP09 LMS will participate in the HIVQUAL project and the yearly National ART evaluation. LMS will also participate with other stakeholders in GoN National ART task team meetings as well as USG Clinical

Activity Narrative: and ART technical working group meetings.

The target for the number of HIV-positive individuals provided with HIV-related adult care and support services is 4,153. An additional 8,305 persons affected by HIV/AIDS will also be reached with care and support services. It is anticipated that food and nutritional supplementation will be provided to 250 individuals receiving ART who are moderately or severely malnourished.

In COP08, LMS initiated a unique community network model – facility, community institutions, PHCs, PLWHA groups; that linked patients to community based resources through a two way referral system. In COP09, community / home-based care will be implemented through identified local FBOs and CBOs such as Centre for Health and development in Africa (CHEDA), Health Development Agency (HAD), Centre for Communication and Reproductive Health (CCRH) and associations of people living with HIV/AIDS. These CBOs will be supported to engage community health workers / volunteers who will conduct home visits and provide nursing and psychosocial care services to clients in addition to providing hands-on training for family care givers. These volunteers will include PLWHAs and persons affected by AIDS (PABAs). Health facility mobile outreach services will also be provided for selected home-based clients. LMS will work with local organizations to identify HCW and volunteers who will be trained to provide community/home-based care. The community / home-based care providers will in addition provide mental health, psychosocial and spiritual care; and leverage community financial support / income generation activities for PLWHA and families. LMS through identified CBOs and NGOs will also train family members on proper hygiene and sanitation, PwP, and support for treatment adherence in the home. LMS will train and support a wide range of non-traditional service providers including family members, faith based organizations (FBOs) and PLWHA in provision of basic palliative care using national guidelines that are currently being harmonized with the NASCP approved curricular. Care managers and coordinators, with the consent of persons who are diagnosed as HIV positive, will ensure referral to appropriate providers in their local network of community and home-based providers. HBC volunteers and community escort and follow up volunteers identified from partner CBOs and FBOs will keep track of the individuals and families they visit and follow-up defaulters. Community volunteers and PLWHAs will work as conduits to their families, support groups and communities for improved service delivery and reach out to vulnerable people like orphans and widows. PLWHAs and their care givers will be linked to community based organizations that provide support in terms of income generation activities (IGA) and vocational training.

Monitoring and evaluation of basic care and support activities will be accomplished in several ways. Data for monitoring PEPFAR specific indicators will come from: (1) LMS-ACT internal monthly reporting system which collects data on the achievement of outputs and outcomes as defined in the work plan and (2) data collected at the facility level using FMOH standard tools and aggregated by project staff at the state level on the number of clients served. Special attention will be given to data quality through training of health facility staff and inclusion of data quality monitoring in all supervisory visits.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities will contribute 12,458 persons towards the PEPFAR target of 1,350,000 receiving basic care and support in COP 09. LMS will continue to strengthen the capacity of facility and community based resource persons to provide on-going basic care and support to HIV positive clients and their families. Improved care of adults will reduce mortality and improve the quality of life for PLWHA hence reducing the incidence of OVCs. PwP services will significantly reduce the spread of HIV by controlling the primary source of infection. This strategy will immensely benefit the prevention of sexual transmission program.

LINKS TO OTHER ACTIVITIES:

This activity links to prevention, TB/HIV, OVC, and HCT. Activities will improve the care and treatment of PLWHA by linking medical, psychosocial, legal, financial, and spiritual resources at the facility, community and community and home levels.

POPULATIONS BEING TARGETED:

This activity focuses on meeting the needs of HIV positive adults, their families and PABAs. However to reach them, the project will target clients seeking health care at health facilities. Communities served by the LMS-ACT project will also be targeted to identify sick persons and refer to care.

EMPHASIS AREAS:

Great emphasis is placed on training to build the capacities of health workers and non-traditional health care service providers including family care givers, FBOs and PLWHA to provide care and treatment. Emphasis will also be placed on local organization capacity building. These activities and this program area address the larger issue of not just "quantity" of life (increasing life expectancy) but "quality" of life for patients and their families. LMS-ACT will therefore advocate for more government and community involvement and ownership of the program. Specific advocacy and linkages will be made with hospice organizations in the country to leverage their narcotic-pain relief services to project operational areas.

Essential wrap around services particularly nutrition and income generating activities (IGA) will be leveraged through networking and collaboration with other IPs and organizations that provide these services. Care coordinators and managers will be trained in holistic patient care and support, and care managers will work to identify local NGOS, FBOs and CBOs providing care and support services for people living with HIV and their families to facilitate referral of patients and families in need to the relevant resources in the community, e.g., for legal and financial support. LMS will work with other IPs through the TWG to initiate a gender analysis of the ART and adult care and support program and develop an action plan to mitigate gender disparities.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

Drugs for OI are required early in the year to avoid interruption in prophylaxis and quality of adult care and support. Already LMS has indicated need for early money for the ARVs

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 15642

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15642	15642.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$1,400,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$60,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$15,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9409.09

Mechanism: USAID Track 2.0 NELA

Prime Partner: Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 21707.24918.09

Planned Funds: \$280,000

Activity System ID: 24918

Activity Narrative: The Network on Ethics/Human Rights Law HIV/AIDS - Prevention, Support and Care (NELA), working in concert with the Federation of Muslim Women's Associations in Nigeria (FOMWAN), the Society for Women on AIDS Africa Nigeria (SWAAN) and the Civil Society Network on HIV/AIDS in Nigeria (CISHAN), comprises an indigenous NGO, with technical and financial management experience and leadership in the development of community based organizational capacity for HIV/AIDS action. Working together, the NELA program will provide expanded community level prevention, care and treatment services to people infected and affected by HIV/AIDS including OVC and to reduce the rate of HIV transmission among youths, couples and general population.

The program particularly aims to increase coverage and enhance the quality of civil society responses to HIV/AIDS at community levels; prevent HIV transmission among young people and couples; improve the quality of life of people living with HIV, their families and communities; and to provide comprehensive and compassionate care and prevention services for AIDS orphans and vulnerable children.

ACTIVITY UNCHANGED FROM FY2008

NELA will continue to implement the Adult Care & Treatment aspect of the project as of COP 08. The project will provide HBC services to PLHIV at the community level in 8 States of Nigeria through 8 CBOs. Services that will be provided include:

- Basic Nursing care
- Promotion of client and household hygiene and disease prevention
- Treatment, prophylaxis and management of common opportunistic infections
- Prevention with positives
- Linkages and referrals of clients for services that they need, but which the project is not providing e.g. PMTCT, ARVs, diagnosis and treatment of OIs, programs providing care for OVC, and programs providing HIV prevention and HCT services especially for PWP, economic strengthening/skills acquisition for income generation.

In COP 09, the NELA Consortium AIDS Initiatives in Nigeria (NECAIN) will continue to provide basic care and support to 4000 PLHIV in 8 states – Osun, Borno, Kebbi, Adamawa, Nasarawa, Edo, Ebonyin and Jigawa. The indirect targets include family and community members and health care workers that will be reached with anti-stigma messages; the project is targeting 8, 000 PABA.

The consortium is made up of the Network on Ethics/Human Rights Law HIV/AIDS - Prevention, Support and Care (NELA), the Federation of Muslim Women's Associations in Nigeria (FOMWAN), the Society for Women on AIDS Africa Nigeria (SWAAN) and the Civil Society Network on HIV/AIDS in Nigeria (CISHAN) North Central Zone.

The NELA/PCO will continue to provide technical backstopping its 3 partners, the Multiplier Organizations (MOs) whose capacity has already been built or enhanced to provide training and technical support to their eight (8) local branches and networks (CBOs/NGOs/FBOs) that work at the community level. These local partners have trained volunteers, and/or family members within the communities to provide basic care and support services for PLHIV through home based care.

Service delivery will continue to promote active participation of PLHIV as a strategy for reducing stigma and discrimination. This approach will continue to be promoted in collaboration with PLHIV support groups in the focus states and project communities. The CBOs/FBOs/NGOs will be responsible for providing Home Based Care; referrals and linkages to other care and support services that the project is not providing, but which the clients need; and services that ensure reduction in Stigma and Discrimination at the community level.

The NELA/PCO and the 3 MOs will monitor and provide on-going technical support to the CBOs/FBOs/NGOs to ensure delivery of sustainable, high quality services. The MOs will support the CBOs/FBOs/NGOs to develop/maintain relationships with existing service providers for HBC/VCT/ARV/PMTCT/TB, and basic clinical care and laboratory support for opportunistic infections including malaria and syndromic management of STI. Where the resources are not available, CBOs/FBOs/NGOs will provide drugs and laboratory support for PLHIV. The CBOs/FBOs/NGOs will train health care workers and community health workers as volunteers to participate in the provision of home care to PLHIV.

Transport re-imbursments, HBC kits containing Soap, Hypochlorite solution (Bleach), Plastic sheet, Condoms, Gauze and cotton wool, Bandages/adhesive tape, Gloves, Apron, Petroleum jelly, Scissor, nail clippers, Waste disposal bags, Thermometer, Talcum powder, packets of ORS, paracetamol, Gentian violet, Calamine lotion, Anti-malaria tablets, Multivitamins, Iron tablets, and 1% Hydrocortisone ointment will be provided for the volunteers. The local organizations will provide each of their clients with a self care kit containing ORS, ITN, water guard, water container, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, GV, and methylated spirit

Activities to be carried out by the CBOs/NGOs/FBOs at community level include the following:

Basic nursing care using uniform patient management protocols and standards developed by NELA : trained care givers will be provided with a care giver handbook and will be supervised by trained staff of the CBOs/NGOs/FBOs and health care facility partners.

Promotion of client and household hygiene and disease prevention in the home: The project will supply each client registered on the project with a minimum Basic Care package. The package will include ORS, ITN, water guard, water container, cotton wool, gloves, soap, Vaseline, GV, IEC materials and methylated spirit. The trained care givers will treat the conditions they are able to, but will refer cases they are unable to handle to health facilities with which the CBO/NGO/FBO already has a working agreement. The CBOs/NGOs/FBOs will pay for laboratory services and treatment for clients who are not able to pay; these are identified through a checklist provided by the project.

Treatment, prophylaxis and management of common infections: The project will supply each client registered on the project with a minimum Basic Care package. (The package will include ORS, ITN, water guard, cotton wool, gloves, soap, Vaseline, GV, and methylated spirit. The trained care givers will treat the conditions they are able to, but will refer cases they are unable to handle to health facilities with which the CBO/NGO/FBO already has a working agreement.

Prevention with positives: CBOs/NGOs/FBOs will provide abstinence and faithfulness messages, counseling for discordant couples and referrals for other services. The Project will link with and network with other IPs for the provision of other prevention services not provided by the project to clients. The services

Activity Narrative: provided by other IPs to which the clients will be referred to will include HIV counseling and testing including disclosure to partner, condoms, PMTCT, FP and prevention IEC materials. Development of network systems and fostering of linkages: The project will build/enhance the capacity of its partners to identify and establish working relationships with other service providers to provide comprehensive care to their clients. The partners include health care institutions for ART, diagnosis and treatment of OIs, PMTCT, and laboratory services, programs providing care for OVC, and programs providing HIV prevention and HCT services especially for PWP.

Facilitation and formation of support groups: The USG Care and Support TDY to Nigeria in July 2008 noted a disproportionate representation of women in support groups, which may reflect low access to HCT and HIV clinical services among men, and a disproportionate number of PLHIV on ART in support groups which may reflect insufficient recruitment and referrals of pre-ART clients. To address this gap, which was also a finding in the support groups already formed on the project; the project will make special efforts to recruit more HIV infected, pre ART individuals through increased community education and advocacy. The project will also establish strong linkages with other service providers in the area of economic strengthening activities e.g. farming programs to increase appeal of support groups within the general community.

Nutritional support: Guidelines will be provided to the local partners on the eligibility criteria for nutritional support. Preliminary eligibility criteria is one or a combination of the following:

- BMI = 18.5
- Active TB co infection
- Inadequate weight gain in pregnancy

During the nutritional supplementation period, and as soon as the physical condition of the PLHIV permits, the client will be linked up with a service provider for economic strengthening. A potential partner for this activity is the USAID Markets.

Other services that will be provided to the clients include psychological, social and spiritual support, creation of an enabling environment to reduce stigma and discrimination through formation of support groups, workshop/ seminars on HIV-related stigma and discrimination, community campaigns against stigma and discrimination, and production and dissemination of IEC materials with messages on stigma and discrimination; and counseling on drug adherence, disclosure of HIV status, grief, and anxiety. All supplies for the provision of care and support services will be bought at the CBO level. The components of the HBC and basic care kits are as stipulated by the C&S TWG.

The NECAIN project has made, and will continue to make efforts to involve PLHIV in the provision of basic care and support services. Each CBO/NGO/FBO providing care and support services trained some of their support group members as care givers, the percentage ranging from 25 – 50% of persons trained. During the training of caregivers, training was provided in self care and ways to reduce and/or prevent caregiver burn out. CBOs will provide stipends for their caregivers.

The project provides care and support services at the home and community level; therefore all other services required by the clients will be procured through referrals and linkages. The local organizations have been supported to identify and link up with other service providers to provide comprehensive care to their clients. Linkages have been made and working relationships established with health care institutions for ART, diagnosis and treatment of OIs, PMTCT, and laboratory services. Others include programs providing support for OVC, and programs providing HIV prevention services and HCT especially for PWP. To monitor the referrals and linkages, the project will use a two-way referral form that will track the service provided to the client at the facility to which he/she was referred, and will make it possible for the service provider to whom the client was referred, to give instructions on how the client can be further assisted by the Care giver.

The CBOs will organize support group meetings for caregivers where they can discuss problems faced in the care of clients and share experiences that will help them to prevent care giver burnout and enable them to take care of their own health and ensure adequate rest.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21707

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21707	21707.08	U.S. Agency for International Development	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	9409	9409.08		\$26,372

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,988

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$3,478

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$602

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3809.09

Prime Partner: Excellence Community
Education Welfare Scheme
(ECEWS)

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 15657.25283.09

Activity System ID: 25283

Mechanism: HHS/CDC Track 2.0 ECEWS

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$175,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08 ECEWS is providing care and support (C & S) to 2,200 Clients/adolescents and 4,400 people affected by AIDS (PABAs) in 24 sites (10 HCT sites, 4 TBHIV sites and 10 community based sites) in 2 states (Akwa Ibom and Cross River).

In COP09 ECEWS will Continue to provide Care and support to 2,500 (300 new) Clients/adolescents and 5,000 PABAs for a total of 7,500 people reached with care services. The care services available to all enrolled Clients includes: clinical care with basic care kits, prevention with positives services, access to appropriate TB diagnostics and linkage with DOTS programs described under TB/HIV, access to laboratory services (including CD4 count, chemistry, hematology), instructions on appropriate water purification and provision of water guard, provision of ITNs, linkage to psychosocial support through participation in PLWHA support groups and individual counseling and access to community home based care services. A standard formulary will be provided to sites for prophylaxis and treatment of common opportunistic infections. The function of PLWHA support groups will be strengthened by a PLWHA ECEWS program officer with a counseling background who will work with support groups to improve education and support programs and strengthen linkages from the point of service to communities.

ECEWS will provide basic care kits to all enrolled clients and clinical service (nursing care, pain management, laboratory, OI prophylaxis & management, nutritional assessment/therapy) plus at least two other services in the domains of psychosocial, spiritual and PwP and other preventive services to all PLWHA. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention and 50% Home Based Care (HBC) and training. All HIV positive clients will receive CD4 counts at least every 6 months. Cotrimoxazole prophylaxis and pain management will be provided according to National Palliative Care Guidelines. ECEWS will support integration of syndromic management of STIs and risk reduction interventions into care. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. Nutritional assessment includes weight and height measurements and BMI. Nutritional interventions will include micronutrients supplements interventions and food leveraged from GON and other IP-supported programs. PwP package will include IEC and behavior change programs including Abstinence, Be Faithful and correct and consistent Condom use, universal precautions including use of protective wears like gloves and safe disposal of wastes contaminated with blood or body fluids.

Home based care will be implemented by a supervising community home based care nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs to ensure that family members at risk are tested and counseled, a strategy that supports family engagement in home-based care and support. All home based care staff will be trained on counseling and testing to enable them carry out HCT services in homes of HIV+ clients. ECEWS will build the capacity of local CBOs/FBOs to provide manpower needs for home based care providers, and community health extension workers will be preferentially recruited from the PLWHA support group membership. Basic care kit containing ITN, water guard, water vessel, soap, ORS, condoms, latex gloves and IEC materials will be distributed to PLWHAs through facility-based support groups, community based support groups and home based care volunteers. Standardized provider HBC kits (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, gentian violet, etc.) will be carried by each trained HBC provider for use on home visits. Home based care will be linked to the facility through the supervising community home based care nurse. ECEWS will develop effective referral mechanisms to secondary and tertiary health care facilities for enrolment into ART when needed. Commodities will be procured through a central purchase mechanism via SCMS. ECEWS will facilitate support group activities. Retention strategies of clients enrolled into care will include transportation and communication assistance to support groups to ensure referrals are completed and defaulters are tracked.

Training will be essential for the program success and will target nurses, community health extension workers, counselors and PLWHA/community volunteers who constitute our HBC team using the National Palliative Care Training curriculum. Training will be carried out by ECEWS program staff at the site level to maximize coverage. The total training target is 24 and will focus on the community and home based aspects of care including linkages with facility based care. ECEWS will collaborate with the USG care teams and with other IPs so that a standard training curricula is utilized and standard provider manuals are distributed.

State Ministries of Health (SMOH), State Agency for the Control of AIDS (SACA), local government health officials and the Network of People living with AIDS will be involved in joint M&E visits and review meetings with a view to enable information sharing, capacity development and sustainability.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing basic care and support services for Clients. The services will be consistent with the National Palliative Care Guidelines in Nigeria and the USG Care and support Policy. Capacity development at the site level and consistency with national guidelines will ensure sustainability.

LINKS TO OTHER ACTIVITIES

This activity is linked to HCT, Condoms and Other Prevention, AB, Strategic Information, OVC, PMTCT and TB/HIV. HCT targeting most at risk populations is established proximate to points of service. All patients are monitored and linked to ARV therapy when indicated. Care and support services such as psychosocial support and symptom management promotes ARV adherence. Services will be integrated with prevention for positives activities including counseling and condom availability. Services are co-located with TB DOTS centers and ECEWS staff work with sites to ensure coordination systems are in place. Home based care programs will be implemented through partnerships with indigenous NGOs, CBOs and FBOs. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services.

POPULATIONS BEING TARGETED

Services are offered to adults living with HIV/AIDS. Sites have been chosen to maximize linkage with national TB DOTS program sites and provide services for HIV+ pregnant women identified through PMTCT.

Activity Narrative: Doctors, nurses, other health workers (public sector) as well as people living with HIV/AIDS and caregivers of PLWHAs are targeted for training. Volunteers participate in providing home based care services.

EMPHASIS AREA

ECEWS major emphasis will be Human Capacity Development and minor emphasis on food and nutrition commodities.

Coverage Areas (Focus Countries Only)

- Akwa Ibom
- Cross River

New/Continuing Activity: Continuing Activity

Continuing Activity: 15657

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15657	15657.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$95,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,132

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$4,545

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$79,810,493

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 632.09

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3255.25248.09

Planned Funds: \$19,402,116

Activity System ID: 25248

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Adult ARV Narrative: 22 PMTCT sites will be upgraded to provide treatment services. Training targets revised. More emphasis on HIVQual and Clinical QA/QI.

Care and Support Narrative: 22 PMTCT sites will be upgraded to provide care services. Training targets revised and highlights use of Master Trainers from 07 and 08 Health System Strengthening programming. Increased emphasis on basic care kits, PwP, home based care and management of acute malnutrition. Narratives merged.

ACTION will provide Care and Support Services to 113,000 HIV+ adults and support services to an additional 226,000 persons affected by AIDS (PABAs) as well as ARV services to 70,953 adults (7,953 new). In COP08 ACTION supported Adult Care and Treatment services at 78 sites (including 42 smaller secondary hospitals or Primary Health Care Centers (PHC) and DOTS satellite sites using the Hub & Spoke model. In COP09, ACTION will continue to provide services in these 78 sites and will upgrade 22 PMTCT sites, the majority of which are small secondary hospitals or comprehensive primary health centers (PHC) to Adult Care and Treatment satellites so that comprehensive services including ART will be provided in a total of 100 sites. These sites will be located in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). Sites are chosen jointly with the GON to complement the national scale-up plan being supported by Global Fund (GF) and other IPs. Services at PHC satellite sites are provided using three different strategies to ensure quality of care and network linkages: physician and lab assistant team travels from the "hub" site on selected days; nurse-managed PHCs/DOTS with nurses trained using the IMAI national curriculum; and physician/lab assistant team utilizes mobile site/van equipped with CD4 and basic lab equipment to visit PHCs on selected days. An alternative model employs a physician or nurse-led team with transport of samples back to the hub site for lab testing. The vast majority of these sites will also provide Pediatric Care and Treatment services. PMTCT stand-alone points of service (POS) link to adult and pediatric ARV care through utilization of a network PMTCT coordinator based at the hub site. A specific referral SOP is used to ensure that HIV+ pregnant women who require HAART for their own care are linked to an ARV point of service.

In COP 09, ACTION will continue to provide clinical services (pain assessment and management, laboratory, OI prophylaxis/management, nutritional assessment/therapy) with Basic care kits plus at least two other services in the domains of HBC, psychosocial, spiritual, PwP and preventive services to all PLWHA enrolled into care. Lab services will include CD4, hematology, blood chemistry, LFT, OI and pregnancy testing if indicated. CD4 count follow-up will be provided at least every 6 months to monitor for change in status. Access to appropriate TB diagnostics and linkages with DOTS programs described under TB/HIV are also provided. Screening for hepatitis B, malaria and urinalysis are supported for all HIV+ persons if indicated. The nutritional status of PLWHA will be assessed at the initial clinical contact and at follow-up visits. If diagnosed with malnutrition, food by prescription consisting of a ready to mix soya based supplement fortified with multivitamins will be provided and referrals/linkages to wraparound services providing other nutritional therapy will be given. All PLWHA will be provided with a Basic Care Kit including ITN, water guard, water vessel, soap, ORS sachets, latex gloves, condoms and IEC materials on self care and prevention of common OIs. Prevention with positive services provided to PLWHA include condoms and information on use, counseling on reduction of high risk behaviors, abstinence messages, discordant couple counseling and syndromic management of STIs. A standard formulary is provided to sites to treat common opportunistic infections and malaria.

Community HBC will be provided in each of the 32 network catchments areas ACTION supports. This is overseen by a team comprising of community HBC nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home based approach to these other programs and ensuring family engagement in HBC. In addition to HBC for those requiring classic "palliative care" interventions, Community HBC providers support ART adherence in the home setting through education and addressing adherence barriers. This program utilizes volunteers, peers and buddy systems and pill boxes as reminders for effective drug adherence. Community support system of PLWHAs is also used to ensure adherence and tracking defaulters will be sustained. HBC providers focus on linkage to services, ensuring that clients in need of hospital care gain access to care and linking family members to OVC, PMTCT, community immunization, family planning, and TB DOTS services. These activities will be linked to the patient's medical care source as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

PLWHA and PABAs will be afforded linkages to psychosocial support through participation in PLWHA support groups and individual counseling operational at all points of service. Emphasis on support group activities that encourage participation for pre-ART clients will be supported. The function of PLWHA support groups is strengthened by an ACTION program officer with a counseling background who works with the support groups to improve their programs and to ensure linkages between points of service and communities. Services to be provided to PABAs at the clinic and community levels include: promotion of HCT; HIV prevention education including balanced ABC services as appropriate; psychosocial support through on-site counselors; and participation in support groups designed for family members focusing on prevention of transmission, stigma/discrimination reduction, support for infected family members by serving as a treatment partner to enhance adherence. It is anticipated that many PABAs will be reached in the communities rather than clinic settings through the community HBC program which will provide HCT access, linkages to HIV care and other services, peer support and facilitation of home care to PLWHA by PABAs.

ACTION care and treatment services are in line with current GON guidelines. ACTION supported the update of the national care and treatment guidelines and will continue to participate actively in National Care and Treatment Guideline Committees. All sites are supported to employ treatment support specialists – PLWHA who participate in patient education, client advocacy, and home visits to track defaulters. A new SOP to enhance adherence services has been developed and piloted in a number of sites in COP08. This SOP creates a mandatory patient education/preparation before commencement of therapy and ongoing adherence within the health facility and a back up follow up using Treatment Partners and community

Activity Narrative: support. Additionally, sites receive training, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis to address occupational HIV exposure of health care workers.

ACTION uses ART expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established POS as resource persons, site staff will participate in central or regional trainings on ARV care, adherence counseling, and/or pharmacy SOPs. All training will include approaches for prevention for positives integrated into the clinic and community setting. Adapted IMAI manuals will be used to step down trainings for secondary, PHC and DOTS sites. The training plan for COP09 to support this scale up using the National training curriculum includes the training of 30 Master Trainers from established ARV sites who will work with ACTION. Additional training plans include a HIVQUAL training (see below) for the QA/QI Committee Chair at each of 32 hub sites and an Adherence Refresher site based training for 10 staff at each of 32 hub sites. Thus the training target focused on ART care is 30 Master Trainers, 200 site staff, 32 QA/QI and 320 adherence counselors for a total of 582. ACTION will support HBC refresher trainings at 32 sites (or networks) to strengthen existing and new networks with community & primary care facilities for a total of 32 trainings for 10 providers each (subtotal 320). Standard training curricula for healthcare and community workers, developed by ACTION to include specific modules on pediatric home based care will be utilized. To enhance sustainability, ACTION will support retraining for existing COP08 site nurses using nurse Master Trainers from the Health System Strengthening program area. ACTION will support step down trainings at each ART point of service in order to encourage ongoing in-house HIV continuing education program (220 nurses will participate in refresher training). Thus the total training target focused on Care and Support is 540. These training will facilitate task shifting and ACTION will support the GON in developing policies related to this.

Bedside teaching is also a component of ongoing education. IHV/UMD adult and pediatric HIV care specialists are posted in Nigeria as preceptors. ACTION has developed 3 regional training centers which are equipped with training venues adjacent to large clinical care facilities where best practices are modeled. A clinical training center in Abuja provides a model clinic that integrates physician, nurse, treatment support, pharmacy and community outreach teams to provide experiential training in a holistic model clinic setting in order to demonstrate feasible and functional strategies bridging community to care. ACTION supports 4 regional training labs that will train lab scientists working at GON and GF-supported sites in ARV lab monitoring including good lab practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

ACTION in COP08 participated in the National HIVQUAL pilot and then expanded upon these clinical QA/QI indicators to conduct quarterly comprehensive QA/QI assessments jointly with all sites providing ART services. Deficiencies identified are discussed with the site QA/QI committee and ACTION staff and an improvement plan implemented. Training needs identified are addressed by the IHVN Training Dept. In COP09, ACTION will continue this process collaboratively with the sites, USG and GON. Based on gaps in knowledge identified the Training Department refines/updates training materials for new and ongoing training activities. ACTION will also facilitate and actively support onsite standardized HMIS using GON forms and National electronic platforms and will provide onsite assistance with data management and M&E to guide quality improvement measures. ACTION will also participate in the yearly care and treatment evaluation jointly conducted by GON/USG.

Sites are supported to carry out renovations to ensure clinic facilities are adequate and particularly that pharmacy store and dispensing areas are able to store ARVs and other HIV care drugs and commodities consistent with manufacturer guidelines. Care and treatment drugs and commodities are procured through SCMS, and other local mechanisms.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

At the end of COP09 ACTION will be providing ART services to 70,953 people, contributing to GON/PEPFAR targets for Nigeria.

This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing a basic package of care services to all HIV+ adults and PABAs. The services are consistent with the current Guidelines for Palliative Care in Nigeria and the USG Palliative Care Policy as well as the Nigerian Guidelines for Antiretroviral Therapy. ACTION will build the skills of over 1000 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

Using the Hub-and-Spoke model in site selection leverages resources and improves referrals between tertiary, secondary and primary health care facilities. This activity is linked to drugs, HCT, HVOP, OVC, TB/HIV, PMTCT, Lab, and SI. Services are co-located with TB DOTS centers and TB/HIV linkages will be strengthened; all HIV infected patients will be screened for TB using the National algorithm. ACTION will also provide onsite assistance with data management and M&E to guide quality improvement. HCT targeting MARPs is established proximate to ARV POS. Using a network model, linkage to ARV services for HIV+ women identified through PMTCT and HIV-infected infants are in place. Quality lab services supported by an ACTION-facilitated lab QA manual program are available at comprehensive sites while manual lab methods or specimen transport systems will be established for primary health center satellites. Sites have been chosen to maximize linkages with national TB DOTS sites and to provide services for HIV+ pregnant women identified through PMTCT.

POPULATIONS BEING TARGETED:

Populations targeted are adults living with HIV/AIDS and PABAs, TB patients, OVC, persons in prostitution, and pregnant women. Doctors, nurses, other health workers (public sector) as well as people living with HIV/AIDS and caregivers of PLWHA are targeted for training.

EMPHASIS AREAS:

Emphasis areas include human capacity building as capacity development for sustainability is a key focus. Local organization capacity building and TB-related wraparound programs are another focus.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13115

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13115	3255.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$17,603,375
6766	3255.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$12,945,300
3255	3255.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$7,961,922

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$366,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$75,000

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7144.09

Mechanism: USAID Track 2.0 LMS Associate

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 15647.24914.09

Planned Funds: \$2,073,600

Activity System ID: 24914

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Care and treatment narratives have been merged.

ACTIVITY DESCRIPTION

This activity relates to OVC (15644.08) and TB/HIV (15643.08), and HCT. In COP09, LMS will build upon its achievements and experiences of COP08 to meet its COP09 ART targets by training 70 persons to provide ART services to both the 6,120 clients carried over from COP08 and the 968 adults newly initiating ART in COP09. By the end of COP 09, LMS will have supported 7,088 adult PLWHAs with ART services. This will be achieved by supporting 17 existing Comprehensive Care and Treatment (CCT) sites in Kogi, Niger, Kebbi, Kwara, Adamawa and Taraba States, as well as upgrading 2 secondary health facilities to CCT sites; and further decentralizing access to ARV drugs at selected linked PHC units in existing states. The project will therefore operate a total of 19 CCT sites in COP09. Prior to initiating CC&T services, baseline assessments will be conducted and key hospital units will be refurbished based on need. To promote ownership and for sustainability of the program, LMS will advocate to State and Local Government Councils to support the refurbishment of these units and take responsibility for the procurement of a certain percentage of commodities such as Rapid Tests Kits and laboratory reagents.

Many opportunities to diagnose HIV in clinical settings in Nigeria are being missed because the provider-initiated approach to HIV counselling and testing is not widely practiced. In COP09, LMS will build on the successes of the Provider-Initiated Testing and Counselling (PITC) approach to initiate points of service testing in all hospital clinics and units including in-patient wards as a strategy to capture more HIV positive individuals. LMS will support the establishment of two types of clinics at every CCT site: a) a care clinic to which all identified HIV positive clients will be referred for initial baseline CD4 and clinical staging of the HIV/AIDS disease according to National Guidelines. HIV positive clients not eligible for ART according to national treatment guidelines will be enrolled in this clinic for on-going psycho-social, medical and psychological care, prophylaxis and Prevention-with-Positives (PwP) package. The care clinic clients will have their CD4 levels and clinical picture assessed every 3-6 months or as appropriate to determine progress and eligibility for ART. LMS will initiate the diagnosis and management of STIs using WHO syndromic management protocols. To further strengthen clinical laboratory support services, LMS will advocate to the facility management to procure reagents for diagnosis of OIs so that other patients can benefit from the wide range of tests available. b) The second clinic will be the Antiretroviral Therapy (ART) or simply the treatment clinic to which clients eligible for ART according to the national guideline shall be further assessed both clinically and in the laboratory to obtain their baseline chemistry and hematological profiles. These patients will be commenced on first line highly active antiretroviral therapy (HAART) regimen and monitored every month for adherence and detection of any adverse drug reactions. Prior to initiation of HAART, all eligible patients will undergo three adherence counselling sessions and will be encouraged to disclose to a few family members who will serve as treatment buddies. Adherence counselling services will be provided at the health facility by trained pharmacists and persons living with HIV/AIDS (PLWHAs) who will work as ART aides. Patients enrolled in care or treatment will be offered on-going counseling, diagnosis of opportunistic infections (OIs), prophylaxis and treatment as indicated. LMS will provide cotrimoxazole prophylaxis for all HIV positive adults with CD4 counts of less than 350 in line with national clinical guidelines. TB screening will be done using a structured symptom checklist. These patients will also be enrolled into the facility and community-based family support groups for continuous psychosocial support and education.

All enrolled patients will be provided with a basic home care kit consisting of insecticide treated bed nets (ITNs), Water Guard, cotton wool, latex gloves, soap, calamine lotion, Vaseline, and Gentian Violet and condoms as part of the prevention package. LMS will source drug-fact sheets from the USG ART TWG, while other patient education materials and resources will be leveraged from PEPFAR IPs. In order to increase access and retain patients on care and treatment, LMS will decentralize services gradually building the capacity of select primary health care centers (PHC) to provide ART refill services in its focus states. In addition, clinicians from MSH-supported sites will be encouraged to apply and participate in the PEPFAR Health Professional Fellowship Program. The Fellowship program is aimed at building the capacity of health professionals like nurses, community health officers, and PHC coordinators to improve their clinical skills and effectively respond to the challenges of managing HIV/AIDS services. LMS supports the policy of task-shifting and will build the capacity of nurses, laboratory technicians and pharmacy assistants to take-on more responsibilities and allow time for doctors, pharmacists and laboratory scientists to manage the more advanced tasks.

Once task-shifting is initiated, all clients newly initiating ART will be evaluated by a doctor and as soon as they are stabilized on treatment, they will be followed up by a nurse whose capacity has been built to provide this service. The clients may be seen at each monthly visit by any other trained clinician. In COP08, LMS initiated a default tracking system that ensured that defaulting patients are tracked back to care by referral and tracking coordinators based in the facility. In COP09, LMS will build on the successes of this innovative approach through the involvement of community-based organizations (CBOs) and persons living with HIV/AIDS (PLWHA) groups. As a strategy to mainstream quality in COP08, MSH supported the initiation of multidisciplinary care coordination teams to maintain and improve ART services, as well as provide patient-centered care. LMS also conducted periodic clinical audits using structured Clinical Quality Assessment tools. This activity evaluated standards of care relating to CD4 monitoring, adherence to treatment, OI prophylaxis, TB screening, and prevention education. In COP09, health workers in outpatient and inpatient units will be trained and supported to offer HIV/AIDS care & treatment with emphasis on diagnosis; treatment of OIs and pain management; nutritional assessment/therapeutic feeding; wider basic care and support issues like end-of-life care, mental health, and legal protection for property and inheritance rights using standard national training curricula. In addition, LMS will conduct trainings on Good Clinical Care for 85 health workers from the 19 CC&T sites to further ensure that they adhere to the ethics and principles of good clinical practice. The training curriculum will be adapted from WHO's training package on good clinical practice.

In COP09 LMS will participate in the HIVQUAL project and the yearly National ART evaluation. LMS will also participate with other stakeholders in GoN National ART task team meetings as well as USG Clinical

Activity Narrative: and ART technical working group meetings.

The target for the number of HIV-positive individuals provided with HIV-related adult care and support services is 4,153. An additional 8,305 persons affected by HIV/AIDS will also be reached with care and support services. It is anticipated that food and nutritional supplementation will be provided to 250 individuals receiving ART who are moderately or severely malnourished.

In COP08, LMS initiated a unique community network model – facility, community institutions, PHCs, PLWHA groups; that linked patients to community based resources through a two way referral system. In COP09, community / home-based care will be implemented through identified local FBOs and CBOs such as Centre for Health and development in Africa (CHEDA), Health Development Agency (HAD), Centre for Communication and Reproductive Health (CCRH) and associations of people living with HIV/AIDS. These CBOs will be supported to engage community health workers / volunteers who will conduct home visits and provide nursing and psychosocial care services to clients in addition to providing hands-on training for family care givers. These volunteers will include PLWHAs and persons affected by AIDS (PABAs). Health facility mobile outreach services will also be provided for selected home-based clients. LMS will work with local organizations to identify HCW and volunteers who will be trained to provide community/home-based care. The community / home-based care providers will in addition provide mental health, psychosocial and spiritual care; and leverage community financial support / income generation activities for PLWHA and families. LMS through identified CBOs and NGOs will also train family members on proper hygiene and sanitation, PwP, and support for treatment adherence in the home. LMS will train and support a wide range of non-traditional service providers including family members, faith based organizations (FBOs) and PLWHA in provision of basic palliative care using national guidelines that are currently being harmonized with the NASCP approved curricular. Care managers and coordinators, with the consent of persons who are diagnosed as HIV positive, will ensure referral to appropriate providers in their local network of community and home-based providers. HBC volunteers and community escort and follow up volunteers identified from partner CBOs and FBOs will keep track of the individuals and families they visit and follow-up defaulters. Community volunteers and PLWHAs will work as conduits to their families, support groups and communities for improved service delivery and reach out to vulnerable people like orphans and widows. PLWHAs and their care givers will be linked to community based organizations that provide support in terms of income generation activities (IGA) and vocational training.

Monitoring and evaluation of basic care and support activities will be accomplished in several ways. Data for monitoring PEPFAR specific indicators will come from: (1) LMS-ACT internal monthly reporting system which collects data on the achievement of outputs and outcomes as defined in the work plan and (2) data collected at the facility level using FMOH standard tools and aggregated by project staff at the state level on the number of clients served. Special attention will be given to data quality through training of health facility staff and inclusion of data quality monitoring in all supervisory visits.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities will contribute 12,458 persons towards the PEPFAR target of 1,350,000 receiving basic care and support in COP 09. LMS will continue to strengthen the capacity of facility and community based resource persons to provide on-going basic care and support to HIV positive clients and their families. Improved care of adults will reduce mortality and improve the quality of life for PLWHA hence reducing the incidence of OVCs. PwP services will significantly reduce the spread of HIV by controlling the primary source of infection. This strategy will immensely benefit the prevention of sexual transmission program.

LINKS TO OTHER ACTIVITIES:

This activity links to prevention, TB/HIV, OVC, and HCT. Activities will improve the care and treatment of PLWHA by linking medical, psychosocial, legal, financial, and spiritual resources at the facility, community and community and home levels.

POPULATIONS BEING TARGETED:

This activity focuses on meeting the needs of HIV positive adults, their families and PABAs. However to reach them, the project will target clients seeking health care at health facilities. Communities served by the LMS-ACT project will also be targeted to identify sick persons and refer to care.

EMPHASIS AREAS:

Great emphasis is placed on training to build the capacities of health workers and non-traditional health care service providers including family care givers, FBOs and PLWHA to provide care and treatment. Emphasis will also be placed on local organization capacity building. These activities and this program area address the larger issue of not just "quantity" of life (increasing life expectancy) but "quality" of life for patients and their families. LMS-ACT will therefore advocate for more government and community involvement and ownership of the program. Specific advocacy and linkages will be made with hospice organizations in the country to leverage their narcotic-pain relief services to project operational areas.

Essential wrap around services particularly nutrition and income generating activities (IGA) will be leveraged through networking and collaboration with other IPs and organizations that provide these services. Care coordinators and managers will be trained in holistic patient care and support, and care managers will work to identify local NGOS, FBOs and CBOs providing care and support services for people living with HIV and their families to facilitate referral of patients and families in need to the relevant resources in the community, e.g., for legal and financial support. LMS will work with other IPs through the TWG to initiate a gender analysis of the ART and adult care and support program and develop an action plan to mitigate gender disparities.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

Drugs for OI are required early in the year to avoid interruption in prophylaxis and quality of adult care and support. Already LMS has indicated need for early money for the ARVs

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 15647

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15647	15647.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$2,160,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$60,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$15,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9399.09

Prime Partner: Vanderbilt University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 21678.25319.09

Activity System ID: 25319

Mechanism: HHS/CDC Track 2.0 Vanderbilt

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$540,000

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP08 Vanderbilt provided comprehensive adult care and treatment (ACT) services to 1200 adults at 2 comprehensive sites (site selection pending). In COP09, Vanderbilt will continue to provide adult care and treatment to eligible adult patients at these 2 sites and upgrade 3 satellite sites established in COP08, to the comprehensive care level. In COP09, Vanderbilt will provide care and support services to 2500 adult clients, 1800 of whom will be on ART (including 600 new ART clients in 2009).

Patients are identified through HCT, PMTCT and PITC in in-patient and out-patient departments. Basic care and support for HIV infection will be provided at comprehensive care sites to all adults that test positive for HIV according to National Care and Support guidelines. All HIV-infected individuals are clinically assessed for antiretroviral therapy (ART) eligibility. All clients are provided with basic care and support services with continuous clinical monitoring. Eligibility for antiretroviral treatment (ART) will be determined at an initial visit according to National Guidelines. We will provide ART to those meeting current National ART guidelines. Patients are encouraged to participate in couples counseling and to refer family members for HCT. Activities will also focus on PwP services. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction.

All enrolled clients will have periodic follow-up to identify changes in eligibility status and to monitor disease progression. Routine follow-up schedules are based on their ART eligibility status. Clinical exams, hematology, chemistry and CD4 enumeration are routinely performed according to the national guidelines. In COP08, comprehensive HIV care and treatment took place at the 2 comprehensive care sites. In COP09, satellite sites will be upgraded to perform clinical HIV monitoring and CD4 cell counts. HIV care and support services include: routine clinical monitoring; services to prevent and treat OIs, and malaria; nutritional assessment (including weight, height and BMI) counseling, and intervention including micronutrient supplementation; safe-water systems; promotion of good hygiene practices; psychosocial and spiritual support; HIV prevention counseling (including condom promotion); and prevention and management of STIs. All HIV+ patients will be also symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV+ patients into ART from DOTS sites. ART-eligible patients identified through HCT conducted for all TB patients at DOTS sites will be provided with ART. All PLWHA will be provided with a basic care kit containing water vessel, Water guard, ORS, latex gloves, ITN, soap and IEC materials on positive living.

Routine monitoring of disease progression will involve diagnosis and management of treatment failure. Viral load testing will be performed on selected patient following the national guidelines for HIV and AIDS treatment and care. Those failing on first line regimens will be placed on second line regimens containing a protease inhibitor and referred to tertiary level facilities as needed. ARV drug adherence is essential to minimize drug resistance. ART patients will be provided with education on adherence and counseling prior to and during ART provision, which follows the National Curriculum for Adherence Counseling. ART patients are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care.

Vanderbilt facilitates the formation and sustenance of support groups and CBOs, affiliated with our sites, to mobilize communities to provide HBC services. Site HBC activities are supervised by a hospital team. Facility-based and community-based HBC teams follow-up on missed clinic appointments and encourage patients to return to the clinic for medical care (defaulter tracing) and provide adherence counseling.

Clinical staff are provided with regular updates and training. Training is also provided to lab scientists working at our supported sites. A total of 14 health care and non-health care workers will be trained in care and support in line with the National Palliative Care Guidance and the USG Palliative Care policy. Training will include plans for task shifting at the primary care level where appropriate.

The medical records of clients receiving HIV care and treatment are entered into an electronic medical record system (EMRS) which improves clinical monitoring and allows for centrally coordinated program monitoring. Quality of care will be assured through periodic chart reviews as well as reviews of data in the EMRS using the HIV Qual approach. We will help site managers, clinical staff, and CBO partners implement QI activities, including analyzing performance, prioritizing areas for improvement, planning and piloting improved approaches, and rolling out improvements.

ARVs and commodities for C&S will be purchased through a central procurement mechanism. SCMS will manage ARV procurement to the port of entry and Axios will manage storage and distribution of ARVs to the sites and provide instruction regarding drug management at the sites. Non-ARV commodity procurement and distribution will be managed through Axios.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of providing ARV drugs, care and treatment services to serve more HIV+ people. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

Activity Narrative: LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs (HTXD), OVC (HKID) and Pediatric Care and Treatment (PDTX and PDCS), PMTCT (MTCT), TB/HIV (HVTB) to provide ART to patients with TB, Lab (HLAB) to provide ART diagnostics, HCT (HVCT) as an entry point to ART, and SI (HVSJ).

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV-infected adults for clinical monitoring, care and treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target program managers, doctors, nurses, pharmacists and lab workers at PEPFAR/GoN sites. The expansion of ART services to satellite rural health facilities will increase access to care and treatment services in underserved communities.

EMPHASIS AREAS

This program emphasizes human capacity development through training of health care personnel and volunteers. It also seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21678

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21678	21678.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$520,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,500

Economic Strengthening**Education****Water**

Estimated amount of funding that is planned for Water \$2,500

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9692.09

Prime Partner: AIDS Prevention Initiative, LTD

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 22509.25342.09

Activity System ID: 25342

Mechanism: HHS/CDC Track 2.0 APIN

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$3,444,198

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move four of the HSPH PEPFAR supported sites to APIN Ltd. (APIN). The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Women's Hospital, and Mushin General Hospital. This activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard.

ACTIVITY DESCRIPTION

In COP08 APIN+ provided comprehensive adult care and treatment (ACT) services in 1 site and care and support at a second site. In COP09, APIN will take over the provision of high quality ARV and basic care and support services to eligible adult patients at a total of 6 sites; 5 comprehensive ART sites (2, tertiary and 3 secondary facilities and 1 PHC located in three states of Lagos and Ogun. This will provide ART services to a total of 13100 adults (8200 new) at the end of the reporting period. Facility-based palliative care services will be provided to approximately 8250 ART ineligible PLWHA and 13100 ART eligible PLWHA making a total of 21350 PLWHA clients. People Affected By HIV/AIDS (PABAs) will be reached through the community and home based care (HBC) of the PLWHA clients.

Patients are identified through HCT services. All HIV-infected individuals are clinically pre-assessed for eligibility for ARV treatment (ART). Patients who are ineligible for ART are provided with continuous clinical monitoring and basic care and support services. ART-eligible patients are provided with ART services, in accordance with a standardized programmatic protocol, which follows the current National ART guidelines. All HIV+ patients are provided with palliative care services, which are consistent with the Nigerian Palliative Care Guidelines. A network model of care will be used for service delivery.

ART-ineligible individuals that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Scheduled physician visits for all are at 3, 6, and 12 months and every 6 months thereafter. ART patients follow the same clinical visit schedule with more intensified monitoring and pick up drugs monthly. For all patients, at each visit, clinical exams, hematology, chemistry, viral load, and CD4 enumeration are performed when indicated. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site lab for analysis. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring. As additional medical needs of patients are identified through clinic visits, they will be provided with clinical services by clinicians or referred for specialty care as necessary. HIV+ individuals will be provided with cotrimoxazole prophylaxis according to national guidelines. Diagnostics for common OIs may include bacterial infections, fungal infections, and protozoal infections. All HIV+ patients will be also symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated

APIN will support integration of syndromic management of STIs and risk reduction interventions into care. All PLWHA will be provided with a basic care kit including clean water kits, ITN, and IEC materials on positive living. Pain assessment will also be conducted by clinicians and HBC providers and analgesics will be provided. Commodities distributed as a part of the palliative care services are procured centrally through the APIN Abuja program office and APIN Central Medical Stores in Lagos. Distribution of commodities to individual sites is coordinated through supply chain mechanisms in place for laboratory test kits and ART drugs. During COP09, APIN will collaborate with Harvard and SCMS for the procurement and distribution of specified OI drugs.

Activities will also focus on PWP services. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. Condoms will also be provided to prevent STIs and re-infection. Patients are also encouraged to refer family members for HCT. ART patients are provided ART education & adherence counseling prior to and during ART provision, which follows the National Curriculum for Adherence Counseling. ART patients are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care.

APIN will encourage support groups and CBOs to mobilize communities to provide HBC services. Site HBC activities will be supervised by a hospital team. Facility-based and community-based HBC teams partner to provide a continuum of HBC services depending on client needs. When ART patients miss scheduled clinic visits or bed ridden clients are reported by the community HBC team, the site HBC team provides follow-up according to a program based SOP, utilizing a HBC kit provided to these outreach teams. The provider HBC kit includes ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet etc. The team will provide basic medical assessment and management of symptoms, basic nursing care, nutritional assessments, domestic support and psychosocial support and make appropriate referrals. HBC teams will also provide refills of cotrimoxazole, paracetamol, additional clean water kits and additional ITNs to patients and their families.

All sites focus on the integration of adult care and treatment (ACT) services for all patients regardless of the source of funding for different components of treatment. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV+ patients into ART from DOTS sites. ART-eligible patients identified through HCT conducted for all TB patients at DOTS sites will be provided with ART.

Activity Narrative: Clinical staff at APIN and Harvard sites meet monthly for updates and training. Each site has a clinic coordinator and senior clinical officer who are responsible for approving drug regimen switching. As clinical training needs are identified for new sites or new staff at existing sites, through Harvard, APIN provides training on regimen switching and other relevant topics. In COP09, APIN will make use of the comprehensive Quality Improvement (QI) Plan incorporated by Harvard using standardized quality indicators. This includes periodic external site assessments and chart reviews as well as quarterly internal reviews, based on electronic databases. This QI Plan has been harmonized with HIVQual activities for participating sites and will continue to be implemented in COP09.

For patients enrolled through the GON National ART Program, we anticipate GON provision of 1st line ARV drugs and PEPFAR support for ACT services. As patients require alternative or 2nd line drugs, they will receive PEPFAR provided drugs. GON provision of 1st line drugs allows for additional ACT targets. APIN will partner with Harvard, Clinton Foundation and Global Fund as appropriate to leverage resources for providing ARVs to patients. The site investigators and project managers will actively participate in the GON National ART program. Harmonization of data collection for M&E will be coordinated with USG and GON efforts. APIN will continue to participate in the USG coordinated Clinical Working Group to address emerging topics in ARV service provision and to ensure harmonization with other IPs and the GON.

The program will identify, collaborate with and strengthen the capacities of support groups and CBOs, to deliver palliative care and home based care services. Supported CBOs will provide a range of facility and HBC services, including prevention for positives, clinical care, prophylaxis and management of OIs, adherence counseling, psychosocial and spiritual support, and active linkages between hospitals, health centers, and communities. Through counselors and clinicians at all sites, APIN will provide referrals for TB, family planning, safe motherhood, and other wrap-around services as appropriate.

APIN will provide training to HCWs and lab scientists working at GON and GF supported sites. APIN will link up with Harvard in the use of its training lab and linkages with the National Public Health Lab to train them in ARV lab monitoring. This will serve to increase the quality and sustainability of ACT outside of PEPFAR-supported sites. APIN will support policy development and implementation of task shifting to improve access to care and treatment services for PLWHAs. A total of 197 health care and non-health care workers will be trained in palliative care, including HBC, in line with the National Palliative Care Guidance and the USG Palliative Care policy.

This funding will support the personnel, clinic and lab services for training of 253 people in ART, monitoring of 21,350 adults at the end of COP09, which includes 8,200 new adult patients.

EMPHASIS AREAS

This program seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV-infected adults for clinical monitoring and ART treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of ART services to secondary health facilities will increase access to necessary services in poor communities.

CONTRIBUTION TO PROGRAM

ACT activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, care and treatment services and lab support to serve more HIV+ people. APIN will continue to support the expansion of ARV services into more local areas by developing a network of secondary or primary health care clinics providing ART services that are linked to tertiary health care facilities. These networks will ensure that facilities are able to develop linkages, which permit patient referral from primary health centers and the provision of specialty care support. In addition, palliative care services will be provided to 21,350 PLWHA and 42,700 PABA for a total of 64,050 people served. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

Additionally, as part of our sustainability building efforts, APIN will receive technical assistance and support from Harvard to assume program management responsibility for the adult care and treatment Activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC and Pediatric ART Care and Treatment for pediatric care, PMTCT, TB/HIV to provide ART to patients with TB, Lab to provide ART diagnostics, HCT as an entry point to ART, and SI (HVS) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pregnant women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22509

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22509	22509.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$290,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,890

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$21,178

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9404.09	Mechanism: HHS/CDC Track 2.0 URC
Prime Partner: University Research Corporation, LLC	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 21699.25352.09	Planned Funds: \$354,000
Activity System ID: 25352	

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

ACTIVITY DESCRIPTION

In COP 08, URC will provide care and support services to 1,900 clients and 3,800 persons affected by HIV/AIDS (PABAs) with 1,350 receiving ART services. In COP 09, URC will continue to serve 1,900 PLWHA and 3,800 PABAs with HIV-related care and support. Among those receiving treatment will be 450 new clients. We will work in coordination with the state government of Enugu, the health commissioner and ENSACA, the primary HIV/AIDS program implementing agency in Enugu to continue to select health facility sites for program implementation in the highest HIV prevalence areas of Enugu state. We plan to be working in 10 health facilities to enhance and/or establish care and treatment services. URC will assist facilities to effect strengthening of internal and external referrals and linkages in order to promote access and further care and treatment of all clients through regularly scheduled meetings between the primary care coordinator for each relevant LGA in Enugu (state, private and NGO-supported facilities). Not all service providers or facilities will be able to offer care and treatment within their facilities. In such cases, URC will work with the State Department of Health to develop referral linkages to ensure that clients have easy access to services. We will be training 20 individuals in ART and HIV-related care and support, including community workers and PLWHA to scale up home-based care and support services for people living with HIV/AIDS.

URC will address the shortcomings of supported health facilities in Enugu through training of additional health staff and community workers and provision of needed infrastructure improvements to health facilities and improve coordination and synergy among agencies working on HIV/AIDS in Enugu. We will provide care services in the range of clinical care with basic care kits, psychological, spiritual, social, preventive services, and home-based care. Clinical care will include basic nursing and end-of-life care, assessment and management of pain, nutritional assessment and intervention, OI prophylaxis and management, STI diagnosis and management, and laboratory services. All enrolled clients will receive a basic care kit which includes ITN, water vessel, water guard and ORS, latex gloves, IEC materials, condom, and soap. The minimum care package includes the basic care kit with clinical care, plus two supportive services of those listed above. We will conduct pain assessment and management using WHO step-ladder approach and according to national guidelines. URC will help provide prevention support for HIV positive clients. The Prevention with Positives (PWP) programme will address on going prevention needs for all clients including assistance with disclosure counselling for intimate partners, partner counselling and referral, ongoing risk reduction counselling, provision of condoms, lifestyle counselling, referral linkages to patient support groups and ongoing counselling, screening for STI, staff will be supported using the national and international best practice to provide PWP support. Cotrimoxazole prophylaxis will be provided according to National guidelines. URC will integrate nutrition support into the care and support programme. This support will include nutritional assessment using Body Mass Index (BMI) assessment for all clients to achieve this all clients will have their height and weight measured and recorded. Further all clients with BMI less than 18 will qualify for nutrition support by prescription through the provision of high energy macro and micronutrients. URC will strengthen referral linkages to nutritional support programmes. Patient nutrition education and counselling will also form a major part of the support provided. URC will support clinicians at facility level to stage and manage patients according to national standards. These will be achieved through on site mentorship support and off site but remote training. It is estimated that the 1,350 individuals receiving ART will display moderate or severe malnutrition and thus be provided with food and nutritional supplementation.

URC will work with its partner Vision Africa to support home based care activities. Through this collaboration current and volunteer providers will be accessed and trained on the provision of appropriate support within the home. This will include identification of cases for referral, psychosocial support, patient education, basic first aid and adherence support according to the nationally accepted guidelines. We will provide increased clinic-based and home/community-based activities to adults or adolescent HIV-positive individuals through the training of healthcare workers, PLWHA and community workers in adherence counseling, management of opportunistic infections, diagnosis and relief of symptoms, psychological and spiritual support, clinical monitoring, related laboratory services and delivery of other palliative care services to the community including culturally appropriate end-of-life care per Nigeria's National Palliative Care Standards and Guidelines. This program area also includes the provision of ARV drugs which will be carried out by our partner, Crown Agents, in concurrence with the Nigerian ART guidelines.

URC will ensure that the national guidelines on antiretroviral therapy are implemented. To this end, all ART eligible clients will be taken through a pre-ART programme. This programme will focus on patient preparation, readiness and adherence counselling and will then be placed on the triple ART regimen of either Tenofovir (Zidovudine)/Lamivudine(Emcitrabine)/Nevirapine(Efavirenz), the nationally recommended first line drugs. All clients will be eligible to a CD4 test on enrollment to the programme. All clients on ART will be monitored closely with initial haemoglobin, liver function tests, creatinine and full blood counts carried out for all clients. At a minimum all these will be repeated one month after initiation of therapy and six monthly thereafter. Immunological and clinical monitoring will be used to identify treatment failure, all eligible cases placed on Didanosine (Abacavir)/Lamivudine (Emcitrabine) and a ritonavir boosted protease inhibitor as recommended in the national guidelines with appropriate permutations depending on initial regimens, pregnancy and morbidity status. Education & Adherence Counseling will be closely linked to treatment initiation and maintained with every patient contact. Close links will be formed with home based care providers to maintain adherence within the home setting. Client and family centred approaches will be used. These include disclosure and assisted counselling, the encouragement of treatment support buddies,

Activity Narrative: patient support groups. National pre-ART & ART client attendance registers will be used to track defaulters and those lost to follow up. Facility based community meetings with community gate keepers will be held to help improve community treatment literacy. As part of improving and increasing the effectiveness of care, treatment and support URC will work together with other PEPFAR partners to support the proposed development of a national policy on task shifting. This programme, under the leadership of the Government of Nigeria, aims to shift non essential and routine follow up of clients from physicians to nurses (for ongoing follow up of stable ART and pre-ART clients) and from nurses to counsellors(for adherence counselling and support.)

URC will train 20 health care workers on site, using the national curriculums for palliative care, ART and adherence. This training will be supplemented by on site close support mentoring to ensure proper skills transfer and usage. Local trainer of trainers will be capacitated to provide this training. In addition URC recognizes the work and role of the current implementing partners in Enugu and will use their current expertise to prevent the duplication and wastage of training and other implementation resources.

There will be ongoing monitoring and evaluation of the programme using application of quality improvement initiatives including HIVQUAL, the plan, do, study act cycle, standard setting and tracking, best practice sites with intentional spread and collaboration is the signature hallmark of URC programmes. In addition, on site data collected will be analyzed and used for process and programme improvement. M&E support will be provided by URC's technical team in collaboration with site staff and USG to increase sustainability and ownership.

URC will focus part of its programming on improvement of referral systems to improve the coordination between lower and higher level public healthcare facilities as well as between the public and private sector. This will be accomplished through the scheduling of regular meetings with the primary care coordinator for each relevant LGA in Enugu state, private and NGO-supported facilities to jointly develop indicators that are followed so that weak areas among these facilities can be addressed.

URC recognizes the importance of ensuring uninterrupted supply of drugs, laboratory and allied commodities and will work together with its partner, Crown Agents, through the available central supply systems. This support will supplement the national commodity supply. Locally sourced and USFDA/PEPFAR approved commodity will be procured through this mechanism.

CONTRIBUTIONS TO OVERALL PROGRAM

Training and support to improve the quality and integration of care and treatment services are consistent with FMOH and PEPFAR priorities and will support the strengthening of the health system. URC will hold workshops to promote sharing of knowledge and best practices in all HIV-related services which will allow rapid and effective spread of good practices throughout Enugu State. Our care and support program will build on our partner, Vision Africa's network in Enugu which is affiliated with dozens of FBOs, CBOs and CSOs in Enugu State, including Enugu State's branches of The Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) to train community workers and PLWHAs in the delivery of home-based care services. Additionally, our work in this area will also involve training and new reporting on performance indicators as specified by PEPFAR. This activity in the region will strengthen all reporting, accountability of facilities and data collection in all areas of the health sector in Enugu State. The networking, sharing of best practices and training of health and community workers in ART care and treatment services promotes sustainability.

This program seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families

LINKS TO OTHER ACTIVITIES

This activity is linked to Counseling and Testing, PMTCT, TB/HIV, OVC, Human Capacity Development and Strategic Information.

POPULATIONS BEING TARGETED

People Living with HIV/AIDS (PLWHA), their family members, caregivers and health care workers are targeted in this activity.

EMPHASIS AREAS

The emphasis areas for this program activity includes: Capacity Building of agencies, organizations and health facilities responsible for delivery of HIV interventions, Collaboration and coordination to improve referral systems and availability of services and Community outreach and involvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21699

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21699	21699.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$365,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,075

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3688.09	Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 6678.25277.09	Planned Funds: \$6,221,438
Activity System ID: 25277	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, CRS 7D will provide comprehensive BC&S to 20,000 People Living with HIV (PLHIV) and 60,000 People Affected by HIV/AIDS (PABAs) in 13 arch/dioceses (mega sites) in 8 states of Nigeria. CRS 7D will continue to provide basic health care services in 5 saturated stand-alone and Primary Health Care (PHC) facilities and client households across 251 parishes which are sub-sites from the mega sites totaling 65 PHC sites. Program growth in COP 09 will be focused in 5 saturation parishes in each of the 13 dioceses. The total number of sites (parishes) will not increase in COP09 from COP08.

CRS 7D will continue to involve more PLHIV in the provision of palliative care services through recruitment of HIV+ volunteers and support groups composed primarily of PLHIV.

Under social support, economic strengthening will be provided to PLHIV and PABAs through individual/group grants and promotion of Savings and Internal Lending Community (SILC) – a CRS program that works with groups to leverage internal savings as a mechanism for raising loan capital for group members. The SG+ members will be expected to pay little interest for the money they borrow which will eventually form capital for the groups. This approach has been successfully implemented in South Sudan. 500 PAVs and SGP+ members will be trained to increase their capacity to provide care, support and prevention in households, communities and PHC facilities.

Staff capacity enhancement will focus on PAV recruitment, motivation and retention. CRS 7D will explore different mechanisms of motivating volunteers in COP 09. These may include extension of economic strengthening support through formation of SILC groups or through recognition of the best performing volunteers by offering them awards.

COP 09 ACTIVITY DESCRIPTION:

In COP09, CRS 7D will provide comprehensive BC&S to 20,000 People Living with HIV (PLHIV) who were already tested in the 135 CT service outlets according to FGoN Guidelines in 9 states (Kogi, Benue, Plateau, Nassarawa, Niger, Kaduna, Edo, Cross River and Lagos states) including the FCT & registered by sub-partners; and 60,000 People Affected by HIV/AIDS (PABAs) in 13 arch/dioceses. CRS 7D BC&S will continue to provide basic health care services in 5 saturated stand-alone and Primary Health Care (PHC) facilities and client households across 251 parishes which are sub-sites from the mega sites totaling 65 PHC sites. Program growth in COP 09 will be focused in 5 saturation parishes in each of the 13 dioceses. CRS 7D will continue to involve State Ministry of Women Affairs (SMoWA), SMoH, SACA & LGA staff in M&E visit to partners & training. The total number of sites (parishes) will not increase in COP09 from COP08. The program will piggyback on activities of other program within 7D, SUN & AIDS Relief (AR) for delivery of BC&S services to all those that require them. Clients will be linked to nutritional services as identified including leveraging CHAI's resources.

CRS 7D will continue to support dioceses in developing institutional relationships with at least 5 PHC facilities to provide basic clinical services to PLHIVs including: basic laboratory monitoring for OIs; urine & stool analyses; STI & malaria treatment; basic OI prevention (CPT) & management. Management of OIs will include treating basic OIs including malaria & syndromic management of STIs; LFT for PLHIV, hemoglobin estimates, CD4 count & other advanced HIV disease laboratory diagnostic tests will be referred to AIDSRelief (AR), & other USG IP supported sites, HIV+ pregnant women will be prioritized for CD4 testing & linked to HAART if needed. Clients will also receive PwP services at facilities and in the communities.

For HBC services, CRS 7D will continue to support non-paid PAVs & Support Groups of People Living Positively (SGP+) in the sites to provide non-clinical BC&S Services. In both cases, CRS 7D will continue to involve more PLHIV in the provision of palliative care services through recruitment of HIV+ volunteers & support groups composed primarily of PLHIV. CRS 7D will provide a basic preventive self care package including, provision of ITN, water guard, water vessels, soap, ORS & basic first aid materials. Prevention for positives will be incorporated into home visits & support group meetings through targeted messaging on Abstinence & Be Faithful, counseling for discordant couples, & provision of complete & accurate information/referrals for other prevention methods.

Under psychological care, 7D will provide psychosocial & spiritual counseling for PLHIV & PABAs, facilitate SGP+ & adherence counseling. Counseling will address prevention, mental health, disclosure, crisis, bereavement & adherence to all medication including ART, INH & CPT.

Under social support, economic strengthening will be provided to PLHIV & PABAs through individual/group grants & promotion of Savings & Internal Lending Community (SILC) – a CRS program that works with groups to leverage internal savings as a mechanism for raising loan capital for group members. Nutrition & health education emphasizing personal hygiene & proper disposal of waste will continue to be provided.

Under spiritual care, 7D will be sensitive to the culture and rituals of the individuals & communities it interacts with. With the 7D stigma & discrimination curriculum, 7D will train more clergy, traditional & spiritual leaders on how to provide non-stigmatizing care.

7D will collaborate with the CRS SUN & AR programs in planning & providing holistic services to PLHIV & families with infected individuals or OVCs. Mechanisms will be developed that allow the flow of human, material & financial resources among the programs for effective leverage of each program's comparative advantage. Coherently planning centrally and implementation in project sites will ensure seamless integration for service beneficiaries.

AR & 7D ART & PMTCT sites will also provide palliative care for HIV+ pregnant women, PLHIV & OVC with back & forth linkages among the 3 programs for ART, health, educational, social support & other services.

Through integrated activities among the three programs, PAVs and SGP+ will be given information that will increase their capacity to provide care, support and prevention services in households, communities and PHC facilities. 500 PAVs and SGP+ members will be trained using FGoN C&S providers' manual & CRS HBC manual to increase their capacity to provide care, support and prevention in households, communities

Activity Narrative: & PHC facilities. Volunteers will continue to use HBC kits with the following contents 2 kidney dishes, a pair of forceps & scissors, dressings, protective wears – disposable gloves, plastic aprons mackintosh, bleach e.g. jik, washing materials e.g. plastic bowl, soap, towel soap container, lotions – calamine , ointment – unscented petroleum jelly & waterguard bottles. Provision will be made to replenish the HBC kit contents after each home visit. Each PHC facility is expected to reach 300 PLHIV with BC&S services. 7D will engage SGP+ & PAVs in capacity building that will promote linkages between SGP+, PAVs & PHC facilities for optimal utilization of health facilities & community resources. Service directories will be placed in strategic places such as SGP+ meeting places & HCT centers.

In COP08 CRS carried out Training of Trainers (TOT) on food security and nutrition for Diocesan staff, who will step down the training to the volunteers to increase their service provision to PLHIV. CRS through collaboration with Clintons Foundation will leverage the supply of fortified nutritional supplements to PLHIV as appropriate. CRS will continue to encourage food security & advocate to the dioceses to support food supplementation to PLWHA, as this has been the practice for the past two years.

Staff capacity enhancement will focus on Partner Staff training, PAV recruitment, motivation & retention FGoN Providers' manual and CRS HBC C&S manual. CRS 7D will explore different mechanisms of motivating volunteers in COP 09. These may include extension of economic strengthening support through formation of SILC groups or through recognition of the best performing volunteers by offering them awards. For hard to reach areas, CRS 7D will carry out advocacy with diocesan authorities to facilitate PAVs with motorbikes & fuel on days when they carry out home visits. Site hiring practices will be encouraged to draw from experienced PAVs & SGP+. HBC Kits & other necessary tools will continue to be given to volunteers.

One PAV or SGP+ member will be assigned to a PHC center to triage with the PHC facilities & PLHIV & SGP+ to facilitate access to clinical services. S/he will work with Diocesan Action Committee on AIDS (DACA) staff to develop effective patient follow-up & referral mechanisms that bridge the health facility-community gap. 7D will leverage 7D PMTCT & AR sites in the provision of advanced clinical services.

Organizational development support including administration & financial accounting will be given to PHC, SGP+ & partners to position them for effective participation in BC&S service delivery. Transportation & health care costs for caregivers & clients requiring specialized care not obtainable in immediate PHC will be incorporated.

PAVs are trained to effectively collect data using standardized M&E tools & are monitored by DACA staff during home visits and as they fill the forms using the information generated. PLHIV are only counted as direct beneficiaries when they access 1 clinical & at least 2 services from the other domains (psychological, social, spiritual) then supplemental direct if they access only 1 service. Given the diversity of the package of services PLHIV receive from different IPs, double counting of services will be highly probable. To avoid this, 7D in collaboration with other USG IPs will develop a tracking mechanism that follows the different services from AR and other USG supported IPs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These BC&S services will contribute to several of the PEPFAR goals. The goal of mitigating the impact of HIV/AIDS will be achieved by the provision of BC&S services. This activity will also contribute to the goal of providing treatment to HIV+ individuals, as adults who are eligible for ART will be referred for these services.

LINKS TO OTHER ACTIVITIES:

BC&S relates to other HIV/AIDS activities to ensure continuity of care for persons accessing BC&S through the 7D. This activity links with Prevention of Mother to Child Transmission (PMTCT) (#5448.08), Voluntary Counseling & Testing (#5422.08), Abstinence & Be Faithful (#5312.08) and OVC (5407.08) and SI activities (#9913.08) being undertaken by CRS 7D. Given the increased integration of CRS programming, there will also be close links to the activities across program areas being undertaken by CRS AIDSRelief especially their ART activities (#6678.08).

POPULATIONS BEING TARGETED:

The populations to be served include children & youth, PLHIV & their families, caregivers & widows/widowers within the 13 Arch/dioceses, LGA staff, clergy and lay people & health workers. Through linkages with other program areas (PMTCT, VCT, ART), recently diagnosed HIV positive adults (including TB-HIV) in these communities in need of BC&S are also targeted. Pediatric C&S clients will be assisted through a family care approach and referred to the SUN program for additional child-centered services.

EMPHASIS AREAS:

The emphases of the BC&S Program activities are local organization capacity development, training, developing networks, linkages & referral systems.

These activities will include an emphasis on reducing stigma associated with HIV status and the discrimination faced by individuals with HIV/AIDS & their family members.

HIV prevention will include gender sensitive activities which will address behaviors, social norms & resulting inequalities between men & women that increase the vulnerability to & impact of HIV/AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13002

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13002	6678.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$7,102,211

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$89,134

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1532.09

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5398.24944.09

Planned Funds: \$262,704

Activity System ID: 24944

Activity Narrative: ACTIVITY DESCRIPTION: This activity represents the fully-loaded costs of USAID's ART Services (Adult Care and Treatment) team, which includes the Senior ART Advisor, a program assistant and an administrative assistant under Adult Treatment, and a Palliative Care Advisor under Adult Care and Support. The ART Services team, working with the wider PEPFAR ART team, Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the HIV and AIDS clinical interventions and services. The team will also be managing several new mechanisms and providing oversight to a wider geographic range of service delivery points.

Three of these four positions are local hires, the fourth is an offshore US PSC mechanism. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13128

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13128	5398.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$253,170
6780	5398.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$184,000
5398	5398.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$69,332

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7215.09

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16936.24956.09

Planned Funds: \$9,180

Activity System ID: 24956

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency ART Services (Adult Care and Treatment) ICASS budget for FY09 is to provide necessary ICASS support for the four USAID employees under the ART Services program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16936

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16936	16936.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$4,919

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3243.25199.09

Activity System ID: 25199

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$1,001,200

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to activities in VCT, PMTCT, Basic Care and Support, OVC and TB/HIV activities.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP08, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free ARV services in the following 14 military facilities and communities: Defence Headquarters Medical Center – Mogadishu Barracks (FCT), 44 Nigerian Army Reference Hospital (Kaduna), Nigerian Naval Hospital (Ojo), 445 Nigerian Air Force Hospital (Ikeja), 82 Division Hospital (Enugu), Nigerian Air Force Hospital (Jos), Nigerian Naval Hospital (Calabar), Naval Medical Centre (Warri), Nigerian Army Hospital (Port Harcourt), 45 Nigerian Air Force Hospital (Makurdi), Military Hospital (Benin), 2 Division Nigerian Army Hospital (Ibadan), Military Hospital (Maiduguri) and 3 Division Hospital (Jos).

In COP08, the program will expand to six new sites. These include: Brigade Medical Center (Sokoto), Armed Force Specialist Hospital (Kano), 34 FAB Medical Center (Owerri), Ministry of Defence Clinic (Abuja), Military Cantonment (Onitsha), and Headquarters Nigerian Army CAS Medical Reception Station (Kontangora).

In COP08, DOD – NMOD will expand comprehensive ART services to recruit 2,500 new patients and maintain 6,260 patients, reaching a total of 8,760 individuals receiving ART. Approximately 10% (850) will be pediatric patients. Clinicians across the 20 sites will be assisted to promptly initiate support for ART eligible patients, with emphasis on supporting the 6 new primary sites. Each site is an integrated hospital supporting HCT, laboratory, TB and other services. Linkages with both NMOD and other partner facilities will support referral of complicated or stable patients to ease overcrowding and maximize facility abilities.

A major component of this activity is human capacity development- both in increasing numbers of providers and the training provided to them. The NMOD has committed to increasing and developing of a sustainable treatment program in COP07 by hiring 100 new health care professionals dedicated directly for PEPFAR goals (30 each physicians and nurses, 20 each laboratorians and pharmacists). In COP08, the DOD will support the training of an additional 200 health care workers, including doctors, pharmacists, nurses, laboratorians, site administrators, commanders, and team leaders. Additional temporary staff through the National Youth Service Corps (NYSC) will be utilized. In COP06, NYSC physicians were jointly funded by the DOD and NMOD programs; in COP07, the NMOD assumed total coverage of these salaries. Funding may be provided to expand this program in COP08. Use of the NYSC (usually three to four per site) provides a dual purpose of training young physicians in Nigeria in ARV services and HIV/AIDS care and exposing them to the military system for possible accession to the uniformed services or as NMOD civilian providers.

Training is the second component of capacity development. The base of training has included the four week ART training at the Infectious Disease Institute in Uganda (78 NMOD personnel trained through end of COP06) and will continue to serve as a cornerstone for 2008. A dedicated Infectious Disease physician will provide mentoring and continuing medical education courses through centralized in-country and on-site trainings on ART clinical care, treatment, adherence and laboratory monitoring. Adherence counseling for ARVs and instruction in side effects and contra-indications is part of the NMOD internal ART course and each pharmacist is provided with initial and refresher training through this course.

The third tenet of capacity development is physical capacity. This will be increased through refurbishments at each site as required by each site to improve patient flow and throughput. This will be accomplished through bilateral planning of both the NMOD and DOD funding. US DOD funding has provided refurbishments at seven sites and the NMOD has funded refurbishments at seven sites. One site was jointly refurbished (44 NARHK) due to its size and dual use as a NMOD treatment site and as a referral center for all of Kaduna State.

To enhance quality of care, the DOD will conduct on-site clinical mentoring via centrally located staff and DOD HQ Technical Assistance rotations. The DOD-NMOD Technical working Group will integrate with USG and MOH advisors to ensure that all activities and support are in compliance with National policies, curricula and guidelines. In addition, the DOD will ensure that routine meetings with all hospital staff involved in HIV/AIDS patient care are occurring monthly (or more frequently, as needed). This will support monitoring and evaluation of clinical outcomes and allow for dissemination of information and lessons learned to improve care.

NMOD and DOD participation in the USG ARV/Treatment Technical Working Group to address treatment issues will promote harmonization with the GON and other Implementing Partners, thus strengthening the referral linkages and networks between partners close to NMOD sites. The program will also establish networks for community volunteers, including People Living with HIV/AIDS, to ensure cross-referrals. The DOD will continue to work with the GoN and other national stakeholders to develop networks for purposes of addressing sustainability issues, stigma reduction, treatment and prevention activities. Linkages with other basic care partners and prevention groups (particularly prevention for positives) will also be supported.

Consumables and other supplies will be provided by a combination of two approaches. While the supply of some consumables will continue to be sourced by DOD from local vendors, the majority (80%) of funding for drugs and consumables will be invested in the Supply Chain Management Systems (SCMS). The DOD program will continue support to the Nigerian Ministry of Defence (NMOD)-owned, contractor (SCMS) operated warehouse developed under COP07 funding. NMOD customs agents will clear imported supplies. Under training and supervision by SCMS contractors, the facility will distribute supplies directly to all NMOD Points of Service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of critical items maintained in-country to protect against unforeseen shortages. This program fully adheres to USG and FGON policies and acquisition regulations, minimizes indirect costs and accomplishes NMOD capacity building in supply chain management. The program design ensures

Activity Narrative: continued USG visibility and accountability at all levels of implementation.

By the end of COP08, DOD will support 20 NMOD facilities in Anambra, Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Imo, Kaduna, Kano, Lagos, Niger, Oyo, Plateau, and Rivers, and Sokoto (16 states and FCT).

DOD has allocated \$2,100,000 of its ARV Services budget to SCMS for procurement of commodities. This amount is captured under the SCMS ARV Services activity.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Expansion of ARV services will contribute approximately 2% of the overall 2008 PEPFAR targets. The training of health care workers and community volunteers will contribute to human resource development to ensure the sustained delivery of high quality ART services in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity is linked to all prevention activities (#3246.08, #5313.08, #5388.08, #5362.08, #16943.08), HIV/AIDS/TB treatment and care services (#3240.08, #3247.08, #5409.08, #3241.08), Drugs and Laboratory Infrastructure (#3242.08, #3244.08) and SI (#3245.08).

POPULATIONS TARGETED:

This activity will target all individuals in the 20 military communities served, as well as the civilian population in the surrounding communities, who are diagnosed as HIV+ and clinically assessed as suitable for treatment.

EMPHASIS AREAS:

This activity will focus on gender issues through seamless PMTCT/ART/TB services at NMOD sites and in collaboration with neighboring PMTCT sites to improve women's access to services, particularly in previously underserved communities. This activity will also facilitate linkages into community and support groups.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13158	3243.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$450,000
6798	3243.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$1,950,000
3243	3243.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$1,315,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 554.09 **Mechanism:** DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 5400.25209.09 **Planned Funds:** \$300,949

Activity System ID: 25209

Activity Narrative: ACTIVITY DESCRIPTION: This activity represents funding for four full-time, contracted Nigerian program officer positions in support of ART Treatment Services as well as additional external technical assistance. The positions include a Clinical Treatment Physician/Clinical Manager, a Pharmacist and two Logisticians. The budget includes four FSN salaries, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for one week of in-country support by an ART physician who will provide TA, continuing medical education and mentorship. TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

All four positions serve on various USG Technical Working Groups. The Clinical Manager sits on the USG Care and Treatment TWG, the Logisticians sit on the Logistics TWG, and the Pharmacist participates in both TWGs. These officers also serve on the U.S. Department of Defense – Nigerian Ministry of Defence HIV Program's Clinical Technical Working Group to integrate US policy and implementation with NMOD/GON practices.

The program officers' responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site treatment programs. The Logisticians and Pharmacist work closely with SCMS and other partners to ensure proper drug and service forecasting for the Nigerian Military and surrounding communities. The program officers will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and promotes the GON national treatment guidelines.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13165

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13165	5400.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$200,000
6807	5400.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$200,000
5400	5400.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$100,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$40,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 632.09	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 29218.09	Planned Funds: \$327,175
Activity System ID: 29218	
Activity Narrative: FY08 Collaborative Nigeria NG.08.0201 Multi-country CART Evaluation of Interventions to Reduce Early Mortality among Persons Initiating ART in Emergency Plan Countries	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Estimated amount of funding that is planned for Public Health Evaluation \$327,175
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 544.09

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 6715.25223.09

Activity System ID: 25223

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$9,254,094

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+ activities between Harvard School of Public Health and APIN, Ltd., our activity narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN, Ltd (which will be submitting a separate narrative under the name APIN). Narrative has also been updated to reflect COP09 goals and targets. In addition, during COP09, APIN will be taking over all activities for Nigerian Institute of Medical Research, Lagos University Teaching Hospital, Onikan Women's Hospital, and Mushin General Hospital, in accordance, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN narrative.

ACTIVITY DESCRIPTION

In COP08 Harvard provided comprehensive adult care and treatment (ACT) services in 36 sites. In COP09, Harvard will provide high quality ARV and basic care and support services to eligible adult patients at a total of 66 sites, including 23 comprehensive ART sites (10 tertiary and 13 secondary facilities) and 64 PMTCT sites that also provide ART for HIV+ mothers and children identified through PMTCT services. Our ACT sites are located in the 9 states of Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, and Yobe. This activity will provide ART services to a total of 46,300 adults (9900 new) by the end of the reporting period. Facility-based palliative care services will be provided to a total of 63,900 PLWHA; 17,600 ART-ineligible and 46,300 ART-eligible). An additional 127,800 People Affected By HIV/AIDS (PABAs) will be reached through the community and home-based care (HBC) of the PLWHA; therefore, it is expected that a total of 191,700 people will access services. At our 21 secondary level PMTCT sites, there will also be ACT provided for eligible pregnant women. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will increase the reach of ACT services as well into an additional 34 primary level facilities. As a part of the transition of APIN+/Harvard PEPFAR activities to APIN, 4 Harvard COP08 Sites (LUTH, NIMR, OWH, and MGH), will be supported by APIN in COP09. Harvard and APIN will collaborate in order to ensure a smooth transition of clinical services.

Patients are identified through HCT services, including facility-based, mobile, and family-centered strategies. All HIV-infected individuals are clinically pre-assessed for ART eligibility; ART-ineligible patients are provided with continuous clinical monitoring and basic care and support services. ART-eligible patients are provided with ART services, in accordance with a standardized programmatic protocol, which follows the 2005 revised National ART Guidelines. All HIV+ patients are provided with palliative care services, consistent with the Nigerian Palliative Care Guidelines. A network model of care will be used for service delivery.

ART-ineligible individuals enrolled in care receive periodic follow-up to identify changes in eligibility status. Scheduled physician visits for all patients are at 3, 6, and 12 months and every 6 months thereafter. ART patients follow the same clinical visit schedule with more intensified monitoring and pick up drugs monthly. At each visit, clinical exams, hematology, chemistry, viral load, and CD4 enumeration are performed when indicated. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site lab for analyses. Electronic clinic and lab records provide data for high-quality patient care and centrally coordinated program monitoring. As additional medical needs of patients are identified through clinic visits, patients are provided with the services by clinicians or referred for specialty care as necessary. HIV+ individuals are provided with cotrimoxazole prophylaxis according to national guidelines. Diagnostics for common opportunistic infections (OIs) may include: *Candida albicans*, protozoal infections, and gastrointestinal parasites. All HIV+ patients are also symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated.

Harvard will support integration of syndromic management of STIs and risk reduction interventions into care. All PLWHA will be provided with a basic care kit including clean water kits, ITN, and IEC materials on prevention with positives (PWP). Pain management assessments will also be conducted by clinicians and HBC providers and analgesics will be provided. Commodities distributed as a part of the palliative care services are procured centrally through the APIN Abuja program office and Central Medical Stores in Lagos. Distribution of commodities to individual sites is coordinated through supply chain mechanisms in place for laboratory test kits and ART drugs. During COP09, Harvard will collaborate with SCMS for the procurement and distribution of specified OI drugs.

All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. These activities are provided through individual counseling and outreach by site PLWHA support groups. Activities that focus on PWP include HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages, and IEC materials on disclosure. Patients are also encouraged to refer family members for HCT. ART patients are provided ART education and adherence counseling (EAC) prior to and during ART provision, which follows the National Guidelines for Adherence Counseling and includes partner notification, drug adherence strategies and other prevention measures. ART EAC is reinforced with PLWHA support groups at each site, which serve all HIV+ patients and their families. ART patients are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care. Harvard also partners with community based PLWHA support groups and CBOs to mobilize communities provide psychosocial support to PLWHAs and their families, provide ART adherence counseling, and assist with patient follow-up and HBC activities. Site HBC activities will be supervised by a hospital team.

Facility-based and community-based HBC teams partner to provide a continuum of HBC services depending on client needs. When ART patients miss scheduled clinic visits or bed ridden clients are reported by the community HBC team, the site HBC team provides follow-up according to a program based SOP, utilizing a HBC kit provided to these outreach teams. The HBC includes ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet. The team will provide basic medical assessments of signs and symptoms, basic nursing care, nutritional assessments and psychosocial support and make appropriate referrals. HBC teams will also provide refills of cotrimoxazole, paracetamol, additional clean

Activity Narrative: water kits and additional ITNs to patients and their families.

All sites focus on the integration of adult care and treatment (ACT) services for all patients regardless of the source of funding for different components of treatment (e.g. external funding sources for services or lab commodities). At each site support is provided for the management of electronic data and patient medical records for use in the provision of clinical care. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV+ patients into ART from DOTS sites. ART-eligible patients identified through HCT conducted for all TB patients at DOTS sites will be provided with ART.

Clinical staff at Harvard sites meet monthly for updates and training. The clinic coordinator and senior clinical officer at each site is responsible approving drug regimen switching. As clinical training needs are identified for new sites or new staff at existing sites, through APIN, Harvard provides training on regimen switching and other relevant topics. In COP08, Harvard incorporated standardized quality indicators into a comprehensive Quality Improvement (QI) Plan for the sites, which includes periodic external site assessments and chart reviews as well as quarterly internal reviews, based on electronic databases. This QI Plan has been harmonized with HIVQual activities for participating sites and will continue to be implemented in COP09.

For patients enrolled through the GON National ART Program, we anticipate GON provision of 1st line ARV drugs and PEPFAR support for ACT services. As patients require alternative or 2nd line drugs, they will receive PEPFAR provided drugs. GON provision of 1st line drugs allows for additional ACT targets. Harvard estimates that 3,981 additional adults will receive ART through the leveraging of GON drugs. Harvard will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing ARVs to patients. The site investigators and project managers will actively participate in the GON National ART program. Harmonization of data collection for M&E will be coordinated with USG and GON efforts. Harvard has provided technical assistance and training expertise to the National ART program's training program, which will continue in 2009. Harvard will continue to participate in the USG coordinated Clinical Working Group to address emerging topics in ARV service provision and to ensure harmonization with other IPs and the GON.

In addition, the program will identify, collaborate with and strengthen the capacities of support groups, including AIDS Alliance and CBOs, to deliver palliative care services, including the provision of community and HBC services such as domestic support, management of minor ailments, pain management, referral services, and counseling services. Supported CBOs will provide a range of facility and HBC services, including prevention for positives (balanced ABC messaging as appropriate), clinical care, prophylaxis and management of OIs, lab support, adherence counseling, psychosocial and spiritual support, and active linkages between hospitals, health centers, and communities. Through counselors and clinicians at all sites, Harvard will provide referrals for TB, family planning, safe motherhood, and other wraparound services as appropriate.

A total of 643 health care and non-health care workers will be trained in palliative care, including HBC, in line with the National Palliative Care Guidance and the USG Palliative Care policy. This funding will also support the personnel, clinic and lab services for training of 825 in ART Services. Harvard will support policy development and implementation of task shifting to improve access to care and treatment services for PLWHAs. Funding is also used to support renovations of physical infrastructure at expansion sites to build physical capacity for the provision of ACT.

EMPHASIS AREAS

This program seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families. Through this program we will also target military populations, through ACT services provided at 68 Military Hospital and Military Hospital Ikoyi, Lagos. We provide a focus on malaria and TB wraparounds through the provision of ITNs, provision of malaria smears, TB screening and linkages to TB DOTS programs.

POPULATIONS BEING TARGETED

The clinical components of these activities target HIV-infected adults for care and treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of care and treatment services to secondary health facilities will increase access to necessary services in poor communities.

CONTRIBUTION TO PROGRAM

ACT activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, care and treatment services and lab support to serve more HIV+ people. Harvard will continue to support the expansion of ARV services into more rural areas by strengthening a network of secondary or primary health care clinics providing ART services that are linked to tertiary health care facilities. These networks will ensure that facilities are able to develop linkages, which permit patient referral from primary health centers and the provision of specialty care support. A tiered structure for ARV provision and monitoring established in COP07 and COP08 provides a model for additional expansion efforts in COP09 in order to meet PEPFAR treatment goals. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for our ACT activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of these efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

Activity Narrative: LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC and Pediatric ART Care and Treatment for pediatric care, PMTCT as the program will support 36 PMTCT sites, TB/HIV to provide ART to patients with TB, Lab to provide ART diagnostics, HCT as an entry point to ART, and SI will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to

New/Continuing Activity: Continuing Activity

Continuing Activity: 13060

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13060	6715.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$14,085,825

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Military Populations

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism**

Mechanism ID: 552.09	Mechanism: USAID Track 2.0 GHAIN
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 3231.24899.09	Planned Funds: \$18,235,238

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Care and treatment narratives were fused.

By the end of COP 08, the Global HIV/AIDS Initiative Nigeria (GHAIN), in collaboration with the Government of Nigeria (GON) and several Faith Based Organizations (FBOs), has supported the provision of antiretroviral therapy (ART) services to over 63,000 HIV infected adults in 112 comprehensive ART sites in 36 states and the FCT. It is estimated that the number of individuals who will have accessed HIV-related palliative care (excluding TB/HIV) at the end of the GHAIN reporting period will be 95,563. In COP 09, GHAIN will continue to provide HIV comprehensive care and treatment services including antiretroviral therapy (ART) to eligible patients through continued support to the existing 112 sites. GHAIN will enroll 5500 new adult patients on ART. Taking into consideration attrition rate, it is estimated that a total of 63,317 adult patients will be on ART by the end of COP 09.

GHAIN will sustain its extensive experience in supporting comprehensive ART services. In addition, GHAIN will strengthen appropriate HIV services at PHC facilities through a decentralized, integrated disease management approach at the LGA level, consistent with a district health management paradigm. To this end, GHAIN will adopt a three-fold strategy: 1) enter in formal agreement with the LGA authorities to create a multi stakeholder committee that oversees the implementation of the program in the entire LGA; 2) contract an umbrella CBO to manage a portfolio of community based activities and 3) link community based activities, PHC and comprehensive sites through a strong and well coordinated referral mechanism to actualize the continuum of prevention, treatment, care and support services.

In this model of service delivery, GHAIN will engage relevant stakeholders, especially the NPHCDA and the relevant disease control program officials to increase access not only for HIV/AIDS, but also for sexual and reproductive health and TB services in the LGA. This model will promote compliance with care and treatment national guidelines for that level of care, the integration of prevention into care and treatment services, the promotion of adherence and treatment education, clinical monitoring, management of OI and related laboratory services within the framework of available funds and GoN policies. GHAIN will also pilot the task shift of ARV refills from comprehensive to PHC facilities, which will be closely monitored in line with national policies and guidelines.

In COP 09, GHAIN will strengthen the capacity of both the public and private sector (where appropriate) sites to implement harmonized quality services with strong focus on adherence, patient retention and ensuring durability of first and second line drugs. This includes the promotion of gender equality and stigma and discrimination reduction activities. 255 health care workers will be re-trained on ART services and the management of opportunistic infections. At the PHC level, community health officers (CHOs), community health extension workers (CHEWs) and nurses will be re-trained using the IMAI tools on relevant aspects of HIV/AIDS services including ARV refill. GHAIN will re-train community pharmacists and will investigate the possibility of engaging with private medical practitioners to support treatment at this level. Laboratory services with CD4+ count testing capacity will be available in all sites. Pregnant women in PMTCT settings who require ART for their own health will be referred and fast tracked into care and treatment services.

Specific focus will be paid to retention of clients not on ART by strengthening our patient tracking system, linkages to support groups and other non ART services. Prevention for Positives will focus on primary and secondary prevention services for all PLWHA. Within the confines of available funds and GON policies, GHAIN will provide or refer PLWHA to preventive care services (IEC, behavioral risk and change counseling, provision of condoms, contraceptive methods, OI prophylaxis, water sanitation, treatment education, ITN, nutritional counseling, micronutrients supplementation), and social services within the community. All PLWHA enrolled with GHAIN will be linked to services where trained providers offer the syndromic management of STIs. GHAIN will ensure, within the confines of available funds and GON policies, that comprehensive sites and PHC centers provide facility based basic care and support services in line with the national palliative care guidelines. This includes clinical services (medical assessment, laboratory services including OI prophylaxis and treatment, nutritional assessment, pain and symptom relief), with basic care kit (ITN, water guard, water vessel, latex gloves, soap, condoms and IEC materials with appropriate PwP messaging) and any other two services from the domain of HBC, psychosocial, PWP, and other prevention services, psychosocial support, and end of life care.

GHAIN will continue to provide technical leadership in strengthening pharmacy systems and pharmacists' capacity to contribute to the delivery of quality HIV/AIDS-related services at all levels of healthcare delivery in Nigeria (tertiary, secondary and primary health care facilities and the communities). GHAIN will re-train pharmacists in all comprehensive ART sites and private pharmacies in pharmaceutical care in HIV/AIDS and best pharmaceutical practices.

Patient management and monitoring will be strengthened in selected sites using GHAIN's Lafiya Management Information System (LAMIS). The LAMIS software will be used both for backlog as well as real time entry of clinical and logistics management data at the ART clinic, pharmacy, laboratory and medical records points of service. Health care workers will be re-trained and mentored to routinely use LAMIS. The LAMIS will also be used by facility management for continuous quality assurance/quality improvement, program evaluation and strengthening drug and commodity inventory management. At national level, LAMIS will be used to evaluate the combined efforts of GHAIN supported care and treatment programs, generate important outcome data from patient cohorts, monitor treatment failure, enable program managers and government counterparts to identify priority areas for action and continuously improve the quality of ART service delivery in Nigeria. GHAIN will monitor the impact of new care and treatment initiatives on service coverage, uptake and quality.

GHAIN will continue to support the national quality assurance/improvement program under the leadership of NACA and the FMOH, including evaluation efforts of the national ART program on all service levels. This will include the improvement of tools like HIVQUAL and the integration of national performance indicators into the HMIS and the LAMIS.

GHAIN will hold regular, scheduled meetings with CEDPA to explore strategic referral approaches to

Activity Narrative: ensuring that all clients attending facility based care in GHAIN supported sites also have access to quality home based care (HBC) services in 20 states where CEDPA operates namely Lagos, FCT, Kano, Cross Rivers, Bauchi, Anambra, Edo, Taraba, Imo, Enugu, Kogi, Adamawa, Benue, Niger, Katsina, Sokoto, Kebbi, Zamfara, Nassarawa and Akwa Ibom. In States where GHAIN will be providing direct HBC and support, GHAIN will work closely with established facility based PLWHA support groups and care givers to provide HBC as part of an integrated care package to PLWHA in the 8 HAST model focus LGAs. GHAIN will also train 500 PLHA and other volunteers to provide HBC services to PLWHA. The HBC volunteers will also conduct advocacy for and referral to legal support, spiritual support, economic strengthening and shelter. In addition, they will be supported to carry out stigma and discrimination reduction activities, HBC services, psychosocial support, adherence counseling, referrals, contact tracking, basic nursing care, prevention with positives, provision of ITNs and safe water intervention (water guard), etc. HBC providers' kits (mackintosh, scissors, buckets, ITNs, water guard, analgesics, iodine, cotton wool, spirit, forceps, gauze) will be given to trained health care workers, volunteers and PLWHA. GHAIN will establish fora where care providers will meet on a regular basis to motivate each other, share experiences, and discuss various issues including ways of managing stress and other difficult situations. In line with GHAIN's continued support of the UNGASS MIPA principle, GHAIN will ensure that PLWHA participate actively in the planning of meetings and other care and support activities as appropriate.

GHAIN will participate in the joint supervisory visits that will be carried out by the GON/USG. Synergies will continue to be established with the GFATM grant to Nigeria. GHAIN will continue to strengthen its exit/sustainability plan with the health facilities implementing comprehensive care and treatment programs to build their capacity and to customize a specific plan and schedule for each facility.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The provision of care and treatment services through this program will contribute to strengthening and expanding the capacity of the GON's response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of providing life - saving antiretroviral treatment to individuals. Decentralized services at the PHCs centers and community based institution at the LGA level will improve equity in access to HIV care and treatment services and system strengthening at that level.

LINKS TO OTHER ACTIVITIES

The GHAIN adult care and treatment services relate to: TB, HCT and HOP, HIV Drugs, PMTCT, HIV/RH integration program (supported by other non-PEPFAR USAID funds); community services that supports persons on ARV treatment (to encourage adherence; provide information to PLWHA who are not yet on ART; and promote HIV testing, etc); community and home based care services, include vocational training, income-generating activities, social legal protection, training and support of caregivers, etc.; and the multi-directional referral linkages that improve psychosocial support, adherence and reduce treatment failure and resistance.

POPULATIONS BEING TARGETED

This activity targets adult PLWHAs (male and female); TB patients who are HIV positive, pregnant women who are HIV positive and all high risk groups that are HIV positive.

KEY LEGISLATIVE ISSUES ADDRESSED

Task shifting in order to strengthen the capacity of lower level cadres at the PHC level to provide comprehensive care services. Reduction of stigma and discrimination both among health care workers and the general population. Promotion of gender equity in access to the care and treatment programs, by mobilizing both males and females to avail themselves of treatment opportunities.

EMPHASIS AREAS

This activity includes major emphasis on achieving improved access through integrated disease management (HAST approach), quality assurance/quality improvement with supportive supervision and minor emphasis on trainings.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

FHI GHAIN requests for early release of funds to meet its unexpectedly longer lead time for procurement of supplies and commodities, infrastructural upgrade and other activities necessary for the maintenance of clients on treatment, care and support during the initial months of the COP 09 period. It will be appreciated if GHAIN receives an early release of at least \$3,864,681 (15%) of the funds under this program area for the purposes stated above.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13043

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13043	3231.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$21,619,751
6703	3231.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$15,939,526
3231	3231.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$6,919,012

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$62,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5330.09

Mechanism: HHS/HRSA Track 1.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9910.24860.09

Planned Funds: \$4,820,586

Activity System ID: 24860

Activity Narrative: Track 1 and 2 are combined for this activity.

ACTIVITY DESCRIPTION:

In COP07 Harvard/APIN+ provided comprehensive ART services in 17 sites In COP08 will provide high quality ART services to eligible patients at a total of 36 sites; 28 comprehensive ART sites (11 tertiary and 17 secondary facilities) and eight PMTCT sites that also provide ART for HIV+ children identified through PMTCT services. The 28 sites are located in the nine states of Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, and Yobe. This will provide ART services to a total of 48,500 individuals, including 44,000 adults (14,000 new) and 4,500 children (1,500 new) at the end of the reporting period. At the additional eight PMTCT sites there will also be ART services provided for eligible pregnant women and eligible infected infants. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will increase the reach of adult and pediatric ART services as well.

For patients at the Federal ART sites, the program anticipates GON provision of first line ARV drugs and PEPFAR support for ART care and services. As patients require alternative or second line drugs, they will receive PEPFAR provided drugs. GON provision of first line drugs, when actualized, will allow for additional adult and pediatric targets. APIN+ estimates that 2,500 additional adults will be placed on therapy through the leveraging of GON drugs. APIN+ will also partner with Clinton Foundation and Global Fund (GF) as appropriate to leverage resources for providing antiretroviral drugs to patients. The site investigators and project managers will actively participate in the GON National ART program. Harmonization of data collection for M&E will be coordinated with USG and GON efforts. APIN+ has provided technical assistance and training expertise to the National ART program's training program for adults and pediatric patients, which will continue in 2008. APIN will continue to participate in the USG coordinated Clinical Working Group to address emerging topics in ARV service provision and to ensure harmonization with other IPs and the GON.

ART provision and monitoring follows the 2005 revised National ART guidelines for adult and pediatric care. All sites focus on the integration of ART services for all patients regardless of the source of funding for different components of treatment (e.g. external funding sources for services or lab commodities). A standardized protocol for adult and pediatric ART services is followed at all APIN PEPFAR sites. At each site support is provided for the management of electronic data and patient medical records for use in the provision of clinical care. Continued support to ART sites in the area of pediatrics, including the training of pediatric clinicians, will build capacity at sites to provide pediatric ART. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of patients into ART from DOTS sites. ART eligible patients identified through HCT conducted at a DOTS site will be provided with ART. By the end of COP07 all APIN+ ART sites will be co-located with DOT centers to facilitate TB/HIV service linkages. All HIV infected clients will be symptomatically screened and confirmed with laboratory and radiological diagnostics as indicated while all TB patients will be offered HIV testing.

Patients are identified through HCT services including facility based, mobile, and family centered strategies. Those initiating ART are provided ART EAC prior to and during ART provision. ART EAC will follow the National Curriculum for Adherence Counseling and includes partner notification, drug adherence strategies and other prevention measures. Care services including prevention for positives will be provided for all ART patients as outlined in the BC&S narrative.

Non-ART eligible individual that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Patients are also encouraged to refer family members for HCT. ART EAC is reinforced with PLWHA support groups at each site, which serve both PEPFAR and Federal ART patients. PLWHA on treatment are encouraged to have a treatment support partner to whom he/she had disclosed status to improve adherence and to optimize care.

Scheduled physician visits are at three, six, and 12 months and every six months thereafter; patients pick up ART drugs monthly. At each visit, clinical exams, hematology, chemistry, and CD4 enumeration are performed. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site lab for analysis. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring.

Clinical staff meets monthly for updates and training. Each site has a clinic coordinator and a central committee determines and approves drug regimen switching. As clinical training needs are identified for new sites or new staff at existing sites, APIN+ provides training on regimen switching and other relevant topics. APIN+ will continue to implement internal and external QA/QC programs through SI activities and will allow sites to further monitor the level of patient care. In COP07, APIN+ developed standardized indicators and piloted QA assessments at ART sites; results were utilized to strengthen services at sites. In COP08, APIN+ will continue to implement these assessments at additional sites. At each site, indicators specific to site needs and activities will be developed.

In addition to providing training to improve care at supported sites, APIN+ will also fully support the training of 100 lab scientists working at GON and GF supported sites. APIN+ will utilize its training lab to train them in ARV lab monitoring including good laboratory practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

This funding will support the personnel, clinic and lab services for training of 900 people, monitoring of 44,000 adults and 4,500 pediatric patients at the end of COP08, which includes 14,000 new adult and 1,500 new pediatric patients. Funding is also used to support renovations of physical infrastructure at expansion sites to build physical capacity for the provision of ART services. A total of 48,500 patients will be provided with ART services. Treatment is provided as a part of the National ART Program in 11 tertiary care teaching hospitals and federal medical centers, located in Plateau, Lagos, Oyo, Borno, Kaduna, Enugu and Benue states. Services will also be provided in 17 secondary level hospitals/clinics in Oyo, Yobe, Borno and

Activity Narrative: Plateau States. Mobile services are also provided to patients served by a CBO in Ebonyi State.

CONTRIBUTION TO PROGRAM:

ART activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, services and lab support to serve more HIV+ people. The 28 comprehensive ART sites represent a significant increase in the number of ART sites. Additionally, APIN+ will expand to two new states, with the majority of new expansion sites being secondary level sites. APIN+ will seek to support the expansion of ARV services into more local areas by developing a network of secondary or primary health care clinics providing ART services that are linked to tertiary health care facilities. Plateau State will be targeted for additional expansion through PMTCT services as a component of the PEPFAR Nigeria LGA coverage plan. As expansion of ARV drug services is prioritized to rural areas, existing referral channels and support network coordinating mechanisms will be strengthened. These networks will ensure that facilities are able to develop linkages, which permit patient referral and the provision of specialty care support. A tiered structure for ARV provision and monitoring established in COP07 provides a model for additional expansion efforts in COP08 in order to meet PEPFAR treatment goals.

LINKS TO OTHER ACTIVITIES:

This activity is linked to ART drugs (9888.08), OVC (5415.08) for pediatric palliative care, adult BC&S (5369.08), PMTCT (3227.08) as the program will support 36 PMTCT sites, TB/HIV (3222.08) to provide ART to patients with TB, Lab (6716.08) to provide ART diagnostics, HCT (5424.08) as an entry point to ART, and SI (3226.08) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pregnant women.

POPULATIONS BEING TARGETED:

The care and treatment components of these activities target HIV-infected adults and children for clinical monitoring and ART treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of ART services to secondary health facilities will increase access to necessary services in poor communities.

EMPHASIS AREAS:

Emphasis areas include in-service training. This increases gender equity by providing equitable access to ART services for both sexes. Counseling services will seek to identify and provide appropriate referrals for women who are or are at risk of becoming victims of violence. ART EAC will seek to provide referrals to wraparound services, such as food & nutrition programs and educational services. ART EAC will also seek to address stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13049

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13049	9910.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	\$2,820,586

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$172,530

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$664,486

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5332.09

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 9895.24854.09

Activity System ID: 24854

Mechanism: HHS/HRSA Track 1.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$1,920,422

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION:

In COP07 AIDSRelief (AR) is providing ART services to 28 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites. In COP08 these services will be increased to cover 30 LPTFs and 20 satellites across the 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. Through primary and secondary faith-based facilities AR will extend ART services to underserved rural communities to reach 10,200 new patients (including 1000 children) for a total of 28,200 active patients (including 2270 children) reached in COP08. In setting and achieving COP08 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in order to concomitantly work towards continuous quality improvement.

All LPTFs will have the capacity to provide comprehensive quality ART services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. AR will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, AR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients.

In COP07 AR trained 690 health service providers. In COP08 AR will train and retrain an additional 400 health service providers. Training topics include ART clinical care, treatment adherence and laboratory monitoring consistent with the National ARV guidelines/training curriculum. AR will make special efforts to increase LPTF capacities in the delivery of pediatric ART services, including counseling, using one of its established partners in Jos for practical training. In COP08 AR will continue conducting 2-week intensive didactic and practical trainings preceding site activation followed by continuous onsite mentoring. Training will maximize use of all available human resources including a focus on community nursing and community adherence. AR will work closely with the USG team to monitor quality improvement at all sites and across the program.

AR will work with supported sites to identify HIV-infected patients, to enroll them in care and treatment, to perform appropriate clinical and laboratory staging of adults and children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible patients. Non ART eligible individuals will be enrolled into care for periodic follow-up, including laboratory analysis at least every 6 months, to identify changes in ART eligibility status. All enrolled PLWHA will have access to the preventive care package (water sanitation/treatment education, ITN), and be linked to community social services. Other care components, discussed under the basic care and support narrative, include TB screening, OI prophylaxis/treatment, routine laboratory analysis, and nutritional counseling. ART sites at LPTFs are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. As a part of comprehensive service delivery, activities addressing prevention for positives shall be enhanced through counseling and provision of full and accurate information for PLWHA including discordant couples.

A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. AR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each LPTF will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of LPTFs for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AR technical and program management regional teams.

In COP08, AR will strengthen its program for Continuous Quality Improvement (CQI) in order to improve and institutionalize quality interventions. AR will hire an additional three CQI staff that will be supervised by the CQI specialist. These 4 CQI specialists will be responsible for spearheading CQI activities in their respective regions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. Monitoring and evaluation of the AIDSRelief ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each LPTF an annual evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. AIDSRelief has developed a Sustainability Plan in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR will increase access to quality care and treatment while simultaneously strengthening health facility systems. All activities will continue to be implemented in close collaboration with the Government of Nigeria (GON) to ensure coordination and information sharing, thus promoting long term sustainability. AR will continue to strengthen the health systems of LPTFs. This will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems. In collaboration with the CRS SUN project, AR will focus on institutional capacity building for indigenous umbrella organizations such as the Catholic Secretariat of Nigeria (CSN).

Activity Narrative: These strategies will enable AR to transfer knowledge, skills and responsibilities to in-country service providers.

AR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving the overall PEPFAR Nigeria target of placing 350,000 clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen LPTF health systems, AR will contribute to the long term sustainability of the ART programs.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT services (5425.08) to ensure that people tested for HIV are linked to ART services; it also relates to activities in ARV drugs (9889.08), laboratory services (6680.08), care & support activities including prevention for positives (5368.08), PMTCT (6485.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08).

AR will collaborate with the 7-D program of Catholic Relief Services to establish networks of community volunteers. Networks will be created to ensure cross-referrals and sharing of best practices among AR and other implementing partner sites. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

POPULATIONS BEING TARGETED:

This activity targets PLWHA, particularly those who qualify for the provision of ART, from rural and underserved communities. Special focus will be placed on identification and treatment of HIV infected children.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART through linkages with OVC and PMTCT services in AR sites and neighboring sites. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12992

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12992	9895.08	HHS/Health Resources Services Administration	Catholic Relief Services	6364	5332.08	HHS/HRSA Track 1.0 CRS AIDSRelief	\$1,042,789

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$25,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$25,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9408.09

Prime Partner: Christian Health Association of Nigeria

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 25653.09

Activity System ID: 25653

Mechanism: USAID Track 2.0 CHAN

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$405,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Care and treatment narratives were fused.

The Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) will provide ARV services and lab monitoring to 2286 adults (1350 new). In COP08 CHAN NICaB supported ARV services at 12 sites and under COP09 will consolidate services at these 12 sites: all medium – small secondary level mission hospitals will be linked to 60 primary health centers (PHC) using the hub-and-spoke model. Sites will be located in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba. Services at PHC and DOTS satellite sites are limited based on staff strength and their capacity. The model of service delivery at the PHC and DOT sites are modeled on these sites providing HCT and PMTCT and referring positive clients to the hub sites. Following base line investigations, clients are sent back to spoke sites to continue with adherence monitoring. Drugs are sent to spoke sites for patient refill and every three months, they return to hub site for CD4 cell count. Clients who are not eligible for ART are referred to community based NGOs/CBOs/FBOs (CISNAN at national and state levels, NEPWHAN and FOMWAN at state level.) and enrolled into care and support. They return to hub site every six months for CD4 cell count. In all models of community outreach a portable pharmacy is employed to deliver ARVs to patients at the community level.

The CHAN NICaB project will collaborate with GON to adapt and expand the IMAI curriculum to facilitate quality adult ARV care at the PHC level. CHAN NICaB participated actively in the review of the National ARV Guidelines for adults and pediatrics updated in 2007 for consistency with WHO 2006 guidelines. A corresponding National ARV SOP has been developed that is being used at all CHAN NICaB sites to align CHAN NICaB services with GON guidelines. Non-ART and ART eligible clients will be enrolled into care and will receive regular clinical monitoring including CD4 count. CHAN NICaB supports PLHA support groups to facilitate adherence and to provide IEC materials. All sites are supported to engage treatment support specialists – PLHA who participate in patient education, client advocacy, and home visits to track defaulters. All enrolled PLWHA will receive care services including prevention for positives activities (e.g., balanced ABC messaging, couples counseling), ITN, water guard, malaria diagnosis/treatment, OI prophylaxis/diagnosis/treatment (including TMP/SMX), pain/symptom medications, and psychosocial support including linkages to community and facility-based support groups. Home based care programs provide linkages between the medical home and the community.

NICaB will work with civil society organizations and the affiliated CBOs to ensure effective good quality home based care. Working with these groups, support groups will be assisted in capacity building for counseling and adherence support, nutritional counseling, referrals and organization of community assistance. Home based care providers will include PHC staff, infected and affected support group members, family members of HIV positive persons and community volunteers. These providers will be provided with in house trainings by the Civil Society network after TOT conducted for them on basic facts in HIV, H CT, CHTC, Adherence, PMTCT, infant feeding. HBC kits will be procured by SCMS based on National Guidelines for distribution to care givers. Insert here – Strategy for the CHBC services including the cadre of service providers in your HBC team, the provision of training and HBC kits for the HBC service providers.

PMTCT stand-alone points of service (POS) is linked to adult and pediatric ARV care through utilization of a network PMTCT coordinator based at the hub site. A specific referral SOP is used to ensure that HIV+ pregnant women who require HAART for their own care are linked to an ARV POS.

CHAN NICaB uses ART expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established POS as resource persons, 36 health care workers (physicians, nurses, counselors, pharmacists) from COP08 POS will participate in central trainings on adult and pediatric ARV care, adherence counseling, and/or pharmacy SOPs. All training will include approaches for prevention with positives integrated into the clinic and community setting. Nationally adapted and harmonized IMAI/Pediatrics training manuals for training various cadres will be used to step down trainings for secondary, PHC and DOTS sites.

A clinical QA program in CHAN NICaB's training uses objective measures of health care team capacity based on knowledge assessment of individual providers, metrics from SI analysis, and onsite observational assessment of clinical practice and community linkages. Collaboratively with the USG and GON, CHAN NICaB carries out site program review visits. The QA program has site level clinical QA coordinators assigned at each POS who perform structured periodic chart reviews that are incorporated into the QA assessment process. Site level Care service aggregate data is evaluated and feedback provided. Based on gaps in knowledge identified the Training Department refines/updates training materials for new and ongoing training activities. CHAN NICaB will also facilitate and actively support onsite standardized HMIS using GON forms and National electronic platforms and will provide onsite assistance with data management and M&E to guide quality improvement measures.

Sites are supported to carry out renovations to ensure clinic facilities are adequate and particularly that pharmacy store and dispensing areas are able to store ARVs consistent with manufacturer guidelines. ARVs are procured as described in the ARV drugs narrative. CHAN NICaB will partner with Clinton Foundation and GF as appropriate to leverage resources for providing ARVs to patients. SCMS provides pharmaceutical commodity management and ensures access to alternative first line and second line ARVs, pediatric formulations, and wraparound services including lab monitoring and high quality clinical care. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Additionally, sites receive training, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis to address occupational HIV exposure of health care workers.

CHAN NICaB services will reach adult clients referred from ART clinics and other USG implementing partners, directly generated from communities as identified by HBC volunteers and self-referrals. All clients will be assigned to one of three categories and provided appropriate services: 1) those who have just been tested and are positive but without major need for medical care will be assisted to access services that

Activity Narrative: promote prevention of opportunistic infections including basic Co-trimoxazole for prevention of Opportunistic Infections, CD4 count to monitor their status and laboratory services for OI diagnosis. Counseling will emphasize the need to protect others; 2) those with opportunistic infections will be provided with home-based care and supported to access medical care and routine medical tests including CD4 count; 3) those on ART will receive intensive adherence counseling, regular home visits for monitoring and referral. All clients will be offered adherence counseling as well as psychological and spiritual counseling. 20% of the 2836 clients to be served are estimated to require home based nursing care and will be served by home-based care (HBC) volunteers. Following the National Palliative Care Guidance and USG PC Policy, CHAN NICaB will provide a Basic Care Package including clinical care, prophylaxis and management of opportunistic infections, laboratory support, counseling and adherence support, home-based care, and active linkages between hospitals, PHCs and communities; and training of healthcare providers and community volunteers. CHAN NICaB will continue to provide clinical services (laboratory, OI prophylaxis/management, nutritional assessment/therapy) with Basic care kits plus at least two other services in the domains of HBC, psychosocial, spiritual, prevention with positives (PwP) and preventive services to all PLWHA enrolled into care.

Clinical care services will be provided at CHAN MIs ART centers and at primary health care facilities (PHC) and will utilize both facility and outreach HBC volunteer programs involving community health extension workers, support group members and TBAs supervised by health care providers trained under the CHAN-NICaB project. Staff at various PHC facilities will be introduced to standardized clinical management of AIDS related infections and the cross referral procedures to USG service sites. CHAN NICaB will enhance the capacity of MIs, feeder PHCs and other referral facilities in communities to diagnose and treat STIs by providing laboratory equipment such as specimen bottles, reagents, and drugs, while health workers will be trained on syndromic management of STIs where laboratories are not available.

CHAN NICaB will support MIs and feeder PHCs and 24 NGOs/CBOs/FBOs to handle OI management, basic laboratory and prophylaxis for PLHA. Basing on outcomes of needs assessments, CHAN NICaB will facilitate renovation and/or refurbishment of basic laboratories at PHC; provide reagents, STI drugs and essential drugs for treatment and prevention of opportunistic infections and other HIV/AIDS-related complications e.g. malaria and diarrhea. Each new client will receive a self care kit consisting of ORS, ITN, water guard, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline and gentian violet (GV). A total of 1900 kits will be distributed to newly registered clients in COP09. Water guard and other consumable supplies will be purchased and distributed to all clients carried over from COP 08. All clients will receive refills of water guard in the COP year.

HBC volunteers and health care providers will be given home based care kits containing outreach worker treatment guideline manual, ORW check list, antiseptic soap, bleach, Gentian violet, unscented petroleum jelly, Calamine lotion, disposable latex gloves, ORS sachets, mackintosh, gauze, adhesive plaster and cotton wool. Towels. Included in the kit also are bowls. The kit also are pair of scissors, forceps, plastic apron, crepe bandage, two exercise books, water guard for demonstration and drugs for pain relief; the kits will be replenished to ensure constant supplies needed for first aid. To strengthen the HBC volunteer program and improve quality of care HBC volunteers, 240 professional health care providers, mainly nurses and community extension workers (CHEWs) and family members will be trained. PHAs will be trained to enhance skills in advocacy and public speaking, and supported to disclose sero-status to partners and immediate family members. Trained volunteers will offer psychological and spiritual support to PHA and their families through group and individual counseling. Culturally appropriate methods will be adopted for end-of-life care and bereavement services. PHA will further be supported to promote the philosophy of "prevention for positives" to peers, especially those in discordant relationships and family members.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

At the end of COP09 CHAN NICaB will be providing ART services to 2286 people, contributing to GON/PEPFAR targets for Nigeria. The CHAN NICaB project will build the skills of at least 48 care providers thus contributing to national sustainability plans.

The intervention will contribute to the PEPFAR care and support goal by reaching 2836 PLHA and 5672 PABA with basic care and support services. CHAN NICaB will work with stake holders at all levels to strengthen community systems for the provision of quality care to PHA and their families and build community capacity to deliver palliative care by training community resource persons.

LINKS TO OTHER ACTIVITIES:

This activity is linked to drugs, HCT, HVOP, OVC, HBHC, TB/HIV, PMTCT, lab, and SI. Patients on ART will be linked to home based care and support and community and social services. TB/HIV linkages will be strengthened; all HIV infected patients will be screened for TB using the National algorithm. CHAN NICaB will also provide onsite assistance with data management and M&E to guide quality improvement. HCT targeting MARPs is established proximate to ARV POS. Using a network model, linkage to ARV services for HIV+ women identified through PMTCT and HIV-infected infants are in place. Quality lab services supported by CHAN NICaB-facilitated lab QA program are available at comprehensive sites while manual lab methods or specimen transport systems will be established for primary health center satellites.

Care coordinators will be placed in facilities providing ART, VCT, PMTCT and pediatric palliative care services to register all those patients who may require HBC services and offer information on follow-up support for PHA. Planning and review meetings will be held regularly with partners to maintain effective referral. CHAN NICaB will collaborate with Howard University to train community pharmacists and health care providers including CHEWs and patent medicine vendors.

POPULATIONS BEING TARGETED:

ARV services are offered to HIV positive adults. Doctors, nurses, and pharmacists are targeted for training

Activity Narrative: in private-not-for profit, private-for-profit and public sectors.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development through training and local organization capacity building. It will also emphasize on community mobilization, develop sustainable community based support system and decrease stigmatization.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1561.09

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5406.25980.09

Activity System ID: 25980

Mechanism: HHS/CDC Track 2.0 Agency Funding

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$75,193

Activity Narrative: CDC RFA
BCS (\$275,000)

ACTIVITY DESCRIPTION:

These funds are to be used by the award recipients of the FY09 HHS/CDC RFA, with emphasis on local implementing partners, to implement HIV care and support programs in new underserved areas of Nigeria. Basic Health Care package services that may be included by the award recipient include: basic medical, laboratory and nursing care, adherence counseling, prevention for positives, linkage to psychosocial support through participation in PLWHA support groups and individual counseling operational at points of service with transportation, communication and referrals, pain and symptom management, and provision of community home based care (HBC).

The award recipients should reach approximately 2,750 PLWHA with care services and will be expected to provide the following types of basic care and support: laboratory monitoring which include CD4 counts, hemogram, clinical chemistry, and malaria smears which are supported and funded under this program area for those not requiring ARV treatment. This activity will include the provision of cotrimoxazole prophylaxis (CPT) to eligible HIV positive patients, including TB/HIV co-infected clients that will be identified and referred from program sites. Special effort will be made to expand upon the growing collaboration between the TB and HIV/AIDS control program to link such care to TB/HIV patients. This activity is also identified as a key intervention in the Government of Nigeria's plan to address TB and HIV.

The recipients will be expected to provide palliative and home based care both at the facility level and in communities with an appropriate combination of models which will be utilized depending upon the site preference. The RFA will supplement site staffing with trained PLWHAs and volunteers from communities to provide this service. An identified trained Basic Care and Support Program Officer with a counseling background at each facility will work with support groups to improve educational and support programs, and coordinate linkage of the facility points of service to the communities.

Training essential for program success and sustainability will target doctors, nurses, health aids, counselors, PLWHAs and community volunteers. This training will be conducted by RFA program staff at the site level to maximize coverage. Training will be done using the training manual which is being developed with the GON by current large treatment partners through PEPFAR support. All HBC providers will receive a provider's manual describing methods of assessment, diagnosis, treatment, management and referral for HIV related symptoms. This will ensure all PLWHAs, including HIV positive pregnant women as well as all TB/HIV patients, get the correct care and the same quality of care across the sites. There will also be Standard Operating Procedures for Basic Care and Support at all service outlets.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the President's Emergency Plan by providing a basic package of care for all PLWHA including HIV positive pregnant women and TB/HIV patients. The services are consistent with the Guidelines for Palliative Care in Nigeria as well as the Nigerian Guidelines for ART which emphasize HBC, symptom management, and OI prophylaxis. Capacity development at the site level and consistency with national guidelines will ensure sustainability. RFA identified staff will contribute to development of a national palliative care training curriculum, identified as a priority by the Government of Nigeria (GON).

LINKS TO OTHER ACTIVITIES:

This activity is linked to HVCT, HVOP, PMTCT, HVTB, HKID and HTXS. HCT will target at risk populations including all pregnant women and all TB patients. All patients are monitored and linked to ARV therapy when indicated. Care and Support services such as psychosocial support and symptom management promotes ARV adherence. Prevention for Positives which includes counseling and condom availability will be integrated into this activity. Services are co-located with TB Directly Observed Treatment Services (DOTS) centers with referrals from other DOTS centers. RFA identified staff will work with sites to ensure effective referral/linkage and coordination systems are in place. High quality laboratory services supported by CDC/RFA facilitated laboratory QA program will be available at sites.

POPULATIONS BEING TARGETED:

Services are offered to all PLWHAs including HIV positive TB patients and pregnant women identified through TB DOT Centers and PMTCT programs, respectively. Doctors, nurses, other health workers, PLWHAs and volunteer caregivers of PLWHA are targeted for training. The volunteers participate in providing HBC services as well as adherence counseling.

EMPHASIS AREAS: The emphasis area for this activity is training as capacity development for sustainability is a key focus.

COVERAGE AREAS: underserved expansion states TBD when awarded.

***The USG Nigeria team is proposing estimated targets in the narratives and not in the target tables in the COPRS for open solicitations for USAID APS and CDC RFAs. These solicitations have not been awarded at this time and targets and other specifics will only be finalized and reflected in the activities in COPRS after negotiations have been concluded and the award has been made.

ACTIVITY DESCRIPTION:

This HTXS activity relates directly to all HHS Nigeria ART COP07 activities (see ID references in the narrative).

Activity Narrative: To support and enhance the USG Nigeria ARV services program, the USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions planned for ART Services that will focus on supporting implementing partner ART issues. The budget includes two FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

These HHS/CDC ART staff positions will work in coordination with the USAID ART staff (#5398.08.08) and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#3255.08), Harvard SPH-APIN (#6715.08), Columbia University-ICAP (#5408.08), Catholic Relief Services-AIDSRelief (#6678.08), and a partner to be determined by an RFA in the first quarter of FY2008. The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6703) and LMS Associates (#15647.08). USAID and CDC ART staff will provide assistance as needed to the U.S. Department of Defense (#3243.08) program with the Nigerian Ministry of Defense.

HHS/CDC and USAID ART staff will provide technical support and capacity development to new partners undertaking ART activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National ART guidelines. It is estimated that the ART staff under this activity will provide monitoring and support to over 200 clinical sites in COP08, with over 250,000 patients on therapy by the end of the program period, 225,000 of these as direct PEPFAR targets.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP08 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13142	5406.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$906,361
6791	5406.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$145,000
5406	5406.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$107,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9894.26061.09

Planned Funds: \$2,470,000

Activity System ID: 26061

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of medical supplies and equipments used in ARV services including consumables and non medical supplies needed to run ARV services, as well as basic health care and support related commodities for adults including other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure medical supplies and equipments used in ARV services and other commodities used to extend and optimize the quality of life of HIV infected adults and their families for three IPs and DoD. This also encompasses commodities for the prevention, management and clinical monitoring of opportunistic infections (OI), except tuberculosis (TB), other HIV/AIDS related complications, including malaria, and for the management of sexually transmitted infections (STIs). Example of such commodities are pharmaceuticals (OI drugs, pain killers, opioids), insecticide treated nets, home based care kits, water guard, gloves and therapeutic food. SCMS will also procure other medical and non medical supplies used in treatment and basic health care and support services, including home-based care.

Through its continuous support to and strengthening of commodity security in PEPFAR care programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of people living with HIV/AIDS and the general population through their families. This will be achieved by assisting the IPs and DoD in quantification, forecasting of requirements and support for the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

In COP09, SCMS will procure medical supplies and equipments used in ARV services, palliative drugs, care and support commodities and provide requested technical assistance for three IPs and DoD, each of which has allocated specific funds to SCMS for these services: DOD, \$300,000 for Adult Care and Support and \$1,750,000 for Adult Treatment; Columbia University/ICAP, \$150,000 for Adult Care and Support and \$675,000 for Adult Treatment; University of Maryland, \$287,960 for Adult Care and Support; and URC, \$4,500 for Adult Care and Support and \$45,000 for Adult Treatment. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGoN) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

Currently, there are several challenges associated with the procurement of Opportunistic Infections (OI) drugs. A number of key OI medicines are banned from importation into Nigeria and hence by default, need to be procured from local manufacturers. However, the fact that none of locally manufactured products has US FDA or similar stringent drug regulatory authority approval places the PEPFAR IPs in an untenable situation. In COP 09, SCMS will work with the IPs and GoN to identify key OI drugs that are needed and initiate the process of pre-qualification towards identifying local sources. SCMS will also work with GoN towards defining the modalities for use of opioids for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for palliative care are available for use of the programs, thus improving the quality of life of PLWHA.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for basic health care and support related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and

Activity Narrative: provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with URC, ICAP, UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP 09, Supply Chain Support Teams (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system of SCMS.

In COP07, SCMS undertook, under DoD's request, a feasibility study for a Government Owned Contractor operated (GOCO) warehousing facility to be used by HIV/AIDS Nigerian military and DoD programs. In COP08, SCMS helped define detailed implementation workplan and responsibility for construction of the warehouse, SCMS will provide technical oversight for the construction and managing the equipment of the facility, while the NMoD will finance the construction of the facility, DoD will finance the equipment of the warehouse through COP allocations to SCMS in the range of \$750,000. The establishment of a GOCO, as part of SCMS system strengthening to the host government's supply chain system, will bring a long term solution contributing to the sustainability of the military HIV/AIDS programs in Nigeria. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their care planned targets.

EMPHASIS AREA
Human capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13086

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13086	9894.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$6,001,000
9894	9894.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$2,013,785

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10807.09	Mechanism: USAID Track 2.0 NEPWHAN TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 25900.09	Planned Funds: [REDACTED]
Activity System ID: 25900	

Activity Narrative: In COP09, this activity will provide adult treatment, care and support services to XX secondary Treatment Facilities and XX PHC centers. These services will take place in 7 states. Through primary and secondary facilities in COP09, the partner will provide ART services to underserved rural communities to reach XXX new patients for a total of XXX active adult patients by the end of the year. Comprehensive packages of care and support services will be provided to a cumulative XXXX PLWHA and XXXX PABAs in the same period.

The package of care services provided to each PLWHA will include one clinical service with the basic care kit and two supportive services including psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and national care and support policies and guidelines. The basic care kit for PLWHAs at sites will include Basic Care Kit (ORS & SSS, LLITN, water treatment solution, water vessel, gloves, soap, condoms and IEC materials,); Home-Based Care (client and caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment-weight, height, BMI, micronutrient counseling and supplementation and referrals) Laboratory Services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All PLWHAs' nutritional status will be assessed at contact and on follow-up visits. By doing BMI and plotting on infant growth charts, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program through wraparound services as well as direct funding. The activity will procure basic care kits through the SCMS central mechanism and OI drugs will be procured through mechanisms that ensure only NAFDAC approved drugs are utilized.

ART services at sites that are co-located in facilities with TB DOTS centers will have the services integrated to facilitate TB/HIV service linkages. All PLWHA will have CD4 counts and other necessary lab analyses performed at least every 6 months to determine the optimal time and eligibility status to initiate ART and monitor effectiveness/side effects for those on ART. Sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure. Cotrimoxazole prophylaxis will be provided for PLWHAs when CD4 <200 or prior TB or other AIDS defining illnesses. The activity will support a pilot program for cervical cancer screening in HIV positive women.

The partner will collaborate with faith-based organizations (FBOs) to achieve these targets by recruiting volunteers and community-based organizations (CBOs). Through these partnerships clients in care will receive a comprehensive package of community and home based care services. HBC teams comprised of nurses, community health workers and trained volunteers will provide HBC services as well as facilitate support group activities. HBC providers will use HBC kits. Partner will focus on improving pre-ART retention in support groups. Strategies to retain clients in care include intensive home visits by HBC team during the first 6 months of enrolment.

All sites will consolidate on their capacity to provide comprehensive quality ART services through management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. Partner will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, partner will collaborate with the Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients.

Monitoring and evaluation will be carried out by a team of trained volunteers working in the communities who will work with the activity's data officers and M&E officers. In addition, data generated will be shared with local government areas to allow them to track their clients and provide ongoing support for sustainability. Registers, forms, and other data tools will be provided and replenished as necessary and staff trained in their use. Partner will report on sex distribution of PLWHAs receiving care and support services and the numbers of PLWHAs reached with community home based care. Personnel will be trained in the use of registers for documentation and data reporting.

The activity will continue to strengthen institutional and health worker's capacity through the training, retraining and mentoring of health service providers to provide care and treatment services at the facility and community levels. XXX doctors, pharmacists, nurses, counselors, and community health extension workers will receive training and onsite mentoring that will allow them to provide comprehensive care. Training will maximize use of all available human resources including a focus on community nursing and community adherence. Care and Treatment trainings will be based on the national curricula. Partner will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide ART.

Partner will conduct 2-week intensive didactic and practical trainings preceding site activation followed by regular onsite mentoring. Community volunteers, including PLWHA and religious leaders will be trained to provide peer education, counseling, psychosocial and spiritual counseling, respectively. Partner will use GON/USG recommended standardized training curriculums, manuals and training aides for all trainings. Information, education and communication materials will be provided to enhance these trainings. APS 2 partners will work closely with the USG and GoN team to monitor quality improvement at all sites and across the program. XX Health care workers will benefit from these trainings referred to above in HIV Care, Treatment and Support.

Activity Narrative: A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. Partner will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each site will appoint a staff member to coordinate the linkages of patients to all services. This will also build the capacity of sites for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the partner's technical and program management regional teams.

In COP09, the activity will continue to strengthen its expanded the Quality Improvement Program (QIP) consisting of the annual cross sectional Outcomes & Evaluation (O&E) exercise, the GON/USG supported HIVQual monitoring and the quarterly Continuous Quality Improvement (CQI) activities in order to improve and institutionalize quality interventions. Patient medical records will be standardized to ensure proper record keeping and continuity of care at all sites. Monitoring and evaluation of the ART program will be consistent with the national plan for patient monitoring. Specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site technical assistance (TA) with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each site an annual cross sectional evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of this program, and is based on durable therapeutic programs and health systems strengthening. The activity will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the GON to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and sites they support; therefore, the activity will strengthen selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the sites. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

The partner will continue to participate in GON harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: This activity will contribute to the expansion of adult care and treatment activities, including effective linkages with HBC providers, will contribute to increased access of such services to underserved rural communities. By providing services to XXX Adult PLWHA, the activity will contribute to the overall PEPFAR care and support target of providing these services to 10 million people globally by 2009 and will help accomplish the PEPFAR Nigeria target of placing XXX clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. This activity contributes to the overall comprehensive HIV and AIDS services by providing the supportive services for all adult PLWHA including those on ART.

LINKS TO OTHER ACTIVITIES: Activities in adult care and treatment are linked to HCT (HVCT), PMTCT (MTCT), ARV drugs (HTXD), laboratory (HLAB), OVC (HOVC), Sexual Prevention (HVAB), Medical Prevention (HMBL) (HMIN) TB/HIV (HVTB) and SI (HVSI) to ensure that PLWHA and their family members have access to a continuum of care. Awardee will continue to collaborate with the XX program of the award to establish networks of community volunteers to support livelihood development program for PLWHA and caregivers requiring such services and support identified child or adolescent headed households to be linked with XX and other OVC programs which will meet the needs of the household. Networks will be created to ensure cross-referrals and sharing of best practices among implementing partner sites for the provision of psychosocial support and community and home based services to PLWHA. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders for harmonization of basic care and support services and the standardization of training manuals for community volunteers and providers

POPULATIONS BEING TARGETED: This activity targets PLWHA, particularly those who qualify for the provision of ART, including PMTCT clients from rural and underserved communities. This activity also targets CBOs and FBOs for capacity building and targets care providers (healthcare professionals and community volunteers) for training.

EMPHASIS AREAS: This activity will include emphasis on human capacity development specifically through in-service training and task-shifting, local organization capacity building for community mobilization and participation, development of networks/linkages/referral systems, and quality assurance/ quality improvement This activity will also ensure gender equity, ensuring access to ART through linkages with PMTCT services, addressing male norms & behaviors, increasing women's legal rights and access to income & productive resources, and reducing violence and coercion against women. This activity will work with CBOs, networks of PLWHA and FBOs and other USG/GON programs to promote economic strengthening activities; education and safe water initiatives, and create access to food and nutritional services. The extension of this activity into rural and previously underserved communities will contribute to

Activity Narrative: the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. This activity will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7405.09

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 25672.09

Activity System ID: 25672

Mechanism: USAID Track 2.0 FS AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$450,000

Activity Narrative: In COP09 AIDSTAR will provide adult treatment, care and support services to secondary Treatment Facilities and PHC centers. These services will take place in 3 states. Through primary and secondary facilities in COP09, AIDSTAR will provide ART services to underserved rural communities to reach adult patients. The number of patients to be reached will be determined as contract negotiations are finalized and will be reported to OGAC. A comprehensive package of care and support services will be provided to PLWHA and PABAs in the same period.

The package of care services provided to each PLWHA will include one clinical service with the basic care kit and two supportive services including psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and National care and support policies and guidelines. The basic care kit for PLWHAs in AIDSTAR sites include Basic Care Kit (ORS & SSS, LLITN, water treatment solution, water vessel, gloves, soap, condoms and IEC materials,); Home-Based Care (client and Caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals) Laboratory Services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All PLWHAs' nutritional status will be assessed at contact and on follow-up visits. By doing BMI and plotting on infant growth charts Micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program through wraparound services as well as direct funding. AIDSTAR will procure basic care kits through the SCMS central mechanism and OI drugs will be procured through mechanisms that ensure only NAFDAC approved drugs are utilized.

ART services at sites that are co-located in facilities with TB DOTS centers will have the services integrated to facilitate TB/HIV service linkages. All PLWHA will have CD4 counts and other necessary lab analyses performed at least every 6 months to determine the optimal time and eligibility status to initiate ART and monitor effectiveness/side effects for those on ART. AIDSTAR sites will integrate prevention with positives (PwP) activities including: adherence counseling; syndromic management of STIs in line with National STI control policy and guidelines; risk assessment and behavioral counseling to achieve risk reduction; counseling and testing of family members and sex partners; counseling for discordant couples; IEC materials and provider delivered messages on disclosure. Cotrimoxazole prophylaxis will be provided for PLWHAs when CD4 <200 or prior TB or other AIDS defining illnesses. AIDSTAR will support a pilot program for cervical cancer screening in HIV positive women.

AIDSTAR will collaborate with faith-based organizations (FBOs) to achieve these targets by recruiting volunteers and community-based organizations (CBOs). Through these partnerships clients in care will receive a comprehensive package of community and home based care services. AIDSTAR HBC teams comprising nurses, community health workers and trained volunteers are supported by AIDSTAR to provide HBC services as well as facilitate support group activities. HBC providers will use HBC kits. AIDSTAR partners will focus on improving pre-ART retention in support groups. Strategies to retain clients in care include intensive home visits by HBC team during the first 6 months of enrolment.

All sites will consolidate on their capacity to provide comprehensive quality ART services through management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability. AIDSTAR partners will adhere to the Nigerian National ART service delivery guidelines including recommended first and second line ART regimens. In addition, AIDSTAR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to patients

Monitoring and evaluation will be carried out by a team of trained volunteers working in the communities who work with AIDSTAR data officers and M and E unit officers. In addition, data generated will be shared with local government areas to allow for them to track their clients and provide ongoing support for sustainability. Registers, forms, and other data tools will be provided and replenished as necessary and staff trained in their use AIDSTAR will report on sex distribution of PLWHAs receiving care and support services and the numbers of PLWHAs reached with community home based care. Personnel will be trained in the use of registers for documentation and data reporting.

In COP09 AIDSTAR partners will continue to strengthen institutional and health worker capacity through the training, retraining and mentoring of health service providers to provide care and treatment services at the facility and community levels. Doctors, pharmacists, nurses, counselors, and community health extension workers will receive training and onsite mentoring that will allow them to provide comprehensive care. Training will maximize use of all available human resources including a focus on community nursing and community adherence. Care and Treatment trainings will be based on the national curricula. AIDSTAR will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide ART. Training targets will be set as contract negotiations are finalized.

In COP09 AIDSTAR will conduct 2-week intensive didactic and practical trainings preceding site activation followed by regular onsite mentoring. APS 2 will also train community volunteers including PLWHA and religious leaders to provide peer education counseling, psychosocial and spiritual counseling, respectively. AIDSTAR will use GON/USG recommended standardized training curriculums, manuals and training aides for all trainings. Information, education and communication materials will be provided to enhance these trainings. AIDSTAR partners will work closely with the USG and GoN team to monitor quality improvement at all sites and across the program. Health care workers will benefit from these trainings referred to above in HIV Care, Treatment and Support.

Activity Narrative: A key component for successful ART is adherence to therapy at the household and community levels. PLWHA on treatment are encouraged to have a treatment support person such as a family member to whom he/she had disclosed HIV status to improve support in the home and increase adherence. AIDSTAR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each site will appoint a staff member to coordinate the linkages of patients to all services. This will also build the capacity of sites for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AIDSTAR technical and program management regional teams.

In COP09, AIDSTAR will continue to strengthen its expanded Quality Improvement Program (QIP) consisting of the annual cross sectional Outcomes & Evaluation (O&E) exercise, the GON/USG supported HIVQual monitoring and the quarterly Continuous Quality Improvement (CQI) activities in order to improve and institutionalize quality interventions. AIDSTAR partners will standardize patient medical records to ensure proper record keeping and continuity of care at all sites. Monitoring and evaluation of the AIDSTAR ART program will be consistent with the national plan for patient monitoring. The specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site technical assistance (TA) with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each site an annual cross sectional evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AIDSTAR program, and is based on durable therapeutic programs and health systems strengthening. AIDSTAR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and sites they support; therefore, AIDSTAR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the sites. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

AIDSTAR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AIDSTAR's expansion of adult care and treatment activities, including effective linkages with HBC providers, will contribute to increased access of such services to underserved rural communities. By providing services to XXX Adult PLWHA, AIDSTAR will contribute to the overall PEPFAR care and support target of providing these services to 10 million people globally by 2009 and will help accomplish the PEPFAR Nigeria target of placing XXX clients on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. This activity contributes to the overall AIDSTAR comprehensive HIV and AIDS services by providing the supportive services for all adult PLWHA including those on ART.

LINKS TO OTHER ACTIVITIES:

AIDSTAR activities in adult care and treatment are linked to HCT, PMTCT, ARV drugs, laboratory, OVC, Sexual Prevention, Medical Prevention, TB/HIV and SI to ensure that PLWHA and their family members have access to a continuum of care. AIDSTAR will continue to collaborate with the program of the AIDSTAR to establish networks of community volunteers to support livelihood development program for PLWHA and caregivers requiring such services and support identified child or adolescent headed households to be linked with other OVC programs which will meet the needs of the household. Networks will be created to ensure cross-referrals and sharing of best practices among AIDSTAR and other implementing partner sites for the provision of psychosocial support and community and home based services to PLWHA. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders for harmonization of basic care and support services and the standardization of training manuals for community volunteers and providers

POPULATIONS BEING TARGETED:

This activity targets PLWHA, particularly those who qualify for the provision of ART, including PMTCT clients from rural and underserved communities. This activity also targets CBOs and FBOs for capacity building and targets care providers (healthcare professionals and community volunteers) for training.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training and task-shifting, local organization capacity building for community mobilization and participation, development of networks/linkages/referral systems, and quality assurance/ quality improvement. This activity will also ensure gender equity, ensuring access to ART through linkages with PMTCT services, addressing male norms & behaviors, increasing women's legal rights and access to income & productive resources, and reducing violence & coercion against women. AIDSTAR will work with CBOs, networks of PLWHA and FBOs and other USG/GON programs to promote economic strengthening activities; education and safe

Activity Narrative: water initiatives, and create access to food and nutritional services. The extension of this activity into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. This activity will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$149,400

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$41,500

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$41,500

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$41,500

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1561.09

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29678.09

Planned Funds: \$20,000

Activity System ID: 29678

Activity Narrative: FY08 Collaborative Nigeria NG.08.0201 Multi-country CART Evaluation of Interventions to Reduce Early Mortality among Persons Initiating ART in Emergency Plan Countries

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$20,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2768.09

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5404.28552.09

Planned Funds: \$7,494,400

Activity System ID: 28552

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: : Combination of ART, & Care and support Services and narrative.

ACTIVITY DESCRIPTION: ADULT CARE, SUPPORT AND TREATMENT

In COP08, ICAP supported 28 hospital networks and their communities, partnering with community-based organizations (CBOs), faith-based organizations (FBOs), and PLWHA groups to enable people with HIV/AIDS to access clinical care and support as well as laboratory and pharmacy services across the 6 states of Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi.

In COP09, ICAP will continue to provide support to 30 comprehensive facilities which will include 28 existing health facility networks and expand support to 2 additional new comprehensive health facilities in Akwa Ibom and Gombe States to provide care and support services to 52,310 HIV+ clients and 104,620 PABAs. A total of 28,351 (3,238 new) patients will be enrolled on ART among the HIV positive patients in COP09.

In COP09, ICAP will enable health facilities to provide clinical care, support and treatment to HIV positive persons by supporting: strategic approaches including training; clinical, laboratory and pharmacy services; systems management; procurement of drugs and supplies; and the expansion of support groups and peer health educator programs.

Following National Palliative Care Guidance and USG PC policy, ICAP-supported sites will provide a basic package of care services, including basic care kits, prevention with positives, clinical care (nursing care, pain management, OI and STI treatment and prophylaxis, nutritional assessment and support, lab- baseline hematology, chemistry and CD4 and follow up, OI and STI diagnosis, psychosocial support, home based care and active linkages between hospitals, health centers, and communities. ICAP will provide clinical care with basic care kits plus at least two other supportive services in the domains of psychosocial, spiritual and preventive services to all PLWHA. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (cotrimoxazole), and 50% Home Based Care and training. Patient education to promote positive living, self-care, and support adherence will be provided. ICAP will support integration of syndromic management of STIs and risk reduction interventions into care.

ICAP will continue to strengthen the HBC teams (doctors, nurses, CHEW, PHEs, members of CBOs). ICAP will expand HBC services to include the provision of domestic support, nursing care, pain management, counseling and referral services. CBOs and FBOs will be supported to package and distribute standardized HBC kits (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, gentian violet, etc.) to each trained HBC provider for use when visiting clients. Basic care kits containing ITN, water guard, water vessel, soap, gloves, ORS, condoms and IEC materials will be distributed to all PLWHAs through facility and community based support groups. Retired health care providers within the communities will be encouraged to volunteer to lead HBC teams through existing CBOs.

At the facility level, ICAP will conduct quality improvement activities using processes like Clinical System Mentorship and HIVQUAL. Checklist, SOPs, Standard of Care and Model of care assessment will be used to enhance quality of services in all comprehensive sites and PHCs.

ICAP will train, retrain and mentor health care providers on HIV/AIDS care and management. ICAP will enhance adult care and treatment by providing ongoing site-level mentoring and supportive supervision of facility-based staff. Job aids and SOPs will be provided to support and enhance provider skills. ICAP will participate in the USG/GoN joint supervisory sites visits.

ICAP will further strengthen patient appointment and defaulter tracking systems, as well as routine reporting systems for monitoring basic care and support activities. Outreach teams linking hospital programs to primary health centers and communities will be expanded and supported by ICAP network coordinators. In order to improve access to services and retain in care, HIV positive clients will be supported to access health care facilities via community-based transportation support. Adherence trainings and support services will facilitate adherence, support patient education, enhance appointment system, and strengthen referral linkages/defaulters tracing programs. ICAP will also expand its successful Peer Health Educator program, enhancing family counseling and testing, defaulter tracking, and inter/intra-facility linkages. ICAP also support the development of patient education materials that encourages retention in care.

In COP09, ICAP will maintain provision of quality focused ART services at 28 existing health networks and scale up services in 2 additional health facilities to provide comprehensive ART services to a total number of 28,351 clients by the end of COP09, out of which 25,516 clients will remain on treatment at the end of the reporting period. ICAP will participate in the yearly National Care and treatment evaluation.

Based on FY08 experience, ICAP will provide support for infrastructural development, program management and systems strengthening, including within-facility linkages, retention of health care workers, Management Information System, and inter-disciplinary partnerships. ICAP will facilitate onsite assistance to strengthen systems, including ART clinic management, medical records, referral linkages, patient follow-up, integration of prevention into care and treatment, and involvement of PLWHA; laboratory services. We anticipate increasing need for second-line ART, and will place special emphasis on training and mentoring health care providers to identify treatment failure and initiate second-line regimens when needed. Building on the ICAP-model which emphasizes comprehensive support, capacity-building and local ownership as mechanisms to provide sustainable high-quality HIV/AIDS care and treatment to families and communities, facilities will be supported through enhancement of site-level project management teams (PMTs).

ICAP will prioritize the expansion and decentralization of palliative care services to selected primary health centers (PHC) to reduce the client load on the existing secondary health facility networks. Building on the network of care model, ICAP will scale up care, support and ART drugs refills to PHCs by identifying at least one PHC around each secondary hospital that can provide care and ART drug refills to stable patients. ICAP will also enable the decentralization of existing facility-based support groups, facilitating their expansion into surrounding communities to promote acceptance and ownership, reduce stigma, and increase sustainability. To do this, ICAP will work closely with the state and local governments of the six

Activity Narrative: ICAP supported states to further explore and put in place mechanisms to strengthen the role of PHCs in providing quality ART care and ART drugs refills. ICAP will work closely with established State primary health care development agencies to develop/adapt mechanisms to strengthen the health care systems by leveraging available HIV/AIDS resources. This decentralization will include the development/adaptation of referral protocols (for both "down" and "up" referrals), referral forms/tools, and site supervision tools. Networking and referral linkages between hospital based providers and PHCs will be strengthened. Health Teams in PHCs will be trained on Care and Treatment to encourage task shifting.

This will be a critical element in ICAP's support to health care cadres through the COP09 program activities. Clinicians at all 30 sites will be assisted to identify 'most at risk' HIV-infected patients, enroll them in care and treatment, to perform appropriate clinical and laboratory staging of adults and children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible patients. ICAP will provide follow-on ART/Palliative Care trainings, including ongoing CME and QA activities, for 500 health care workers (including physicians, nurses, counselors, pharmacy, and laboratory personnel) and 100 members of CBOs on palliative care. Onsite clinical mentoring will enhance quality of care and build site-level clinical and management skills for program sustainability. ART reference tools will include pocket guides, dosing cards, posters, and detailed SOPs.

ICAP will continue to work closely with other PEPFAR IPs and GON to ensure compliance with National policies, curricula and guidelines. ICAP will continue to participate in the USG Technical Working Groups to address emerging treatment and care -related topics and further promote harmonization with other IPs and the GON. ICAP will also continue its partnership with SCMS by allocating USD 675,000 of its resources for care, support and treatment related procurements.

ICAP will facilitate linkages through existing and new CBO/NGO or FBOs within the communities to economic empowerment and other programs such as safe motherhood and child survival activities. Therapeutic feeding using approved selection and exit criteria will be provided via referrals where possible and directly when no alternatives exist. Facilities and communities will be supported to identify innovative approaches to sustainable food support such as establishment of innovative food banks, linkages with wraparound programs and existing microfinance opportunities. At the community level, HBC, OVC, HCT outreaches, AB messages, patient retention mechanisms and other support services will be subcontracted to non-governmental, community and FBOs. Trained HBC providers, including PLWHA, will be supported to deliver care and support services to stable patients and family members at home.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By training and retraining at least 600 care providers including PLWHA, ICAP will enhance the delivery of comprehensive basic care and support within national guidelines and protocols via a multidisciplinary family -focused approach. This activity contributes to the USG cumulative targets by reaching at least 52,310 PLWHAs (104,620 persons affected by HIV/AIDS) on care, including 28,351 HIV positive adults on treatment.

LINKS TO OTHER ACTIVITIES:

This activity relates to OVC, HCT, PMTCT, LAB, sexual prevention, TB/HIV, Gender, Human capacity development and SI. As expansion of ART services is prioritized to rural areas, ICAP will strengthen referral channels and network mechanisms. TB/HIV linkages will be strengthened where ART and TB DOTS sites are co-located, and co-location of new ARV sites will be actively promoted in TB DOTS stand-alone sites. All HIV infected patients will be screened for TB using the National algorithm while all TB patients will be offered HIV testing. ICAP will also provide onsite assistance with data management and M&E to guide quality improvement. Relationships between secondary hospitals and community-based referral facilities will be strengthened via the use of network coordinators, CBOs and NGOs. Patients not yet eligible for ART will be carefully monitored (via clinical and laboratory monitoring), and will receive OI prophylaxis and other preventive services where indicated. Women who become pregnant will be referred to PMTCT; after delivery mother-baby pairs will be referred for care and treatment/OVC services. All care and treatment clients will receive PwP messaging as appropriate. Partnerships with other IPs will provide opportunities for leveraging resources. Patients and their families will be linked to community-based income-generating activities where available.

POPULATIONS BEING TARGETED:

All HIV positive persons including women and their households will be assisted to access care and support. HIV positive persons in the general population will be reached through CBOs and support groups. Persons Affected By HIV/AIDS (PABAs) will also be targeted and enrolled into care under the ICAP family-centered approach as will pregnant women, OVC and TB patients. Facility based care providers and CBOs/FBOs will be trained to provide quality services and facilitate the establishment/strengthening of referral networks. Health care providers in secondary and primary health facilities will be trained to deliver quality ART services.

EMPHASIS AREAS:

Areas of emphasis will include quality improvement and system strengthening human capacity development, Gender and other health related wrap around.

This activity will facilitate equitable access to care and support especially to vulnerable groups of women and children. ICAP will advocate for men's involvement in care and treatment in the community (rallies, community sensitization) for improved inheritance rights for women and children. ICAP will also advocate for stigma and discrimination reduction at the community level. ICAP will emphasize quality assurance/improvement and clinical systems mentorship as part of its capacity building. ICAP personnel including national and international experts will provide skill and competency-based trainings, CME, and ongoing clinical mentoring to enable onsite staff to provide quality ARV services to patients. Services will also focus on addressing the needs of women to reduce gender inequalities and increase access to ART services. ARV services will facilitate linkages into community and support groups for nutritional support and

Activity Narrative: micro-credit/finance activities.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

Early funding is requested for USD 4,009,000 to procure drugs (other than ART), commodities and supplies for currently enrolled in care and treatment patients from the existing 28 facility networks. This is to ensure that orders are placed early to forestall any gaps in supplies and further enhance quality of services provided. In addition, as services for many facilities and CBOs are by subcontract, ICAP is unable to execute subcontracts (which represent an obligation of funding) in a timely manner without such funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13030

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13030	5404.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$8,628,014
6690	5404.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$4,300,560
5404	5404.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$1,765,000

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$193,816

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$8,750

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$14,250

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$129,600

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9401.09

Prime Partner: Partners for Development

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 21698.26815.09

Activity System ID: 26815

Mechanism: HHS/CDC Track 2.0 PFD

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$270,000

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

In COP 08, Partners for Development (PFD) worked collaboratively with its sub-partner, the faith-based organization (FBO) Daughters of Charity (DC), to implement activities at two project sites: 1) Assumption Clinic in Warri, Delta State and 2) Catholic VCT Center and primary health care center, Ikot Ekpene, Akwa Ibom State to implement activities under the "Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. This component targeted 400 adults in COP08 needing care through a combination of community-based service provision by peers and community members linked to treatment through health service providers. The model is based on the realization that clinics cannot provide cost-effective, sustained follow-up and care for all infected individuals, and in order to provide a continuum of care, community resources and volunteers will be required. Using peers and other community members also promotes HIV awareness and helps to reduce the stigma associated with HIV/AIDS. Outreach services are provided through Community-based Organizations (CBO) networks to 10 LGAs. In all activities, CAMP draws upon a network of community based groups coordinated at LGA level for service provision on a voluntary basis. The LGA coordination meetings include Parish Action Committees which are themselves coalitions of women's, men's and youth groups as well as health care service provider representatives. They also include representatives from support groups of People Living with HIV/AIDS (PLWHA) or affected by AIDS. Through these LGA coordination mechanisms, volunteers willing to provide home based care to PLWHA are organized, trained and equipped.

In COP 09, PFD will continue to provide care and treatment services to the same target population and plans to reach 850 newly enrolled adults (making a cumulative total of 1250) with care and support services and 900 through ART. PFD and DC will assist adults who need palliative care through a combination of home visits from community volunteers who have been trained in basic nursing skills plus treatment provided by health service staff employed through the two project sites. An enrolled client will be counted to have received care if they have received clinical care, a basic care kit plus two other supportive services which include prevention counseling, psychosocial counseling, volunteer home visitors and logistic support. CAMP Program Officers will train, mentor, and technically support community caregivers as they provide services to persons living with HIV/AIDS. 36 home visitor volunteers will be recruited from PLWHA and their caregivers support groups that have been formed through Parish Action Committees and other CBOs. Support group leaders will coordinate their work at the community level which will in turn be coordinated by an LGA level community nurse. They will be given a basic home nursing training course according to the national curriculum in the beginning, plus quarterly refresher classes that serve to keep their interest high and result in higher retention. Assistance with transportation costs will be provided as needed to volunteers. Home volunteers will be coordinated and linked to clinical services through community nurses/health officers supported by a social worker who will also receive training under this component according to the national curriculum for PLWHA caregivers. There will be two levels of training for home volunteers to correspond to different groups of clients: 1) Pre-ART clients who will require PWP services, health education, CD4 default tracking, as well as family counseling/testing and referrals and 2) clients who are on ART or needing significant clinical assistance/treatment (stage 3 and 4) will first be given more advanced home nursing training and work under a clinical staff person's supervision.

Each enrolled client that receives care and support services from CAMP will be given a basic care kit containing an analgesic (aspirin or paracetamol) and other items including ORS, ITN, water treatment solution and vessel, cotton wool, gloves, soap & IEC materials. The gloves, soap and water treatment solution will be replenished monthly. Home visitors will receive a basic home nursing kit that will contain a thermometer, latex gloves and first aid items. Home visits will be arranged through a referral system organized by an LGA-level volunteer coordinator.

Clients qualifying for care and support will be drawn from a span of intake points such as primary health care outposts, safe motherhood and child survival programs and HCT points. All testing positive will be referred for further medical examinations and lab analysis. ART eligible clients will be placed in ART programs according to National ART Guidelines. Home care capacity of those with chronic and debilitating symptoms will be assessed and those needing assistance from outside their household will be assigned to one of the network of home visitor volunteers. Interface between the home care and clinical care activities will be provided by community nurses who track retention of enrolled clients. Logistic support is organized both by support group leaders who receive training in this area by CAMP personnel and by CBO and health service representatives who have received counseling training (including bereavement counseling). Logistic support includes organizing transportation to ensure that patients can access the clinic-based part of their treatment

Clients will access clinical care as needed (nursing care, pain management, nutritional assessments and interventions, OI diagnosis prophylaxis and treatment, STI diagnosis & management, lab service-baseline hematology, chemistry, CD4 count and follow up, MP, and pregnancy tests when indicated). Clinical staff provides counseling on the importance of adherence to prescribed drug regimes and sets up monitoring and reinforcement chains via a community nurse. For treatments and tests, CAMP clinics have access to supply chains organized at the national level by the Daughters of Charity referral center in Kubwa outside Abuja.

Clinical staff will be trained on pain assessment techniques and management according to the National Palliative Care Guideline. They will also receive a nutritional assessment based on guidelines from the DREAM model adopted by Daughters of Charity. This stands for Drug Resource Enhancement Against

Activity Narrative: Aids and Malnutrition. The DREAM model includes an evaluation covering nutritional anthropometric, clinical and laboratory data. Health care providers investigate the clients' nutritional history and decide on the quality and quantity of any supplement to be prescribed. Signs and symptoms such as anorexia, nausea, vomiting and diarrhea are recorded. Anthropometric measurements of weight, height and body mass index (BMI) are also checked.

Three types of counseling services will also be provided. These include prevention counseling and testing with positives and other prevention counseling for family members including discordant couples. PFD and DC will work towards greater access of home based testing for families where one or more member is positive. Couples where one or more partner are HIV+ will receive HIV/STI prevention counseling from this team, according to the national standards for PWP prevention.

A second type of counseling provided will be psychosocial including bereavement and depression counseling. Home visitor volunteers will receive training in how to provide moral support and encouragement as well as bereavement counseling to families where one or more members are PLWHA, and to learn signs of when their clients need referral to appropriate psychological services. Spiritual counseling will be facilitated through participation of FBOs in the volunteer network and their affiliation to various churches who undertake spiritual and more support activities as part of their mandate.

The third type of counseling is linked to clinical care related to adherence to prescribed treatments, particularly ART. This counseling will be given by the attending health service team initially, but home visitor volunteers will be requested to help with follow up and monitoring of adherence.

Home visitor volunteers are also trained in basic home nursing skills and oriented on how/when to refer clients to CAMP clinics for follow up, counseling and testing. Couples where one or more partner are HIV+ will receive HIV/STI prevention counseling from this team. The Adult Care and Treatment team will cover all aspects of home-based, clinic linked care except that of ARV therapy which is covered in a separate component, however the home-based caregiver team.

Contribution to overall program area:

PFD will through its care and treatment activities/services will contribute to PEPFAR/Nigeria goals of providing treatment to 350,000 and care to 1.75 million people. In addition, PFD is contributing to improved access to care and treatment, particularly to underserved areas.

Links to other activities

This component is strongly linked to prevention, HCT, PMTCT, ARV drugs, SI, OVC, Lab infrastructure and services. There is a strong link to the PMTCT component as mothers may need continuing follow up assistance through this adult basic care and treatment component. Adults being cared for through this component will be able to draw upon primary health care programs offered either through CAMP sub-grantee Daughters of Charity, or who are participating in LGA level coordination mechanisms such as Ministry of Health primary care units for prevention of malaria, TB and communicable diseases

Target population

Target populations for this component are HIV/AIDS infected adults their caregivers, and health care workers. PLWHA will be provided with care and treatments through a combination of assistance from home visit volunteers and health service staff employed at the two project sites. The home visit volunteers are recruited and organized by a network of CBOs (particularly support groups) coordinated at the LGA level and overseen by a community nurse who provides interface between home care and facility based care.

Key legislative issues: PLWHA continue to suffer from stigma and discrimination in many areas of society. Those affected should be monitored and reported with data disaggregated by gender. They should be analyzed from a gender perspective since men and women experience these problems disproportionately. Coordination meetings held at the LGA level with representation from local government assists in keeping local governments updated on the scope of problems related to gender-based violence, stigmatization and discrimination suffered by clients of this care and treatment component. This information will make them better advocates for improved policy at the state level and national level.

Emphasis areas

The main emphasis of this activity is capacity building for improved treatment and care for PLWHA and PABA. This will include integration of care activities with wider malaria prevention and safe motherhood initiatives – both through mainstreaming basic best practices in those areas into training of caregivers for PLWHA as well as using these other programs to enroll PLWHA into the Care and Treatment program as appropriate. Focus will be placed on task shifting through increased delegation of clinical tasks to a wider net of caregivers that have been trained according to national guidelines. This will free up physician's time to enable the clinical/caregiver teams to serve more clients. It will also contribute to the professional development and advancement of various levels of health care providers. PFD will participate in subsequent yearly care and treatment evaluations if requested.

Monitoring and Evaluation

PFD program officers and DC nurse counselors and adherence counselors will work with community volunteers (including adherence guarantees for each HIV patient on Anti-Retro Viral (ARV) drugs) to train them in proper delivery of home-based care. Caregivers will be tasked with monitoring patients in their homes twice weekly, and providing support as necessary. Community-health workers from CAMP sites will do monthly rounds to see People Living With HIV/AIDS (PLWHA) and offer support to their caregivers. Key support categories such as provision of home based care, preventive prophylaxis, palliative care, and nutritional support will be tracked and reported on with patients disaggregated by gender.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21698

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21698	21698.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$210,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,665

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$4,360,927

Program Area Narrative:

At the end of COP07, the total number of children provided with clinical care services including those on antiretroviral therapy (ART) was 15,453. In COP08, USG/Nigeria plans to have enrolled children as a 10% proportion of clients on treatment. USG/Nigeria has successfully brought on an additional seven partners who will implement care and treatment services in COP09, making a total of 21 implementing partners (IPs) in care and treatment. Of these, three are indigenous partners that in line with USG sustainability goals.

USG's strategies for increasing the number of children in care (to 40,187 across 543 sites) in COP09 include: (1) Early Infant Diagnosis (EID) scale-up to identify children early and link them to treatment; (2) active case detection through Provider Initiated Testing and Counseling (PITC) at multiple points of service (POS), including Prevention of Mother to Child Transmission (PMTCT) POS; (3) integration into Maternal Child Health (MCH) and scaling up PMTCT; (4) training, retraining and mentoring of staff; (5) improved supply chain management and procurement of drugs and supplies with the implementation of pooled ARV procurements; and (6) improved linkages between treatment, PMTCT, tuberculosis (TB) and Orphans and Vulnerable Children (OVC) services.

Despite the slow start by the Government of Nigeria (GON) and stakeholders to provide pediatric services nationally, political will has been building since the establishment of a National Technical Work Group in 2006. The USG also facilitated a South-South technical assistance visit in 2007 that helped build momentum nationally towards pediatric care. A National Pediatric Treatment Guideline and standard operating procedure (SOP) exist with draft national training materials and a draft scale-up plan. There is also an HIV/AIDS Pediatric Care and Treatment desk officer in the Federal Ministry of Health. In COP09, USG/Nigeria will collaborate with GON to develop a National Pediatric Care and Support guideline, training manual, and SOP.

In COP09, acceleration of a pediatric HIV program roll-out will be emphasized. Several approaches will be used, including expansion of HIV testing of children, active case finding within USG-supported programs, provision of HIV testing and counseling services for families of all pediatric patients enrolled in care and treatment programs, and support of the parallel development of pediatric HIV care and treatment services with adult ART and PMTCT services (service co-location). This supports a family focused health approach. Since most HIV treatment services for children are localized in larger clinical facilities, USG/Nigeria and IPs are also making strides to support the development of clinical services for children at secondary and primary levels of care, to make services more accessible to families and decrease the probability of loss to follow-up.

In COP07, the USG-supported the GON in a pilot phase of Early Infant Diagnosis (EID) in Nigeria using Dried Blood Spots (DBS). Results from this pilot phase have demonstrated the feasibility of EID in Nigeria using DBS. With the support of PEPFAR laboratories and a well developed national manual, the GON is following a national plan in scaling-up EID across the country. This will ensure that HIV exposed infants are linked early enough into pediatric care and treatment in keeping with the new World Health Organization (WHO) recommendation. IPs have committed to early treatment initiation of HIV infected infants under 12 months of age regardless of their CD4% or count and clinical status. Older children will also be initiated into treatment using clinical and immunological parameters according to WHO 2008. The program was strengthened in COP08 and will continue in COP09 with all partner laboratories with the capacity to do polymerase chain reaction (PCR) being enrolled to include the DBS technique to enable more sites to participate in EID. Poor counseling on infant feeding, one of Nigeria's key challenges, tends to reverse the gains of early diagnosis efforts. As such, Infant Feeding Counseling (IFC) training now precedes all EID training to ensure competency in giving consistent and accurate IFC messages at facilities. Women and their families will be counseled to exclusively breastfeed except when they can achieve Acceptable, Feasible, Affordable, Sustainable and Safe alternative (AFASS) to breast milk. If they can, they will be encouraged to exclusively use a breast milk substitute (BMS). PEPFAR funds will not be used to procure BMS unless medically indicated; for example, for infants who lose their mother at birth.

Despite the challenges posed to identifying positive children, (i.e., limited access to counseling and testing facilities, obtaining parental consent) partners will continue active case finding by implementing PITC at multiple points of service, including outpatient, inpatient, TB, and adult ART clinics and support groups. A best practice that is being adopted by more partners is the use of genealogy mapping to identify HIV status of the family, such that untested family members can be identified and reached. Also, the population-targeted state and local government area (LGA) coverage strategy for PMTCT will be strengthened in COP09 to improve PMTCT coverage, which will be linked to pediatric care and treatment services to capture more exposed infants and their siblings.

The critical manpower shortage and low skill set of staff, especially in rural areas, to care for HIV positive children is a known challenge of pediatric care and treatment; as such partners are emphasizing training, retraining and mentoring of health care workers (HCWs) to ensure competency in the necessary skill sets. Efforts to train existing health care providers at all levels of the health care system are key to significantly increase the numbers of children receiving quality health care services. Experienced staff at centers of excellence for pediatric HIV will mentor new cadres of health care providers. Training and mentoring of health care providers will emphasize HIV testing and counseling for infants, children and adolescents, cotrimoxazole (CTX) prophylaxis and ART in children. Also, the USG is providing fellowship trainings to health care providers as described under health system strengthening to deliver comprehensive health care services to HIV/AIDS clients including children. The USG and partners will have a good representation of certified pediatricians among its staff in COP09. In addition, the USG/Nigeria team will continue joint supportive supervisory site visits with relevant GON officials. The PEPFAR team will continue to engage the GON in the development and implementation of a policy in task-shifting.

Available National first line regimens presently include two Nucleoside Reverse Transcriptase Inhibitors and one Non-Nucleoside Reverse Transcriptase Inhibitor, specifically zidovudine/lamivudine/nevirapine as one recommended first line option. Most sites will utilize Fixed Drug Combinations in COP09 leveraged from Clinton Foundation HIV/AIDS Initiative (CHAI); training is ongoing for ease of use. In COP09 the IPs will not be using a PI based regimen when nevirapine exposure has occurred because it has not yet been adopted nationally. Due its cost implications, challenges are significant but IPs will explore ways to address pricing issues and implement this in the future. The National Care and Treatment ART cards and Patient Management and Monitoring forms are used at sites by most partners to ensure continued harmony in reporting and integration.

USG/Nigeria will further strengthen (1) support groups for children, adolescents, caregivers and families, (2) support for disclosure and informing about HIV, (3) adherence support and services, and (4) support to address caregivers' concerns and needs. TB screening will be provided to all exposed and infected children. Cost of TB diagnosis in children will continue to be addressed including issues around the national availability of drugs. Facilities providing pediatric care and treatment will be encouraged to have pediatric working groups, patient care team meetings, and continuing medical education, as appropriate.

Adolescent friendly services and clinics will be operational in COP09 with age appropriate referral to Prevention with Positives (PwP) as needed; including CTX prophylaxis, nutritional assessment and support, safe water interventions, malaria prevention interventions, and linkages to child survival interventions, including immunizations and growth and development monitoring.

Children on ART and exposed children receive CTX prophylaxis (from 6 weeks of age until HIV status is confirmed for exposed infants) according to National guidelines. Basic care kits containing oral rehydration salts (ORS), water vessel, insecticide treated nets and water guard, latex gloves, and information, education and communication (IEC) materials will be provided. Care and support services will be specifically, 20% lab monitoring for OIs including CD4 % and counts; 30% OI prophylaxis and treatment, pain management, and malaria and 50% Home Based Care (HBC) and training.

USG and IPs will link services to immunizations (Expanded Programme on Immunizations) using a holistic approach to care. IPs will provide well-child care programs, micronutrient supplementation and control of intestinal parasites (e.g., deworming). Children receive clinical examination for evidence of HIV infection at each visit. Nutritional services will include assessment, counseling, and support involving (1), growth monitoring/anthropometric status (e.g., weight for age, height for age, mid-upper arm

circumference, Body Mass Index); (2) nutrition-related symptoms (e.g., appetite, nausea, thrush, diarrhea) and diet; (3) the provision of a daily multi-micronutrient supplement for children whose diets are unlikely to meet vitamin and mineral requirements, (4) the provision of therapeutic or supplementary feeding support for clinically malnourished patients (i.e., plumpy nut from CHAI); and (5) the provision of infant feeding support linked to PMTCT programs and pediatric care programs.

The challenges that exist in infant and child follow-up will be addressed by default tracking teams that provide Home-Based Care (HBC). The HBC package is provided mainly at community and home levels by outreach teams from clinical facilities, community volunteers, PLWHA support groups and family care-givers with linkages and supervision from trained HCWs. HBC includes: medical and psycho-social support available to PLWHA and PABA and includes comprehensive, on-going counseling and referral, as well as facilitation of access to support groups, transportation, micro-credit, stigma and discrimination reduction, material support, legal aid, and housing (usually leveraged). HBC training is provided for service providers and caregivers. Trained HBC providers are equipped with HBC kits.

USG Pediatric Care and Treatment program will continue to increase gender equity in programming through disaggregation of pediatric indicators into sexes. Furthermore, through gender sensitive programming and improved quality services, the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to child care and treatment in the families.

The expansion of pediatric HIV services will require the parallel development of capacity for program monitoring and evaluation (M&E). Program M&E will be supported by the USG, GON, and IPs to ensure that National registers, forms and tools for data capture are available and that all staff are trained to use these tools appropriately. USG PEPFAR Nigeria teams and partners will assist the national program to develop, collect, report and monitor pediatric HIV indicators by age categories (i.e., <2 years, 2-5 years, and 6-14 years). USG/Nigeria will collaborate with GON to support a unified and integrated national system for pediatric HIV monitoring in order to standardize data collection and monitoring procedures and provide information to evaluate program performance. USG/Nigeria PEPFAR programs will support and actively participate in the regular review of country data along with the Federal Ministry of Health (FMOH) and National Pediatric technical working group. USG/Nigeria provides technical assistance to FMOH and IPs for pediatric HIV monitoring and conducts joint site visits with FMOH.

COP09 will emphasize the quality of care and treatment services, as pediatric care and treatment programs expand. USG/Nigeria goals will include performance measurement through the use of HIVQUAL and other QA/QI mechanisms. Best practices will be evaluated and disseminated across PEPFAR/GON partners.

USG will utilize Supply Chain Management System (SCMS) for PEPFAR-wide forecasting and pooled procurements in a phased approach, beginning with 2 adult ARV formulations. It is expected that this will continued to be rolled out in a step-wise fashion annually. USG/Nigeria will continue leveraging procurements and supply chain strengthening across USG/Nigeria partners and other stakeholders (e.g., CHAI). SCMS will procure medical supplies and equipments used in ARV services, ARV drugs, OI drugs and other care and treatment commodities.

At the site level, PEPFAR activities already co-exist and collaborate with GON in service delivery. There are close partnerships and leveraging of resources between the USG, GFATM, UNICEF and CHAI. These partnerships will continue in COP09 for improved access to care and treatment services.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4043.09	Mechanism: USAID Track 2.0 SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 28602.09	Planned Funds: \$220,300
Activity System ID: 28602	

Activity Narrative: ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. The SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of medical supplies and equipments used in ARV services including consumables and non medical supplies needed to run ARV services, as well as basic health care and support related commodities for pediatric care, early infant diagnosis related commodities including other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure medical supplies and equipment used in ARV services and other commodities to extend and optimize the quality of life of HIV infected children and their families for three IPs and DoD. This also encompasses commodities for the prevention, management and clinical monitoring of opportunistic infections (OI), except tuberculosis (TB), early infant diagnosis, other HIV/AIDS related complications, including malaria, and for the management of sexually transmitted infections (STIs). An example of such commodities are pharmaceuticals (OI drugs, pain killers, opioids), insecticide treated nets, laboratory equipment and consumables, home based care kits, water guard, gloves and therapeutic food. SCMS will also procure other medical and non medical supplies used in treatment and basic health care and support services, including home-based care.

Through its continuous support to, and strengthening of, commodity security in PEPFAR care programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of people living with HIV/AIDS and the general population through their families. This will be achieved by assisting the IPs and DoD in quantification, forecasting of requirements and support for the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

In COP09, SCMS will procure medical supplies and equipment used in pediatric ARV services, palliative drugs, care and support commodities, early infant diagnosis and provide requested technical assistance for three IPs and DoD, each of which has allocated specific funds to SCMS for these services: DOD, \$30,000 for pediatric care and support and \$100,000 for pediatric treatment services; Columbia University/ICAP, \$125,000 for pediatric treatment services; University of Maryland, \$188,300 for pediatric care and support; and URC, \$2,000 for pediatric care and support and \$ 6,000 for pediatric treatment services. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (GON) national treatment guidelines, marketing authorization status (NAFDAC registration) and GON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

Currently, there are several challenges associated with the procurement of Opportunistic Infections (OI) drugs. A number of key OI medicines are banned from importation into Nigeria and hence by default, need to be procured from local manufacturers. However, the fact that none of locally manufactured products has US FDA or similar stringent drug regulatory authority approval places the PEPFAR IPs in an untenable situation. In COP09, SCMS will work with the IPs and the GON to identify key OI drugs that are needed and initiate the process of pre-qualification towards identifying local sources. SCMS will also work with GON towards defining the modalities for use of opioids for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for palliative care are available for use of the programs, thus improving the quality of life of PLWHA.

SCMS procurement leverages global purchasing to provide best value and offers clients certainty of competitive prices and international quality standards. The SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for basic health care and support related commodities will be addressed to, and coordinated with, the SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and

Activity Narrative: provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensures that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with URC, ICAP, UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed, SCMS will continue to explore viable options to make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP09). For in country distribution where necessary, SCMS will competitively source for, and utilize the service of, an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification and forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organizations, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP09, Supply Chain Support Teams (to be made up of technical SCMS staff and GON or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with the GON and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated, web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system of SCMS.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their care planned targets.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5267.09	Mechanism: USAID Track 2.0 CEDPA
Prime Partner: Centre for Development and Population Activities	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 28598.09	Planned Funds: \$26,250
Activity System ID: 28598	

Activity Narrative: In COP09 CEDPA will reach 750 children (0-14 years) with pediatric care and support services. The children will be a part of the total number of individuals reached under CEDPA's basic care and support (BC&S) program. Services will be provided in 20 states: Anambra, Adamawa, Akwa Ibom, Bauchi, Benue, Cross Rivers, Edo, Enugu, FCT, Imo, Lagos, Niger, Kano, Kebbi, Kogi, Sokoto, Taraba, Nasarawa, Katsina and Zamfara. The target group for pediatric care and support will include HIV-positive children below the age of 14 years and infants born to HIV-positive parents. The pediatric care and support minimum package will consist of clinical care, home based nursing care cotrimoxazole prophylaxis, referral for advanced management of AIDS related illnesses, laboratory services including CD4 count and provision of the preventive care kits.

Services will reach children of support group members and other clients served under the BC&S program. The children will be identified through healthcare facilities and community-based care and support activities conducted by home based care volunteers and peer educators under CEDPA's BC&S, sexual prevention, TB/HIV and OVC programs. Some children will be identified through referrals from ART, PMTCT, HCT sites and private clinics. Children below the age of five will be provided with the following services: growth monitoring, immunization, and nutritional assessment and support. Infants born to HIV positive mothers will be facilitated to access early infant diagnosis services through referral for viral detection test and/or HIV antibody testing. All HIV positive children will be provided with cotrimoxazole prophylaxis while adolescent children will be linked to support groups for experience sharing and mentoring. Children with TB will be referred to directly observed treatment support (DOTS) centers. Parents and guardians will be provided with psychosocial and spiritual counseling, HIV/AIDS prevention, care and support education.

Children will access clinical care services at the 40 primary health care facilities (PHC) supported under BC&S and will receive DOTS for TB treatment. Staff at the PHC facilities will be mentored on pediatric care and support. Each new client will receive a self-care kit consisting of ORS, ITN and water guard, IEC material, soap, latex gloves and water vessel.

Home based care (HBC) volunteers trained under BC&S and OVC will also serve as care providers under the pediatric care and support program. The HBC volunteers are selected from family members, PLWHAs, community healthcare workers and religious leaders and trained in providing home based nursing care and support of PLWHA at the community level. HBC volunteers and community health extension workers (CHEWs) will reach children in homes and communities to enhance quality care and protection. Referral/care coordinators attached to each BC&S team will meet monthly with representatives of the implementing agency and the facility to redistribute clients for effective management as the need arises.

Pediatric care and support services will be implemented in collaboration with the Ministry of Women Affairs and Social Development at national and state levels and other USG implementing partners providing pediatric services.

To ensure sustainability, CEDPA will enhance the capacity of existing support groups and anti-AIDS clubs to provide age appropriate services to pediatric clients. Such services will include the provision of child counseling, day care centers and AIDS education. Parents, guardians and care givers of HIV positive children will be linked to micro-credit finance opportunities and others for improved livelihood.

POPULATIONS TARGETED:

The primary beneficiaries of CEDPA's pediatric care and support services are HIV-positive children below the age of 15 and their caregivers. Secondary beneficiaries will include healthcare providers, HBC volunteers and teachers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The planned pediatric basic care and support interventions will contribute to the overall PEPFAR care and support goal by reaching 750 children living with HIV/AIDS with pediatric care and support services. CEDPA will work with stakeholders at all levels to strengthen community systems for the provision of quality care to HIV positive children and their families and to build the community capacity to deliver quality care and support services.

LINKS TO OTHER ACTIVITIES:

CEDPA will consolidate linkages, with GHAIN and other USG partners providing care and support at healthcare facilities, to ensure that all HIV-positive children receive pediatric care and support services. Care givers will be linked to micro-credit finance services provided by other IPs such as the Chemonics Maximizing Agricultural Revenue and Key Enterprises in Targeted Sites (MARKETS) project and the Winrock AIM project. Activities will be linked to HVAB, HVOP, HVTB, HVCT, through training of volunteers on various aspects of HIV prevention and control of OIs. Key to increasing pediatric care and support will be to strengthen linkages at all community service levels, HCT and PITC.

EMPHASIS AREAS:

CEDPA will promote provision of quality age appropriate and relevant care and support services to children infected and affected with HIV/AIDS. Nutritional support and psychosocial counseling will be emphasized in all interventions.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

- * Malaria (PMI)

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7405.09

Prime Partner: John Snow, Inc.

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 25670.09

Activity System ID: 25670

Mechanism: USAID Track 2.0 FS AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$13,000

Activity Narrative: In COP09 AIDSTAR will provide care and treatment services to treatment facilities in Rivers, Akwa Ibom and Abia states. The number of sites to be supported is to be determined. As a new partner, AIDSTAR will be working directly with the state governments to determine the exact number of facilities to be included. Through primary and secondary facilities AIDSTAR will extend care and treatment services to selected communities in the target states to reach 130 children in care and on ART by the end of the COP year.

Entry points where children will be identified for pediatric basic care and support will include the ANC and labor and delivery (PMTCT clinics) where mothers who are identified as HIV positive will be encouraged to return to deliver their babies and ensure they receive PMTCT services. Other entry points include the TB/DOTS centers from family contact tracing, mothers support groups, outpatient clinics, inpatient wards, and immunization centers. Mothers will be further encouraged to return for "well child" visits with their babies, at which time they will be weighed, receive immunizations and nutritional counseling and education on safe infant feeding. At the age of six weeks, according to the Nigerian national algorithm, these babies will all have dried blood spot (DBS) collection for DNA PCR diagnosis and, based on their results, will be referred for treatment if positive or will continue to receive follow up care at the facility if negative. A second test will be performed at the age of 18 months or six weeks after the cessation of breastfeeding whichever comes later to ascertain the child's final HIV status.

Implementation of the early infant diagnosis (EID) scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. AIDSTAR will engage PMTCT support groups and the larger support group(s) in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT. AIDSTAR will establish linkages with other health care providers; public and private, proximal to AIDSTAR sites, with full fledged ANC activities. This will encourage two-way referrals of HIV-positive mothers and their infants from these providers to AIDSTAR-supported sites and thus benefit from EID/ART activities at the sites. Site EID focal persons will ensure prompt dissemination of results to providers and mothers as soon as they are available.

Key to increasing pediatric enrollment into care and treatment will be to strengthen linkages at all service levels within the sites that AIDSTAR will be working, as well as reinforced and expanded community outreach. This will require staff training and strengthened referral linkages. In order to increase the number of children brought into care and treatment, AIDSTAR will support a multi pronged approach: organization of services to provide family centered care and treatment, provider initiated testing and counseling for all children (PITC) and community mobilization. Organization of ART clinics to include family days will also provide opportunities to increase testing for children and provide comprehensive care. All exposed infants delivered in the ART sites or identified through the family centered approach will be linked to the HIV comprehensive care clinic for enrollment for care and support, and to community based OVC programs.

The package of care services provided to each HIV-positive child/care givers includes a minimum of clinical service with basic care kit and two supportive services in the domain of psychological, spiritual, and PwP delivered at the facility, community, and household (home-based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for HIV positive child/care givers in AIDSTAR sites includes: basic care kit (ORS & SSS, LLITN, water treatment solution, water vessel, soap, IEC materials, and gloves); home-based care (client and caregiver training and education in self-care and other HBC services); clinical care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals); laboratory services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); psychological care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); spiritual care (access to spiritual care); social care (support groups' facilitation, referrals, and transportation) and prevention care (Prevention with Positives). All HIV-positive children's nutritional status will be assessed at contact and on follow-up visits, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. This will be done through wraparound services as well as direct funding. AIDSTAR will procure basic care kits through a central mechanism and OI drugs will be procured mechanisms that ensure only NAFDAC approved drugs are utilized.

Also discussed under PMTCT and linked to pediatric care and treatment is safe infant feeding. This will be supported from the antenatal period through pregnancy, delivery and infancy. Mothers will receive individual and group counseling using the Nigerian National HIV and infant feeding protocol, and they will be further supported psychosocially after they have made informed decisions about infant feeding choices to ensure they avoid mixed feeding which will be emphasized continually. Mothers will continue to receive infant feeding support through the support groups, which will address the social issues around breastfeeding or choosing not to breastfeed, as well as how to reduce stigmatization through education of peers and family members. A nutritional assessment, through the use of growth monitoring and recording on growth charts, will be accompanied by nutritional education around supplementary and complementary feeding and safe early weaning. Mothers will be encouraged to exclusively breastfeed except if AFASS. PEPFAR funds will not be used to procure BMS except clinically indicated.

All sites will be strengthened in their capacity to provide comprehensive quality care and treatment services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability.

AIDSTAR will provide access to viral loads for children with suspected treatment failure by intake to other facilities with viral load. All infected children will be evaluated for ART using CD4 count or CD4%. All AIDSTAR sites will be equipped with capacity to determine CD4% for evaluation of immunological status of children less than six years.

Activity Narrative: Based on available evidence on child survival and morbidities in relation to immunological staging, AIDSTAR will provide ARVs for all infected infants (less than one year) in accordance with revised WHO recommendations so as to prevent mortality and brain damage in rapid progressors. Appropriate first and second line regimens that preserve future options with minimal toxicity profiles will be adopted for all sites. AIDSTAR will partner with the Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs and nutritional supplements to infected children.

ART sites are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. AIDSTAR will intensify collaboration with GON and other stakeholders to ensure prompt diagnosis of TB in children and facilitate provision of pediatric TB formulations. A key component for successful ART is adherence to therapy at the household and community levels. AIDSTAR will ensure intensive treatment preparation directed at an identified caregiver to ensure strict adherence. AIDSTAR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each site will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of sites for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AIDSTAR technical and program management regional teams. All children on ARV will have at least monthly home visits to ensure adherence and assess the need for intervention. Specific efforts and training will be made to develop adolescent friendly services for infected and affected children including linkages to reproductive health.

Non ART eligible children will be enrolled into care for periodic follow-up, including laboratory analysis at least every six months, to identify changes in ART eligibility status. All enrolled children will be linked to an OVC program to access an array of services including nutritional support, preventive care package (water sanitation/treatment education, ITN) and psychosocial support. All sites will be empowered with training and tools to ensure nutritional assessment. Educational support and food supplements will be leveraged from other partners.

In COP09 AIDSTAR will train 10 health service providers in pediatric care and treatment according to the National Pediatric HIV Training curriculum. Training will maximize use of all available human resources including a focus on community nursing and community adherence to ensure care is decentralized to the home level. AIDSTAR will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide Pediatric ART. AIDSTAR will work closely with the USG team to monitor quality improvement at all sites and across the program. AIDSTAR will actively participate in and facilitate activities to review practices in pediatric HIV care and treatment particularly GON technical working group meetings. AIDSTAR will share with the GON a new pediatric counseling curriculum developed with the African Network for Caring for Children with HIV and roll this training out to all AIDSTAR sites. AIDSTAR will support the development of a national pediatric HIV care and support guideline and training curriculum.

In COP09, AIDSTAR will build a team of specialists to ensure Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. The team will sustain the efforts with a modification of evaluation tools to assess and report on both qualitative and quantitative indicators of care delivery. Monitoring and evaluation of the AIDSTAR ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each site an annual evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least nine months. A similar process will be undertaken for all children who have been on ART for at least nine months. Each of these activities will highlight opportunities for improvement of clinical practices.

The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and the sites they support. AIDSTAR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the sites. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

AIDSTAR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

This activity will contribute to achieving the overall PEPFAR Nigeria target of reaching more children with care and treatment services and will also support the Nigerian government's universal access to ART by 2010 initiative.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT services. It also relates to activities in ARV drugs, laboratory services, and care and support activities including sexual prevention, PMTCT, OVC, AB, TB/HIV, and SI.

Networks will be created to ensure cross-referrals and sharing of best practices among AIDSTAR and other implementing partner sites. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

Activity Narrative: POPULATIONS BEING TARGETED:

This activity targets children infected with HIV and their caregivers/HCWs from rural and underserved communities.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART through linkages with OVC and PMTCT services in AIDSTAR sites and neighboring sites. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10807.09

Mechanism: USAID Track 2.0 NEPWHAN
TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and
Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25898.09

Planned Funds: [REDACTED]

Activity System ID: 25898

Activity Narrative: In COP09, this activity will provide care and treatment services in 3 treatment facilities in two geo-political zones. Through primary and secondary facilities it will extend care and treatment services to selected communities in targeted states to reach 210 children on ART by the end of COP09.

Entry points where children will be identified for pediatric basic care and support will include the ANC and labor and delivery (PMTCT clinics) where mothers who are identified as HIV positive will be encouraged to return to deliver their babies and ensure they receive PMTCT services. Other entry points include the TB/DOTS centers from family contact tracing, mothers support groups, outpatient clinics, inpatient wards and immunization centers. Mothers will be further encouraged to return for "well child" visits with their babies, at which time they will be weighed, receive immunizations and nutritional counseling and education on safe infant feeding. At the age of six weeks, according to the Nigerian national algorithm, these babies will all have dried blood spot (DBS) collection for DNA PCR diagnosis. Based on their results, they will be referred for treatment if positive or will continue to receive follow up care at the facility if negative. A second test will be performed at the age of 18 months or six weeks after the cessation of breastfeeding whichever comes later to ascertain the child's final HIV status.

Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. The activity will collaborate with the Clinton Foundation as appropriate for commodities and logistics support for the EID program. Exposed infants will be actively linked to pediatric care and treatment. EID activities/DBS collection will extend to selected sites and their satellites. PMTCT focal persons at all sites will keep records of all exposed infants at enrollment soon after birth; informing HIV+ mothers of the six week mark for DBS collection. This activity will encourage parent sites to step down DBS collection at affiliate PMTCT satellite sites and thus decentralize EID activities at these sites. Parent sites will ensure supplies of DBS collecting kits from their own stock to these satellites. The samples collected will be returned to the parent sites for dispatch to the testing labs. NEPWHAN will train members of PMTCT support groups in HCT skills. NEPWHAN will engage PMTCT support groups and the larger support group(s) in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT. Linkages will be established with other proximal public and private health care providers, with full fledged ANC activities. This will encourage two-way referrals of HIV+ mothers and their infants from these providers to the sites. Site EID focal persons will ensure prompt dissemination of results to providers and mothers as soon as they are available.

A key to increasing pediatric enrollment into care and treatment will be strengthening linkages at all service levels within the sites, as well as reinforcing and expanding community outreach. This will require staff training and strengthened referral linkages. In order to increase the number of children brought into care and treatment, NEPWHAN will support a multi-pronged approach: organization of services to provide family centered care and treatment, provider initiated testing and counseling (PITC) for all children, and community mobilization. Organization of ART clinics to include family days will provide opportunities to increase testing for children and provide comprehensive care. All exposed infants delivered in the ART sites, or identified through the family centered approach, will be linked to the HIV comprehensive care clinic for enrollment for care and support, and to community based OVC programs.

The package of care services provided to each HIV positive child/care givers includes a minimum of clinical service with provision of a basic care kit and two supportive services in the domain of psychological, spiritual, and PwP services delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for HIV positive child/care givers includes the provision of a basic care kit (ORS & SSS, LLITN, water treatment solution, water vessel, soap, IEC materials, and gloves); home-based care (client and caregiver training and education in self-care and other HBC services); clinical care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment-weight, height, BMI, micronutrient counseling and supplementation and referrals); laboratory services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); psychological care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); spiritual care (access to spiritual care); social care (support groups' facilitation, referrals, and transportation) and prevention care (prevention with positives). All HIV positive children's nutritional status will be assessed during initial consultations and on follow-up visits. Micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. This will be done through wraparound services as well as direct funding. NEPWHAN will procure basic care kits through a central mechanism and OI drugs will be procured mechanisms that ensure only NAFDAC approved drugs are utilized.

Safe infant feeding will be supported from the antenatal period through pregnancy, delivery and infancy. Mothers will receive individual and group counseling using the Nigerian national HIV and infant feeding protocol, and will be further supported psychosocially after they have made informed decisions about infant feeding choices to ensure the avoidance of mixed feeding which will be emphasized continually. Mothers will continue to receive infant feeding support through support groups, which will address the social issues around breastfeeding or choosing not to breastfeed, as well as how to reduce stigmatization through education of peers and family members. A nutritional assessment, through the use of growth monitoring and recording on growth charts, will be accompanied by the provision of nutritional education around supplementary and complementary feeding and safe early weaning. Mothers will be encouraged to exclusively breastfeed except if AFASS. PEPFAR funds will not be used to procure BMS except clinically indicated.

All sites will be strengthened in their capacity to provide comprehensive quality care and treatment services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community-based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability.

Activity Narrative: NEPWHAN will provide access to viral loads for children with suspected treatment failure by intake to other facilities with viral load. All infected children will be evaluated for ART using CD4 count or CD4%. All sites will be equipped with capacity to determine CD4% for evaluation of immunological status of children less than six years.

Based on available evidence on child survival and morbidities in relation to immunological staging, ARVs will be provided for all infected infants (less than one year old) in accordance with revised WHO recommendations so as to prevent mortality and brain damage in rapid progressors. Appropriate first and second line regimens that preserve future options with minimal toxicity profiles will be adopted for all sites. NEPWHAN will partner with the Clinton Foundation and the Global Fund as appropriate to leverage resources for providing antiretroviral drugs and nutritional supplements to infected children.

ART sites are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. Collaboration with the GON and other stakeholders will be intensified to ensure prompt diagnosis of TB in children and to facilitate provision of pediatric TB formulations. A key component for successful ART is adherence to therapy at the household and community levels. Intensive treatment preparation, directed at an identified caregiver, will ensure strict adherence. NEPWHAN will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each site will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of sites for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by technical and program management regional teams. All children on ARV will have at least monthly home visits to ensure adherence and assess the need for intervention. Specific efforts and training will be made to develop adolescent friendly services for infected and affected children including linkages to reproductive health.

Non-ART eligible children will be enrolled into care for periodic follow-up, including laboratory analysis at least every six months, to identify changes in ART eligibility status. All enrolled children will be linked to an OVC program to access an array of services including nutritional support, preventive care package (water sanitation/treatment education, ITN) and psychosocial support. All sites will be empowered with training and tools to ensure nutritional assessment. Educational support and food supplements will be leveraged from other partners.

In COP09, 10 health service providers will be trained in pediatric care and treatment according to the National Pediatric HIV Training curriculum. Training will maximize use of all available human resources including a focus on community nursing and community adherence to ensure care is decentralized to the home level. Partner will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide Pediatric ART. Close collaboration with the USG team to monitor quality improvement at all sites and across the program will be required. NEPWHAN will actively participate in, and facilitate activities to, review practices in pediatric HIV care and treatment particularly GON technical working group meetings. Partner will share with the GON a new pediatric counseling curriculum developed with the African Network for Caring for Children with HIV and roll this training out to all sites. The activity will support the development of a national pediatric HIV care and support guideline, and training curriculum.

In COP09, NEPWHAN will build a team of specialists to ensure continuous quality improvement (CQI) to improve and institutionalize quality interventions. The team will sustain the efforts with a modification of evaluation tools to assess and report on both qualitative and quantitative indicators of care delivery. Monitoring and evaluation of the ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of national PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate bi-annual life table analyses that identify factors associated with early discontinuation of treatment. Each site will establish an annual evaluation of program quality consisting of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least nine months. A similar process will be undertaken for all children who have been on ART for at least nine months. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of this program, and is based on durable therapeutic programs and health systems strengthening. The focus will be on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment. All activities will continue to be implemented in close collaboration with the GON to ensure coordination, information sharing and long-term sustainability.

CONTRIBUTION TO THE OVERALL PROGRAM AREA: By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, NEPWHAN will contribute to achieving the overall PEPFAR Nigeria target of placing 35,000 children on ART by 2009 and will also support the GON's universal access to ART by 2010 initiative. By putting in place structures to strengthen health systems will contribute to the long-term sustainability of the ART programs.

POPULATIONS BEING TARGETED: This activity targets children infected with HIV and their caregivers/HCWs from rural and underserved communities.

EMPHASIS AREAS: This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART

Activity Narrative: through linkages with OVC and PMTCT services in neighboring sites. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of infected children and thus reduce the stigma and discrimination against them.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 552.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 26446.09

Activity System ID: 26446

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$870,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

By the end of COP08, the Global HIV/AIDS Initiative Nigeria (GHAIN), through collaboration with the Government of Nigeria (GON) and Faith Based Organizations (FBOs), provided care and treatment including antiretroviral therapy (ART) services to about seven thousand (7,000) HIV infected children in Nigeria at a total of 109 pediatric care and treatment sites (in 9 tertiary and 100 secondary facilities) in all 36 states and the FCT, exceeding the USG-PEPFAR target of 60. This was accomplished through the PEPFAR funding to support 60 sites together with resources leveraged from Global Fund (GF).

In COP09, GHAIN will maintain its ART coverage in all 109 PEPFAR and GF established comprehensive ART service delivery sites across the country. The leveraged support from the Global Fund is expected to continue throughout the COP09 timeframe, allowing for a sustained support of pediatric care and treatment at all the sites. It should be noted that these total (PEPFAR and GF) resources will be principally focused on maintenance and quality assurance of pediatric patients' care and treatment at all the sites. In COP09, GHAIN will enroll 500 HIV-positive children below 15 years newly on ART; this will result in a maintenance of 7,035 children on ART by the end of COP09, taking into consideration the attrition among children on treatment. 8,700 children will be enrolled in clinical care for HIV/AIDS by the end of COP09.

GHAIN's pediatric program will benefit from three precepts: i) the prevention of new transmissions from mother to child by providing prevention for positive mothers and PMTCT; ii) improved quality of pediatric care services and the quality of life of HIV infected children; and iii) care and support to children orphaned or made vulnerable by HIV. This pediatric program is closely linked to, and an integral part of, the health service component of GHAIN's orphans and vulnerable children (OVC) program.

Specific strategies will include strengthening 109 facility-based pediatric teams that use provider-initiated HCT at multiple service delivery points to increase HIV case detection among children. GHAIN will continue to develop the capacity and confidence of health care workers in pediatric HIV/AIDS comprehensive care services through trainings, followed by on-site mentoring and provision of pediatric job aids. Clinicians will be trained to provide fixed dose combination (FDC) as appropriate and in line with GON treatment guidelines, in order to improve treatment adherence and better clinical outcomes in children. A total of 500 providers will be trained in pediatric basic care and support, while 255 providers will be trained in pediatric treatment according to national guidelines. A second strategy that will be employed is strengthening referral linkages for continuum of care and defaulter tracking to ensure retention of children in care. GHAIN will also establish a strong follow-up program for HIV exposed babies to provide HIV early infant diagnosis (EID) testing using dry blood spots (DBS) in line with the National Early Infant Diagnosis Scale-Up Plan. Breast-fed babies will be re-tested six weeks following cessation of breast feeding. HIV positive infants will be linked to comprehensive care centers through a well-established network of care. All comprehensive ART facilities will be encouraged to strengthen the family-centered model of care to attend to the needs of the family as a unit, ensuring prioritization of children in clinical and laboratory service provision, and making health facilities children friendly (with colorful wall paintings/provision of toys). A third strategy, prevention with positives, focusing on primary and secondary prevention will be provided to all children living with HIV. Preventive care packages will include: IEC for HIV prevention, health information and education, behavioral risk and change counseling, OI prophylaxis, prevention and treatment of microbial infections, water sanitation/treatment education, insecticide treated nets (ITN), nutritional counseling, micronutrients supplementation and linkages to community social services. Fourth, quality assurance/quality improvement (QA/QI) training will strengthen QA/QI teams in 11 focus health facilities to ensure sustainable QA/QI systems. Each team shall be comprised of a doctor, pharmacist, laboratory scientist, nurse and medical records staff. GHAIN will continue to strengthen the capacity of the care and treatment teams in its focus health facilities to implement quality services with a strong focus on adherence and ensuring durability as well as availability of first and second line drugs. Regular clinical auditing of records will be conducted to detect ART eligible children who are not yet enrolled.

The pediatric mentorship program will engage experienced pediatric ART physicians to provide hands on supervision, observation and random case file review to identify site-specific challenges, strengths, weaknesses and opportunities for quality improvement. They will establish site-specific plans to accomplish improved pediatric ART uptake and retention in care, conduct on-site training and continuous medical education (CME) among health care providers and conduct practical demonstration and tutoring on issues and tools not understood during training sessions and to build knowledge and skills of care providers. Intra- and inter-facility referrals (as well as to community) for HIV services will be strengthened through a strong follow up program for HIV exposed infants and HIV infected children. HIV exposed babies will be able to access EID services based on the National roll out plan. Pediatric quality improvement teams at the facility level will work on quality assurance/quality improvement as identified during the implementation.

In COP09, GHAIN will build upon this experience by strengthening HIV services at the PHCs in eight selected focus LGAs through training, ongoing supportive mentoring, and monitoring activities to ensure that service quality is not compromised. A minimum of five PHCs with maternal and child health services per LGA will specifically be targeted in order to provide access to women and children. GHAIN will work with the FMOH and its agencies to ensure that supporting policies and guidelines are reviewed and implemented to ensure task shifting and improved access to care and treatment services, including ARV refill at the PHC level. GHAIN will continue to develop the capacity of community pharmacists and private medical practitioners to provide treatment support and referral services at this level.

In COP08, GHAIN successfully used multi point testing for children and task shifting to increase case detection of children with HIV. This strategy will benefit from HCT resources leveraged from GFATM and Clinton Foundation. HCT resources will be prioritized to reach most at risk populations; providers will initiate HCT of children in the nutrition clinics, out patient clinics, maternal child health (MCH) service clinics and the pediatric wards where prevalence is usually higher than in the general population.

Growth monitoring and nutritional support will be established and strengthened at all MCH and ART sites. Nutritional status assessments, using the measurement of mid arm circumference and weight for height to identify those children eligible for nutritional support (ready to use therapeutic food, RUTF), will be provided

Activity Narrative: in collaboration with the Clinton Foundation.

GHAIN will continue to work with the primary health care development agency (NPHCDA) and other related agencies to strengthen the capacity of community health officers (CHOs), community health extension workers (CHEWs) and nurses to provide HIV/AIDS services including ARV refills at the PHCs using the IMAI and IMCI tools. GHAIN will continue to advocate to the State Ministries of Health supporting favor of the deployment of nurses and midwives to PHCs to ensure appropriate mix of human resources at the PHCs.

GHAIN will continue to provide technical leadership in strengthening pharmacy systems and pharmacists' capacity to contribute to the delivery of quality HIV/AIDS-related services at all levels of health care delivery in Nigeria (tertiary, secondary and primary health care facilities). Pharmacists in all comprehensive ART sites will be trained in pharmaceutical care of HIV/AIDS and best pharmaceutical practices, while also collaborating with the community pharmacists to expand the reach and quality of patient medication adherence counseling, drug monitoring/support and other services in support of ARV services.

GHAIN will hold regular, scheduled meetings with CEDPA to explore strategic referral approaches to ensuring that all HIV positive children attending facility-based care in GHAIN supported sites also have access to quality home based care (HBC) services in 20 states where CEDPA operates, namely Lagos, FCT, Kano, Cross River, Bauchi, Anambra, Edo, Taraba, Imo, Enugu, Kogi, Adamawa, Benue, Niger, Katsina, Sokoto, Kebbi, Zamfara, Nassarawa and Akwa Ibom.

Patient management and monitoring will be strengthened to improve the quality of care in all sites in line with USG and GON strategies. GHAIN's Lafiya Management Information System (LAMIS) software will be used in selected sites, both for backlog as well as real time entry of clinical and logistics management data at the clinic, pharmacy, laboratory and medical records points of service.

GHAIN will continue to support and develop the capacity of SACAs and hospital management teams to conduct data quality assessment exercises at facilities as well as hold state-level monthly monitoring and evaluation meetings in collaboration with all relevant IPs in the state to review progress of work and inform planning.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Planned decentralization of services to Primary Health Care centers (PHCs) in focus states will improve equity in access to HIV treatment and care services. GHAIN supports the GON in the design/implementation/update of the ART-PMM system and design of the National curricula and SOP for pediatrics. The provision of ART services through this program will contribute to strengthening and expanding the capacity of the Government of Nigeria's (GON's) response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of providing lifesaving antiretroviral treatment to individuals who need it.

LINKS TO OTHER ACTIVITIES

The pediatric care and treatment program will be linked to PMTCT activities, TB services, OVC programs, and laboratory infrastructure.

POPULATIONS BEING TARGETED

This activity targets primarily HIV exposed and HIV infected children including orphans and vulnerable children. Indirect targets will include PABAs and other community members, particularly caregivers of OVC, who will benefit from the newly acquired skills of the staff of GON and other organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

GHAIN continues to advocate for greater access by children <15 years of age to treatment, care and support services. 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 equity in access by children to ART programs. GHAIN will continue to support the implementation of policies on task shifting to address human resource challenges in health facilities.

EMPHASIS AREAS

This activity includes major emphasis on strengthening HIV/ART service delivery to children and OVC. Trainings, quality assurance, quality improvement, mentorship and the involvement of the PHC level of care in pediatric treatment care and support are important areas of emphasis of GHAIN in COP09.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

FHI GHAIN requests for early release of funds to meet its unexpectedly longer lead time for procurement of supplies and commodities, infrastructural upgrade and other activities necessary for the maintenance of clients on treatment, care and support during the initial months of the COP 09 period. It will be appreciated if GHAIN receives an early release of at least \$447,084 (15%) of the funds under this program area for the purposes stated above.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$12,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,500

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9401.09

Prime Partner: Partners for Development

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 21691.26811.09

Activity System ID: 26811

Mechanism: HHS/CDC Track 2.0 PFD

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$12,500

Activity Narrative: This component is new in COP09. Partners for Development (PFD) will work collaboratively with their sub-partner, the faith-based organization (FBO) Daughters of Charity (DC), to implement activities at two project sites: 1) Assumption Clinic in Warri, Delta State and 2) Catholic VCT Center and primary health care center, Ikot Ekpene, Akwa Ibom State to implement activities under the "Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. This component targets 125 children needing care through a combination of community-based service provision by peers and community members linked to treatment through health service providers. The model is based on the realization that clinics cannot provide cost-effective, sustained follow-up and care for all infected-individuals, and in order to provide a continuum of care, community resources and volunteers will be required. Using community members also promotes HIV awareness and helps to reduce the stigma associated with HIV/AIDS. Outreach services are provided through community-based organizations (CBO) networks to 10 LGAs. In all activities, CAMP draws upon a network of community based groups coordinated at LGA level for service provision on a voluntary basis. The LGA coordination meetings include Parish Action Committees which are coalitions of women's, men's and youth groups as well as health care service provider representatives. They also include representatives from support groups of People Living with HIV/AIDS (PLWHA) or affected by AIDS. Through these LGA coordination mechanisms, volunteers willing to provide home based care to PLWHA are organized, trained and equipped.

In COP09, PFD will provide a continuum of care for children and adolescents exposed to and infected by HIV/AIDS. Clients for care and treatment will be drawn from a number of entry points including PMTCT referrals or other safe motherhood and well baby clinic programs, general pediatric care programs, and community support groups. Babies born to mothers enrolled in PMTCT programs will be tested using Early Infant Diagnosis (EIC) test kits that will be obtained from the Clinton Foundation, and those needing treatment will be enrolled in the Pediatric Care and Support program. Other referrals may come through adult care and treatment services and HCT outreach. This activity is closely linked to the OVC services, and those children who are HIV+ will have access to programs offered under the OVC component, including kid's clubs, however they will not be counted as primary OVC targets since they will be counted instead under this pediatric care and support component. Pediatric home-based care providers will have access to the same training given to OVC mentors related to monitoring the overall status of each child enrolled and will be closely linked with OVC mentors working in the community.

A continuum of care for HIV+ children will be established through linking facility services to CHBC. The CHBC team will comprise clinicians, nurses, community health workers and volunteers including PLWHA who are recruited from CBOs. The CHBC team working with children and adolescents will receive additional training to ensure a child and adolescent friendly approach. To the extent possible, those home visitors assisting children (including adolescents) will specialize in that target group to enhance development of child and adolescent appropriate counseling and care skills.

In COP09, PFD and DC will provide 125 children with care through a combination of home visits from community volunteers who have been trained in basic nursing skills plus treatment. An enrolled child will be counted to have received care if they have received clinical care, a basic care kit plus two other supportive services which include, psychosocial, spiritual, CHBC, and age appropriate PwP and other prevention services and logistic support. All enrolled clients will receive a basic care kit containing ORS, ITN, water treatment solution and vessel, cotton wool, gloves, IEC material and soap. The gloves, soap and water treatment solution will be replenished monthly. CHBC providers will receive a HBC Providers Kit that will contain a thermometer, latex gloves and first aid items. Home visits will be arranged through a referral system organized by an LGA-level volunteer coordinator.

Clients will access clinical care as needed (nursing care, pain management, nutritional assessments and interventions, OI diagnosis, treatment and prophylaxis), lab service-baseline hematology, chemistry, CD4 count and follow up, OI and STI diagnosis, and malaria prevention measures. Clinical staff provides counseling on the importance of adherence to prescribed drug regimes and sets up monitoring and reinforcement chains via a community nurse. ART-ineligible children that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Scheduled physician visits for all are at three, six, and 12 months and every six months thereafter. ART pediatric patients follow the same clinical visit schedule with more intensified monitoring and pick up drugs monthly. For all patients, at each visit, clinical exams, hematology, chemistry and CD4 enumeration are performed when indicated. As additional medical needs of patients are identified through clinic visits, they will be provided with clinical services by clinicians or referred for specialty care as necessary. Individuals will be provided with cotrimoxazole prophylaxis according to national guidelines. Diagnostics for common OIs will be performed. All patients will be also symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated.

A key component for successful ART is adherence to therapy at the household and community levels. PDF will ensure intensive treatment preparation directed at an identified caregiver to ensure strict adherence. PDF will continue to build and strengthen the community component by using nurses and counselors to link health institutions to communities. Each site will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of the facility for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the PDF technical and program management regional teams. All children on ARV will have at least monthly home visits to ensure adherence and assess need for intervention. Specific efforts and training will be made to develop adolescent friendly services for infected and affected children.

Home care capacity of those with chronic and debilitating symptoms will be assessed and those needing assistance from outside their household will be assigned to one of the network of home visitor volunteers. Interface between the home care and clinical care activities will be provided by community nurses who track retention of enrolled clients. The caregivers will be further encouraged to return for "well child visits" with their babies, at which time they will be weighed, receive immunizations and nutritional counseling and education on safe infant feeding. At the age of six weeks, according to the Nigerian national algorithm, these babies will all have dried blood spot collection for DNA PCR diagnosis. Based on their results, they will be referred for treatment if positive or will continue to receive follow up care at the facility if negative.

Activity Narrative: Follow-up testing will be performed at 18 months or twelve weeks after the cessation of breastfeeding whichever comes later to ascertain the child's final HIV status. HIV positive children, when identified by DBS testing at designated centers, will be referred for ART services and will continue to receive supportive care.

CAMP program officers will train, mentor, and technically support community caregivers as they provide services to children living with HIV/AIDS. Twenty home visitor volunteers will be recruited from PLWHA and their caregivers support groups that have been formed through Parish Action Committees and other CBOs. Support group leaders will coordinate their work at the community level which will in turn be coordinated by an LGA level community nurse. They will be given a basic home nursing training course according to the national curriculum in the beginning, plus quarterly refresher classes that serve to keep their interest high and result in higher retention. Assistance with transportation costs will be provided as needed to volunteers. Home volunteers will be coordinated and linked to clinical services through community nurses/health officers supported by a social worker who will also receive training under this component according to the national curriculum for PLWHA caregivers.

Home volunteers will be trained in HBC and referrals working under a clinical staff person's supervision. Home visitor volunteers will receive training in how to provide moral support and encouragement. They will also receive training in bereavement counseling to families where one or more members are PLWHA, and to learn signs of when their clients need referral to appropriate psychological services. Clinical staff will be trained on pain assessment techniques following the WHO tree ladder approach and in conformance with national guidelines. They will also receive a nutritional assessment based on guidelines from the Drug Resource Enhancement Against Aids and Malnutrition (DREAM) model adopted by Daughters of Charity. The DREAM model includes an evaluation covering nutritional anthropometric, clinical and laboratory data. Health care providers investigate the clients' nutritional history and decide on the quality and quantity of any supplement to be prescribed. Anthropometric measurements of weight, height and body mass index (BMI) are also checked. The Clinton Foundation has agreed to provide PlumpyNut for nutrition therapy under this component.

PDF will provide prevention counseling and testing with positives, AB prevention counseling for the clients and other prevention for adult family members including discordant couples. PFD and DC will work towards greater access of home based testing for families where one or more member is positive. Couples where one or more partner are HIV+ will receive HIV/STI prevention counseling from this team, according to the national standards for PWP prevention. PDF will also provide psychosocial counseling including bereavement and depression counseling. Spiritual counseling will be facilitated through participation of FBOs in the volunteer network and their affiliation to various churches who undertake spiritual and more support activities as part of their mandate. Counseling related to clinical care will include adherence to prescribed treatments, particularly ART. This counseling will be given by the attending health service team initially, but home visitor volunteers will be requested to help with follow up and monitoring of adherence.

Focus will be placed on task shifting through increased delegation of clinical tasks to a wider net or caregivers that have been trained according to national guidelines. This will free up physician's time and enable the clinical/caregiver teams to serve more clients. It will also contribute to the professional development and advancement of various levels of health care providers. PFD will participate in subsequent yearly care and treatment evaluations if requested.

PDF will collaborate with Daughters of Charity and SCMS for the procurement and distribution of specified care and treatment drugs and commodities. PFD program officers and DC nurse counselors and adherence counselors will work with community volunteers (including adherence guarantees for each HIV patient on Anti-Retro Viral (ARV) drugs) to train them in proper delivery of home-based care. Caregivers will be tasked with monitoring patients in their homes twice weekly, and providing support as necessary. Community-health workers from CAMP sites will do monthly rounds to see children with HIV/AIDS and offer support to their caregivers. Key support categories such as provision of home based care, preventive prophylaxis, palliative care, and nutritional support will be tracked and reported on with patients disaggregated by gender.

Contribution to overall program area:

PFD will through its care and treatment activities/services will contribute to PEPFAR/Nigeria goals of providing treatment to 350,000 and care to 1.75 million people. In addition, PFD is contributing to improved access to care and treatment, particularly to underserved areas.

Links to other activities

This component is strongly linked to prevention, HCT, PMTCT, ARV drugs, SI, OVC, lab, infrastructure and services. There is a strong link to the PMTCT component as mothers may need continuing follow up assistance through pediatric care and treatment program.

Target population

Target populations for this component are HIV/AIDS exposed and infected children, their caregivers/family, and health care workers.

Emphasis areas

The main emphasis of this activity is capacity building for improved treatment and care for children living with HIV/AIDS integrating their care into wider malaria prevention and safe motherhood initiatives – both through mainstreaming basic best practices in those areas into training of caregivers for PLWHA as well as using these other programs to enroll children with HIV/AIDS into the care and Treatment program as appropriate. Training emphasis will be in proper diagnosis, treatment and care of pediatric AIDS cases. Within this program area, CAMP project personnel will begin with linkages with PMTCT interventions targeted at lowering a pregnant woman's viral load to reduce the number of babies born HIV+. Early Infant Diagnosis (EID) tests will be given to infants of HIV+ mothers in order to diagnose infants needing treatment at the earliest possible moment. EID testing will be accessed through the Clinton Foundation programs that

Activity Narrative: provide courier services and bundled collection kits for dried blood samples for infants. Once diagnosed, infants will be provided with ART regardless of their viral load.

Early Funding Narrative

New/Continuing Activity: Continuing Activity

Continuing Activity: 21691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21691	21691.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$50,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,024

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 2768.09	Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 5547.28548.09	Planned Funds: \$400,000

Activity Narrative: If continuing, paste your COP08 narrative here and put one of the following at the beginning of your narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, ICAP has expanded support to a total of 28 health facility networks in the six high-prevalence states of Gombe, Akwa Ibom, Cross river, Kaduna, Benue and Kogi. By the end of COP08, ART will have been provided to a cumulative of 2664 children (including 1744 new).

In COP09, ICAP will provide support to 30 hospital networks in 6 states and to 3,200 HIV-infected (including 536 new) infants and children enrolled on ART. During COP09, pediatric care and support services will be provided to 4000 children and adolescents HIV-positive.

ICAP programming for care and treatment services for HIV-positive children has several key elements which include: supporting pediatric HIV diagnosis; enhancing pediatric case finding and referral to care and treatment; ensuring comprehensive care and treatment services, including ART, for HIV-exposed infants and HIV-infected infants and children; and providing enhanced psychosocial support at both facility and community levels. Following National Palliative Care Guidance and USG PC policy, ICAP-supported sites will provide a basic package of care services, including basic care kits, prevention with positives, clinical care (nursing care, pain management, OI and STI treatment and prophylaxis, nutritional assessment and support, lab- baseline hematology, chemistry and CD4 percentage and follow, OI and STI diagnosis- psychosocial support, , home based care, and active linkages between hospitals, health centers, and communities.

ICAP family-focused model of care is an optimal platform for pediatric case-finding and referrals. ICAP uses adult care and treatment venues as additional entry points for pediatric services, utilizing a genealogy form that ensures that HIV-positive adults are asked about the HIV status of their children at each visit.

In COP09, ICAP support for pediatric diagnosis will continue to include: enhancing linkages between PMTCT programs and those supporting OVC and ART services; supporting early infant diagnosis via dried blood spot (DBS) testing; initiating and expanding routine opt-out pediatric testing at inpatient and outpatient wards (including OPDs, casualty wards, well baby immunization clinics, child welfare venues, and adolescent/youth-friendly clinics) following national norms regarding counseling and consent of minors; and providing training, supplies, and laboratory support for HIV testing. DBS is collected from ICAP supported Nationally approved EID sites; ICAP will continue to partner with Clinton Foundation ensure regular supply of DBS materials to all sites and shipment of samples /collection of results to and from National PCR labs.

Enrolment into care and treatment

In COP09, 4000 HIV-infected infants and children will be enrolled in care, and carefully staged, both at baseline and at subsequent follow up visits. Following clinical and immunologic staging, those not yet eligible for ART will receive clinical services including ongoing monitoring, charting and plotting of growth and development, screening and prophylaxis (IPT) for TB when indicated, cotrimoxazole prophylaxis (CPT) following national guidelines, and diagnosis and management of opportunistic infections as needed. Ready-to-Use-Therapeutic Feeding" (RUTF) using criteria agreed upon by the USG in-country and GON team will be provided at facility and community level via referrals where possible. Parents / caregivers of HIV-infected children (regardless of their HIV status) will receive a standardized "preventive care package" including basic care kits, ITN water guard, water vessel, ORS, soap and gloves. Infants and children who are eligible for ART will receive appropriate first and/or second-line therapy accompanied by careful monitoring for toxicity and efficacy and by intensive adherence support

Decentralization of pediatric care and treatment services

In COP09 ICAP will continue to build capacities of pilot comprehensive PHCs to link to referring hospitals to support HIV/AIDS programs and provide onsite ART refills and follow up for stable patients, at the PHC level. Experienced nurses and community health officers identified in high volume pilot PHCs will be further trained to deliver quality focused care and treatment services including conduct nutritional assessments and monitor growth and development,, provide drug refills based on a symptom checklists, provide CTX and micronutrients, and referral to the comprehensive treatment sites as needed. ICAP will work with local State primary health care agencies to develop/adapt job aids and SOPs for providing HIV care and treatment at the PHC. Pediatric ART services in COP 09 will include having a minimum package of care for infected children at all ICAP sites. This minimum package of care for infected children will include: growth and development monitoring, CD4, CTX prophylaxis, Multivitamins, anthelmintics, antibiotics (Ampiclox, Co-trimoxazole, and erythromycin), antimalarials for treatment, basic care kits, basseline investigations and nutritional supplement.

This minimum package of care for infected children in the PMTCT-only sites is in line with the decentralization of pediatric ART services to smaller sites (PMTCT only) and will bring ARV treatment, care and support services closer to families and communities. This will require building the capacity of the health care workers at the primary and secondary sites to scale up pediatric ART services of which ICAP will be supporting in COP09.

In the PMTCT only sites where there is no CD4 machine, ICAP will continue to support CD4 sample logging using the same channel of sample logging with the PMTCT, TB and Adult ART services.

Implementation of HIV-exposed infant registers at hospitals and PHCs, initiation of exposed-infant clinics, and training and mentoring of PMTCT care providers on the use of registers, referrals, and tracking systems will also further strengthen access to pediatric care and treatment to HIV infected children.

Human Capacity Development

Training and supportive supervision of health care cadres will be a vital element in ICAP's COP09 program. Clinicians at all 30 hospitals will be assisted to identify HIV-infected children, to enroll them in care and treatment, to perform appropriate clinical and laboratory staging of these children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible children. ICAP will also train PHCs staff to encourage task shifting in the care of HIV positive children. ICAP will conduct pediatric ART trainings, ongoing CME and QA activities for 306 clinicians and allied health care providers who will support pediatric care and treatment. ICAP trainings will reinforce the need for opt-out testing for pediatric inpatients, pediatric TB patients, adolescent patients and children suffering from malnutrition and common

Activity Narrative: illnesses which are also warning signs of HIV infection.

Trainings will also focus on second line and switch regimens for children who are already on ARVs. Additional training and support will enhance the specialized counseling, patient education, and linkages required in early infant diagnosis programs. Facility-level staff will be trained and supported to collect, prepare, and transport DBS samples for testing to be performed at laboratories supported by other implementing partners.

Adherence trainings and support services will be provided at each site. These will facilitate adherence assessment and support including group counseling, disclosure counseling, patient/family/caregivers education, appointment diary system, referral linkages, patient follow-up, provision of support tools (dosage guides, reminders etc.), linkages to community-based adherence support and retention in care programs.

Clinical Systems Mentoring and Quality of Care

Onsite clinical mentoring will enhance quality of care and build site-level clinical and management skills for program sustainability. ART reference tools will include pocket guides, dosing cards, posters, and detailed SOPs. ICAP will continue to implement innovative training and clinical mentoring activities, including ongoing support for the successful South-to-South pediatric training initiative in South Africa; ICAP, in collaboration with GoN and other implementing partners, will support the adaption of the HIV/AIDS pediatric care training manual. ICAP will support quality improvement/quality assurance mechanisms to facilitate the delivery of optimal care and treatment services. ICAP will also facilitate and actively support onsite standardized HMIS using GON forms and provide onsite assistance with data management and M&E to guide quality improvement measures.

Harmonization of Activities

In COP09, ICAP will continue to work closely with other PEPFAR IPs and GON to ensure compliance with National policies, curricula and guidelines, and continue to participate in the USG Clinical Working Group to address emerging treatment-related topics and further promote harmonization with other IPs and the GON. ICAP will continue to also partner with Clinton Foundation as appropriate to leverage resources for providing antiretroviral drugs to pediatric doses to HIV+ children and Plumpy nuts and EID commodities..

Community Linkages

In COP09, ICAP will continue to work closely with its 19 NGO/CB/FBO partners to promote community involvement, provide HIV prevention activities and linkages to wraparound activities, and facilitate adherence among HIV positive community members. ICAP will continue to strengthen/establish children support groups as part of the psycho-social support.

ICAP will also continue to provide in COP09 nutritional support through partners CBOs to all 3,200 HIV + children on ART. Support will include provision of RUTF as needed and other nutritional support. ICAP will also expand its successful Peer Health Educator program, enhancing targeted family counseling and testing, defaulter tracking, and inter/intra-facility linkages. Efforts will be made to ensure that HIV-exposed infants and HIV-infected infants and children are linked into OVC services. Prevention for positives messaging will include a balanced ABC approach messaging for adolescents infected with HIV. All HIV positive infected children/adolescents will be linked to home based care and support, community and social services for referrals for food and education assistance, economic empowerment, and other wraparound services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

One of the pioneers of family-focused multidisciplinary HIV/AIDS treatment in resource-limited settings, ICAP will be providing in COP09, ART services to 3,200 HIV infected children, contributing to the GON/PEPFAR targets for Nigeria. ICAP will build the skills of at least 306 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

This activity relates to HBHC (XXX), OVC (XXX), HCT (XXX), PMTCT (XXX), HVOP (XXX), TB/HIV (XXX), AB (XXX), and SI (XXX). As expansion of ART services is prioritized to rural areas, ICAP will strengthen referral channels and network mechanisms. Children on ART will be linked to home based care and support and community and social services. TB/HIV linkages will be strengthened where ART and TB DOTS sites are co-located, and co-location of new ARV sites will be actively promoted in TB DOTS stand-alone sites. All HIV infected children will be screened for TB using the National algorithm while all children infected with TB will be offered HIV testing. ICAP will also provide onsite assistance with data management and M&E to guide quality improvement.

TARGET POPULATIONS:

HIV positive children, will be provided access to pediatric ART services. Health care providers in secondary and primary health facilities will be trained to deliver quality ART services.

EMPHASIS AREAS:

Emphasis areas are quality assurance/improvement and supportive supervision. ICAP personnel including national and international experts will provide skill and competency-based trainings, CME, and ongoing clinical mentoring to enable onsite staff to provide quality ARV services to children infected with HIV. Emphasis areas also include training, human resources issues, referral networks, infrastructure support, linkages to other sectors and initiatives. Services will also focus on addressing the needs of women, infants and children to reduce gender inequalities and increase access to ART services among these vulnerable groups. ARV services will facilitate linkages into community and support groups for nutritional support and other wrap around services.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13027	5547.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$2,023,000
6694	5547.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$334,400
5547	5547.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$155,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1561.09	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 5365.25974.09	Planned Funds: \$43,874

Activity System ID: 25974

Activity Narrative: ACTIVITY DESCRIPTION:

This care and treatment activity relates directly to all HHS Nigeria Pediatric Care and Treatment COP09 activities.

To support and enhance USG Nigeria Care and Treatment activities, the USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria, has 2 partial FSN staff positions. These positions will be shared with OVC and focus on pediatric palliative care/basic care and support issues. The care and support sub-budget also includes funding for (limited) international and required domestic travel, for training and for minor support costs. Additionally, to support the USG Nigeria pediatric ARV services program, the USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria, has one full time staff position for pediatric ART services that will focus on supporting implementing partner ART issues. The pediatric treatment sub-budget also includes one partial FSN salary shared with adult ARV services, funding for (limited) international and required domestic travel, for training and for minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

These HHS/CDC pediatric care and treatment staff positions will work in coordination with the USAID and DoD care and treatment staff and will directly provide quality assurance and program monitoring to HHS supported implementing partners. HHS-supported treatment partners include: University of Maryland-ACTION, Harvard University SPH, APIN Ltd, Columbia University-ICAP, Catholic Relief Services-AIDS Relief, Vanderbilt University, University Research Corporation and Partners for Development. The HHS/CDC staff will also assist USAID staff in joint monitoring visits of USAID-supported treatment partners – Family Health International-GHAIN, LMS Associates, CHAN, AIDSTAR and NEPWAN. USAID and CDC care and treatment staff will provide assistance as needed to the U.S. Department of Defense program with the Nigerian Ministry of Defense. Other partners providing pediatric care but not treatment services will also receive close monitoring by the CDC care and support staff include HHS-supported Africare, ECEWS and IFESH as well as USAID-supported Catholic Relief Services-7 Dioceses, CEDPA, Winrock and NELA.

The USG care and treatment teams will provide technical support and capacity development to new partners undertaking pediatric care and treatment activities through the CDC RFA, USAID APS, and New Partner Initiative activities, as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National policies, guidelines, and training activities. It is estimated that the care and treatment staff under this activity will provide monitoring and support to over 370 clinical sites in COP09.

ICASS and CSCS charges related to these positions are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13137	5365.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$75,000
6786	5365.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$210,000
5365	5365.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$34,474

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9409.09

Mechanism: USAID Track 2.0 NELA

Prime Partner: Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25644.09

Planned Funds: \$40,000

Activity System ID: 25644

Activity Narrative: In COP09, NECAIN will provide care and treatment to children born to HIV positive mothers in community Based Facility supported by NECAIN in Osun, Jigawa, Borno, Adamawa, Nassarawa, Edo, Ebonyi and Kebbi states. Through the support groups of PLHIV, NECAIN will provide care and treatment services to 572 children on ART by the end of the COP year.

Entry points where children would be identified for pediatric care and treatment would include the support group of PLHIV, VCT centres where mothers who are identified as HIV positive would be encouraged and supported to receive PMTCT services. Mothers will also be supported after delivery to attend required children's clinic with their babies, at which time they would be weighed, receive routine immunizations and nutritional counseling and education on safe infant feeding. At the age of 6 weeks, according to the Nigerian National algorithm, these babies would all have DNA PCR diagnosis, and based on their results would be referred for ART treatment if positive and supported to receive community based care. A second test would be performed at the age of 18 months or six weeks after the cessation of breastfeeding, if the mother opted for breastfeeding, to ascertain the child's final HIV status; the test will be performed at the occasion that comes later of the two.

In COP09, NECAIN will establish linkages with other health care providers; public and private, proximal to NECAIN sites, with full fledged PMTCT activities. This will encourage two-way referrals of HIV+ mothers and their infants from NECAIN sites to these services. Key to increasing pediatric enrollment into the care and treatment services will be to strengthen linkages at all service levels within the sites that NECAIN will be working, as well as reinforce and expand community outreach activities. This will require staff training and strengthening of referrals and linkages. In order to increase the number of children enrolled into care and treatment, NECAIN will support organization of services to provide family centered care, and community mobilization. All infants delivered by HIV+ mothers in the NECAIN support groups will be linked to the HIV Comprehensive Care clinic for enrollment for further management and to NECAIN community Adult care and treatment, and OVC programs.

The package of care services that will be provided to each HIV+ child/care giver includes a minimum of clinical service plus basic care kit and two supportive services in the domain of psychological, spiritual, and PwP to be delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for HIV+ child/care giver in NECAIN sites will include the provision of Basic Care Kit containing ORS & SSS, LLITN, water treatment solution, water vessel, soap, IEC materials, and gloves; Home-Based Care (client and caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI prophylaxis and treatment, and STIs diagnosis and treatment, nutritional assessment, micronutrient supplementation and referrals for nutrition rehabilitation where indicated, Laboratory Services (baseline tests – CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnosis); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). For all the clinical and laboratory services, the children enrolled on the NECAIN project will be referred to nearby secondary and tertiary health institutions that offer such services. In situations where the services need to be paid for, and where the parents/caregivers are unable to pay, the project will pay for them. The project will draw up a set of criteria for determining the inability of a parent/caregiver to pay.

The nutritional status of all HIV+ children will be assessed at contact and on follow-up visits, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. This will be done through wraparound services as well as direct funding. Mothers would receive individual and group counseling using the Nigerian National HIV and infant feeding protocol, and they will be further supported psychosocially after they have made informed decisions about infant feeding choices to ensure they avoid mixed feeding which will be emphasized continually. Mothers will continue to receive infant feeding support through the support groups, which will address the social issues around breastfeeding or choosing not to breastfeed, as well as how to reduce stigmatization through education of peers and family members. Nutritional assessment through the use of growth monitoring will be accompanied by nutritional education around supplementary feeding and safe early weaning for mothers that choose to breastfeed. Mothers will be encouraged to exclusively breastfeed their infants if the conditions for safe artificial feeding are not met, i.e. the food is not accessible, feasible, affordable, safe and sustainable (AFASS).

All sites will be strengthened in their capacity to provide comprehensive quality care and support services through a variety of models of home based care delivery. This includes quality management of OIs and referral for ART, treatment preparation for clients and their families and community based support for adherence. The project will also support the development of site specific work plans and ensure that systems are in place for financial accountability.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

The program will support capacity strengthening of community based organizations providing palliative care and household OVC programs as set out in the Emergency Plan. It will directly contribute to serving 572 HIV+ children. The program will improve the lives of these children in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines.

LINKS TO OTHER ACTIVITIES:

This activity will be linked to programme such as PMTCT, VCT, OVC support programs and other wrap around programs in the communities.

Networks will be created to ensure cross-referrals and sharing of best practices among NECAIN partners and other implementing partners. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

POPULATIONS BEING TARGETED:

These activities targets children infected with HIV and their caregivers/HCWs from rural and underserved communities.

EMPHASIS AREAS:

These activities will put emphasis on community care and support for HIV+ children. The care and treatment services will also ensure gender and age equity in access to care and linkages with OVC and PMTCT services in NECAIN sites and neighboring sites

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9404.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 25645.09

Activity System ID: 25645

Mechanism: HHS/CDC Track 2.0 URC

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$19,000

Activity Narrative: ACTIVITY DESCRIPTION

University Research Co., LLC (URC), in COP09, will serve 190 children with HIV-related care and support, 150 receiving treatment. Among these will be 100 newly initiating on treatment. URC will work in coordination with the state government of Enugu, the health commissioner and ENSACA, the primary HIV/AIDS program implementing agency in Enugu to continue to select health facility sites for program implementation in the highest HIV prevalence areas of Enugu state. URC plans to be working in 10 health facilities to enhance and/or establish pediatric care and treatment services. URC will assist facilities to effect strengthening of internal and external referrals and linkages in order to promote access and further care and treatment of all clients through regularly scheduled meetings between the primary care coordinator for each relevant LGA in Enugu (state, private and NGO-supported facilities). URC will work with the State Department of Health to develop referral linkages to ensure that clients have easy access to services. URC will train 10 individuals in pediatric HIV-related care and support, including community workers and PLWHA to scale up home-based care and support services for people living with HIV/AIDS and health workers in dried blood spot collection.

URC will address the shortcomings of supported health facilities in Enugu through training of additional health staff and community workers and provision of needed infrastructure improvements to health facilities and improve coordination and synergy among agencies working on HIV/AIDS in Enugu. URC will provide care services in the range of clinical care with basic care kits, psychological, spiritual, social, preventive services, and home-based care. Clinical care will include basic nursing and end-of-life care, assessment and management of pain, nutritional assessment and intervention, and laboratory services. All enrolled clients will receive a basic care kit which includes ITN, water vessel, water guard and ORS, latex gloves, IEC materials and soap. The minimum care package includes the basic care kit with clinical care, plus two supportive services of those listed above. Pain assessments will be conducted and managed using WHO step-ladder approach and according to national guidelines. Cotrimoxazole prophylaxis will be provided to all paediatric clients according to national guidelines.

The needs of adolescents will also be catered for in URC's support to the pediatric program in Enugu state. URC will work with partners to ensure that facilities provided child and adolescent friendly services through dedicated paediatric service days and modification of infrastructure to create child friendly spaces. Psychosocial support of the older child will also be catered for by mentoring and supporting health care workers and guardians. URC will utilize available technical support from other implementing partners and government advisors.

URC will work toward the integration of nutritional support into the care and treatment program. This support will include nutritional assessment using growth monitoring and assessment cards and charts. Those children that qualify for nutritional support (an estimated 150 children) will receive high energy macro and micronutrients. URC will strengthen referral linkages to nutritional support programs and will collaborate with these programs by providing gap support for nutritional supplements. Caregiver nutrition education and counselling will also form a major part of the support provided. URC will support clinicians at the facility level to stage and manage patients according to national standards. This will be achieved through on site mentorship support and off site but remote training. URC will emphasize early and appropriate referral of guardians to programs that support economic empowerment as poverty is the major factor in malnutrition. Further, all children will be supported to get the recommended childhood immunizations and treatment of childhood illnesses by ensuring that HIV services are provided in the maternal and child settings.

URC recognizes the importance of ensuring the prompt diagnosis of all HIV exposed infants, using early infant diagnosis (EID.) The Clinton HIV AID Initiative (CHA) and PEPFAR support the National EID program in Nigeria and URC will help setup and or improve linkages to this program. URC will help ensure that health workers are trained on proper dried blood spot collection and onward transmission as part of the National EID program.

URC will work with its partner Vision Africa to support home based care activities. Through this collaboration, HBC providers will be accessed and trained on the provision of appropriate support within the home. This will include identification of cases for referral, psychosocial support, patient education, basic first aid and adherence support according to the nationally accepted guidelines. URC will provide increased clinic-based and home/community-based activities to HIV-positive children through the training of healthcare workers, PLWHA and community workers in adherence counseling, management of opportunistic infections, diagnosis and relief of symptoms, psychological and spiritual support, clinical monitoring, related laboratory services and delivery of other palliative care services to the community including culturally appropriate end-of-life care per Nigeria's National Palliative Care Standards and Guidelines. This program area also includes the provision of ARV drugs which will be carried out by a URC partner, Crown Agents, in concurrence with the National Pediatric ART Guideline.

URC will help ensure that the national guidelines on pediatric antiretroviral therapy are implemented. This program will focus on patient preparation, readiness, education and adherence counselling and all clients will then be placed on the triple ART regimen for children as contained in the national guidelines (Zidovudine(Stavudine)/Lamivudine)/Nevirapine (Efavirenz)). All clients will have baseline CD4 count/percent on enrollment to the program and follow-up. All clients on ART will be monitored closely with baseline hematology and chemistry. At a minimum all these will be repeated one month after initiation of therapy and six monthly thereafter. Immunological and clinical monitoring along with CD4 count/percent will be used to identify treatment failures with all eligible cases placed on ART.

Adherence counseling of guardians will be linked to treatment initiation and maintenance with initial, one month and six monthly counselling sessions. Close links will be formed with HBC providers to maintain adherence within the home setting. A family-centered approach will be used. For children, proper preparation of the guardian is crucial. National client attendance registers will be used to track defaulters and those lost to follow up. Facility-based community meetings with community gate keepers will be held to help improve community treatment literacy. As part of improving and increasing the effectiveness of care, treatment and support URC will work together with other PEPFAR partners to support the proposed

Activity Narrative: development of a national policy on task shifting. This program, under the leadership of the Government of Nigeria, aims to shift non essential and routine follow up of clients from clinicians to nurses (for ongoing follow up of stable clients on ART) and from nurses to counselors (for adherence counseling and support.)

URC will train 10 health care workers on site, using the national curricula for pediatric care and treatment. This training will be supplemented by on site mentoring to ensure proper skills transfer and usage. Local facilitators will be used to provide this training. URC will collaborate with the current implementing partners in Enugu and will use their current expertise to minimize the duplication of training and implementation of activities.

The ongoing monitoring of the program as implemented will play a critical role in improvement initiatives. The use of data, the application of quality improvement initiatives including the "plan, do, study act" cycle, standard setting and tracking, best practice sites with intentional spread and collaboration is the signature hallmark of URC programs. URC will strengthen the national data capture and reporting systems at site levels. In addition, on-site data collected will be analyzed and used for process and program improvement. This support will be provided by URC's technical team in collaboration with site staff to increase sustainability and ownership.

URC recognizes the importance of ensuring uninterrupted supply of drugs, laboratory and allied commodities and will work together with its partners Crown Agents, through the available central supply systems. This support will supplement the national commodity supply. Locally sourced and USFDA/PEPFAR approved commodities will be procured through this mechanism.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Training and support to improve the quality, scale-up and integration of pediatric care and treatment services are consistent with FMOH and PEPFAR priorities. The aims are to increase access of services to HIV+ children through a concerted effort to improve linkages and referral systems between maternal and child health clinics, PMTCT and nutrition services by setting up functional and documented systems for referral of children into care programs. Additionally, URC will be using Vision Africa's radio programming and network of community and PLWHA groups to increase community outreach in Enugu state to help bring these children into health facilities as well as bringing services out to the home. An overall focus on improved referral systems and community linkages with health facilities will ensure sustainability.

LINKS TO OTHER ACTIVITIES

This program activity is also linked to Counseling and Testing, PMTCT, OVC, TBHIV, Adult CT, and laboratory infrastructure.

POPULATIONS BEING TARGETED

HIV-exposed and infected children (under 15) and their families/caregivers.
Healthcare providers working with children.

EMPHASIS AREAS

The emphasis areas for this program are:

Capacity building of health facilities and organizations responsible for delivery of HIV interventions. Collaboration and coordination to improve referral systems and availability of services. This program will also increase gender equity in programming through counseling and educational messages targeted at girls and boys. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and treatment in families. Emphasis on child survival strategies and TB identification and referral will also be included in this activity. Community outreach and involvement as described above.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Health-related Wraparound Programs

- * Child Survival Activities

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 544.09

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 5415.25220.09

Activity System ID: 25220

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$498,057

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over four of its PEPFAR supported sites to the indigenous partner APIN Ltd. (APIN). The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Women's Hospital, and Mushin General Hospital. The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University.

ACTIVITY DESCRIPTION

In COP08 APIN Ltd. provided comprehensive pediatric care and treatment (PCT) services in one site. In COP09, APIN will take over provision of high quality ARV and basic care and support services to eligible pediatric patients in an additional five sites making a total of six sites; five comprehensive ART sites (two tertiary and three secondary facilities) and one PHC located in two states of Lagos and Ogun. This will provide ART services to a total of 1,050 children (700 new) at the end of the reporting period. Pediatric care services will be provided to approximately 413 ART ineligible children and 1,050 ART eligible children for a total of 1,550 pediatric PLWHA clients. People affected by HIV/AIDS (PABAs), including caregivers of pediatric PLWHA, will be reached through community and home based care (HBC) services; therefore, it is expected that a total of 4,650 individuals will access services (1,550 pediatric PLWHA and 3,100 PABA).

Patients are identified through PMTCT and HCT services, including facility-based, mobile, and family-centered strategies. Through linkages with PMTCT services and pediatric wards at supported sites, early infant diagnosis (EID) is performed for children <18 months utilizing dried blood spot (DBS) at secondary and primary sites for transportation to two tertiary sites where DNA PCR is carried out.

All HIV-positive children are provided with care and support services in line with national guidelines and are clinically pre-assessed for ART eligibility. ART-eligible children are provided with ART services in accordance with a standardized programmatic protocol which follows the current National ART Guidelines. All HIV-positive children are provided with basic care kits and care and treatment services, consistent with the National Care and Treatment Guidelines. These services include clinical care (nursing care, pain management, OI prophylaxis and treatment, nutritional assessment and support, end-stage care, and labs – baseline hematology, chemistry, CD4 count baseline and follow-up, OI diagnosis, pregnancy test if indicated), psychosocial and spiritual support, economic empowerment for caregivers, community HBC, prevention with positives (PwP) and other prevention services. HIV-positive children are provided with cotrimoxazole prophylaxis according to national guidelines. All HIV-positive children are also symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated. Education on risk reduction interventions will be provided. All families of enrolled children will be provided with basic care kits including water vessel, water guard, ITN, soap, ORS, latex gloves, and IEC materials. Pain management assessment will also be conducted by clinicians and HBC providers and analgesics will be provided. Any pediatric patient presenting with acute history of sexual assault will be provided with post-exposure prophylaxis and psychosocial counseling services and monitored according to national guidelines. APIN uses the hub and spoke model of care for service delivery and will continue to expand provision of care and treatment services to the primary health centers.

ART-ineligible children that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Scheduled physician visits for all are at three, six, and 12 months and every six months thereafter. ART patients follow the same clinical visit schedule with more intensified monitoring and appointments to pick up drugs monthly. At follow-up visits, clinical exams, hematology, chemistry, CD4% enumeration and viral load (when indicated) are performed. All tertiary site labs perform the necessary lab assays while secondary and primary sites with limited lab capability send samples to an affiliated tertiary site. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring. As additional medical needs are identified through clinic and HBC visits, patients will be provided with clinical services by clinicians or referred for specialty care as necessary. HIV-positive children will be provided with a package of preventative care services, including cotrimoxazole prophylaxis according to national guidelines, referrals for immunizations, growth monitoring and other child survival services. All HIV-positive children will be also symptomatically screened for TB and confirmed with tuberculin skin test (TST), laboratory and radiological diagnostics as indicated. HIV-positive children are also provided with nutritional counseling and supplements, including multivitamins and Plumpy Nut as indicated. All HIV-positive children are linked into the system of OVC services in order to ensure a continuum of care. The Harvard Loss to Follow-Up (LTFU) utility will help in picking up children that might soon be lost to follow-up. The list generated is sent to the LTFU team and support group to initiate a process of tracking and bringing children back into care. APIN will continue to facilitate facility and community support group activities focused on pre-ART patient retention. Home-based visits will be conducted to encourage children to continue to access care and treatment. APIN will strengthen the linkage between facility and community OVC services to promote retention of children.

Commodities distributed as a part of palliative care services are procured centrally through the Abuja program office and Central Medical Stores in Lagos. Distribution of commodities to individual sites is coordinated through supply chain mechanisms in place for laboratory test kits and ART drugs. During COP09, APIN will collaborate with Harvard and SCMS for the procurement and distribution of specified pediatric OI drugs.

All children enrolled into care will receive age-appropriate risk assessments and behavioral counseling to achieve risk reduction. These activities are provided through individual counseling and outreach by site PLWHA support groups. Caregivers are also encouraged to seek out HCT and refer other family members for HCT. Caregivers for HIV-positive children are provided ART education and adherence counseling (EAC) prior to and during ART provision, which follows the National Curriculum for Adherence Counseling. ART EAC is reinforced with PLWHA caregiver support groups at each site, which serves all HIV-positive patients and their families. APIN also partners with community-based PLWHA support groups and CBOs to mobilize communities, provide psychosocial and spiritual support to PLWHAs and their families, provide ART adherence counseling, and assist with patient follow-up and HBC activities.

Activity Narrative: Facility-based and community-based HBC teams partner to provide a continuum of HBC services depending on client needs. When ART patients miss scheduled clinic visits or bedridden clients are reported by the community HBC team, the site HBC team provides follow-up according to a program based SOP, utilizing a HBC kit provided to these outreach teams. The HBC provider kit includes ORS, bleach, cotton wool, latex gloves, soap, calamine lotion, petroleum jelly and gentian violet. The team will provide basic medical assessments of signs and symptoms, basic nursing care, nutritional assessments and psychosocial support and will make appropriate referrals. HBC teams will also provide refills of cotrimoxazole, paracetamol, additional clean water kits and additional ITNs to patients and their families. The HBC team is comprised of a clinician, nurse, counselor, social worker, volunteers and support groups members

All sites focus on the integration of care and treatment services for all patients regardless of the source of funding for different components of treatment (e.g., external funding sources for services or lab commodities). At each site, support is provided for the management of electronic data and patient medical records for use in the provision of clinical care. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV-positive patients into ART from DOTS sites. HIV-positive patients identified through HCT conducted for all TB patients at DOTS sites will be referred to care and treatment services.

Clinical staff at APIN and Harvard supported sites meet monthly for updates and training. As clinical training needs are identified for new sites or new staff at existing sites, Harvard provides training on relevant topics including regimen switching. In COP08, Harvard incorporated standardized quality indicators into a comprehensive quality improvement (QI) plan for the sites, which includes periodic external site assessments and chart reviews as well as quarterly internal reviews, based on electronic databases. APIN Ltd. will support the training of 106 healthcare workers (HCWs) including primary health center HCWs to provide care and treatment services to 1,550 HIV-infected children by the end of COP09, which includes 1,050 ART eligible children. A total of 1,550 children will be provided with PCT services. Funding is also used to support renovations of physical infrastructure to build physical capacity to provide a child friendly clinic environment and service.

For pediatric patients enrolled through the government of Nigeria (GON) ART Program, APIN anticipates GON provision of 1st-line ARV drugs and PEPFAR support for other services. As patients require alternative or second-line drugs, they will receive PEPFAR-provided drugs. APIN estimates that additional children will be placed on ART through the leveraging of GON drugs. APIN will partner with Harvard and Clinton Foundation as appropriate to leverage resources for providing ARVs to patients. The site investigators and project managers will actively participate in the GON pediatric ART program. Harmonization of data collection for monitoring & evaluation (M&E) will be coordinated with USG and GON efforts. APIN has provided technical assistance and training expertise to the national pediatric treatment training program, which will continue in COP09. APIN supported the development of the National Pediatric Care and Support Guideline and Training curriculum.

In addition to providing training of site-based HCWs to improve care at supported sites, APIN will also fully support the training of lab scientists working at GON and Global Fund supported sites in early infant diagnosis techniques.

In addition, the program will identify, collaborate with and strengthen the capacities of support groups and CBOs to deliver care and support services, including the provision of community and HBC services such as domestic support, management of minor ailments, pain management, referral services, and counseling services. Supported CBOs will provide a range of facility and HBC services, including PwP, clinical care, prophylaxis and management of OIs, lab support, adherence counseling, psychosocial and spiritual support, and active linkages between hospitals, health centers, and communities. Through counselors and clinicians at all sites, APIN will provide referrals for TB, wraparound services and child survival programs as appropriate.

CONTRIBUTION TO OVERALL PROGRAM

Care and treatment activities are consistent with the PEPFAR goal of strengthening capacity to provide ARV drugs, care and treatment services and lab support to serve more HIV-positive children. APIN will continue to support the expansion of services into more underserved areas by developing a network model. These networks will ensure that facilities are able to develop linkages which permit patient referral from primary health centers and the provision of specialty care as needed. A tiered structure for ARV provision and monitoring established by Harvard provides a model for additional expansion efforts in COP09 in order to meet PEPFAR treatment goals. The program will also contribute to strengthening human capacity through the training of healthcare workers, community workers and HIV-positive children and their families.

Additionally, as part of PEPFAR sustainability efforts, APIN will continue to receive technical assistance and support from Harvard as it assumes more program management responsibility for care and treatment activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV-positive children for care, clinical monitoring and ART. The operational elements of these activities (M&E, health personnel training, infrastructural support, technical assistance and quality assurance) target program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of ART services to primary and secondary health facilities will increase access to underserved areas.

EMPHASIS AREAS

Activity Narrative: APIN's major emphasis is on strengthening the capacity of healthcare workers to provide high quality care and treatment services. Minor emphasis will be on child survival wraparound programming through the provision of clean water kits, growth monitoring, nutritional support, treatment of OIs and other illnesses, and counseling for caregivers on hygiene and nutrition for HIV-infected children. This program seeks to increase gender equity in programming through counseling and educational messages targeted at girls and boys. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and will address male norms and behaviors by encouraging men to contribute to care and treatment in families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13057

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13057	5415.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$2,235,000
6720	5415.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$1,068,000
5415	5415.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$200,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$113,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 632.09	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 5417.25244.09	Planned Funds: \$1,233,735
Activity System ID: 25244	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has been revised to include Pediatric ARV services, Pediatric Care and Support and Early Infant Diagnosis in a single narrative. Increase in number of sites by 20.

ACTION will provide care and support services and lab monitoring to 10,500 children out of which 8,000 (2,450 new) will be on ART in COP09. In COP08, ACTION supported pediatric ARV services at 70 sites (33 tertiary or large secondary hospital "hub" sites, 37 smaller secondary hospitals or primary health care centres (PHC)) using the hub-and-spoke model. In COP09, ACTION will continue to provide services in these 70 sites and will upgrade 20 PMTCT sites, the majority of which are small secondary hospitals or comprehensive PHCs to ARV satellites so that pediatric care and treatment will be provided in a total of 90 sites. These sites will be located in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). Sites are chosen jointly with the GON to complement the national scale-up plan being supported by Global Fund (GF) and other IPs. Services at PHC satellite sites are provided using three different strategies to ensure quality of care and network linkages: physician and lab assistant team travels from the "hub" site on selected days; nurse-managed PHCs/DOTS with nurses trained using the national curriculum; and physician/lab assistant team utilizes mobile site/van equipped with CD4 and basic lab equipment to visit PHCs on selected days. An alternative model employs a physician or nurse-led team with transport of samples back to the hub site for lab testing. The choice of best model will depend on which one provides timely and high-quality results with good patient adherence. In all models of community outreach, a portable pharmacy is employed to deliver ARVs and OIs drugs to patients at the community level.

Pediatric care and treatment services will be expanded to all supported tertiary and secondary hospitals and selected PHCs. At larger sites, ACTION will provide temporary salary support to facilitate the hiring of additional pediatric ARV dedicated medical officers. Sites will be required to absorb the funding of these positions in the main hospital budget within one year. ACTION staff participate actively in National ARV Guideline Committees. Guidelines for adults and pediatrics were updated in 2007 for consistency with WHO 2006 guidelines. A corresponding National ARV standard operating procedure (SOP) has been developed. ACTION ARV services are in line with GON guidelines.

Health care services will include access to free lab monitoring for all HIV-infected children including: CD4 count, hematology, and chemistry. The basic health care package, which will be available to all of the HIV-infected children as well as HIV-exposed infants receiving services, includes: access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs described under TB/HIV, instruction for parents/caregivers in appropriate water purification and provision of basic care kits (water guard, water vessels, soaps, Vaseline, latex gloves, ITNs, IEC materials, ORS) provision of cotrimoxazole prophylaxis, diagnosis and treatment of malaria, and symptom management including provision of pediatric formulations of antidiarrheals/anthelmintics/analgesics/antipyretics. In addition, a standard formulary will be provided to sites to treat common OIs.

Point of entry into care and treatment include PMTCT, EID, HCT at every pediatric points of service within health care facilities and communities through HBC. Community home based care (HBC) for children is in need of scale-up in Nigeria. ACTION has updated its HBC curriculum to include modules on HBC for children. HBC for children will be linked to HBC for adults and provided in all 32 network areas under COP09, so that at least 40 children per network or a total of 1,280 children receive pediatric specific HBC. This is overseen by a team comprising of community HBC nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home-based approach to ensure that family members at risk including other children in the household are tested and counseled. This strategy supports family engagement in HBC and identifies family members in need of HIV care. In addition to HBC for those children requiring classic "palliative care" interventions, home based care staff support parents with ART adherence for children in the home setting through education and addressing adherence barriers. Home based care staff focus on linkages to services, ensuring that clients in need of hospital care are able to access this care and linking family members to PMTCT, community immunization, family planning, and TB DOTS services. ACTION will continue to utilize different models depending on site preference including supplementing site staffing with dedicated home based care staff or developing agreements with local NGOs/CBOs/FBOs to provide this service. Extension workers will be preferentially recruited from the PLWHA support group membership. HBC will be linked to the child's medical care source as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

Access to food and nutrition support is a major need for children. Leveraging support from the Clinton Foundation, ACTION will provide comprehensive nutritional support for OVCs through the provision of fortified cereals, Kwashi-pap and PlumpyNut, targeting HIV-infected children as well as HIV-exposed infants weaning after exclusive breast feeding. This will include nutritional assessment (growth monitoring through charting and plotting) and counseling as well as multivitamins/mineral supplementation. In the provision of nutritional supplements, ACTION will build the capacity of care givers by providing raw materials and instructions so that Kwashi-pap can be prepared by them at home. ACTION will prioritize partnering with USG-supported wraparound services in states where it is co-located with these activities.

ACTION has worked to strengthen psychosocial support for children by improving the quality of counseling available for HIV-infected children at points of service through training focused on developmentally appropriate adherence counseling of children. In COP09 ACTION will expand this training to new sites. The curriculum includes formal child development, socialization, limit setting, pediatric counseling, diagnosis disclosure, grief and loss, and adherence to medications. These trainings will include not only HBC and facility-based providers, but will also focus on improving psychosocial support for OVC in orphanages. ACTION partners with community OVC providers including the Sisters of the Poorest of the Poor, the Anglican Church and the Mothers Welfare Group in provision of OVC services to OVC in their homes and to OVC in orphanages. Through these partnerships this step down training will ensure improved provision of psychosocial services not only to OVC in their homes but also to OVC in orphanages who are awaiting family placement.

Activity Narrative: Leveraging support from the Clinton Foundation for test kits and specimen transport, Early Infant Diagnosis (EID) will be supported through the pediatric care and treatment program area and available at PMTCT POS under COP09 to improve the identification of HIV+ children for linkage into care and treatment services. Nine regional laboratory centers for DNA PCR have been established by ACTION with an additional one planned for COP09. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. ACTION will actively participate in the national early infant diagnosis initiative by providing DNA PCR testing of DBS at ACTION-supported labs. The source of DBS samples will include ACTION and non-ACTION supported PMTCT sites. A systematic coordinated approach to program linkage will be operationalized at site and program levels including linkages between adult and pediatric ART services, OVC services and adult and pediatric basic care and support. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators.

ACTION uses care and treatment expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established points of service, ACTION will conduct training to develop the capacity of 15 pediatric care experts who will serve as regional master trainers. Ten regional trainings will then be conducted to train 200 site staff in pediatric HIV care. In addition to ARV management and institution based care, these trainings will include specific modules on adherence support in children based upon the national curriculum. Bedside teaching is also a component of ongoing education. IHV/UMD adult and pediatric HIV care specialists are posted in Nigeria as preceptors. In addition, a preceptor program brings volunteer physicians with extensive HIV experience from other US and European institutions, and also uses expert on-site staff as preceptors. ACTION has developed three regional training centers which are equipped with training venues adjacent to large clinical care facilities where best practices are modeled. A clinical training center in Abuja provides a model clinic that integrates physician, nurse, treatment support, pharmacy and community outreach teams to provide experiential training in a holistic model clinic setting in order to demonstrate feasible and functional strategies bridging community to care. Additional trainings planned include 32 site-based trainings in pediatric care and support and home based care to train a total of 160 persons, and five central/regional-based trainings in Early Infant Diagnosis to training an additional 100 persons. Thus, the training targets are 264 ARV focused and 260 care and support focused trainings. This training will facilitate task shifting and ACTION will support the GON in developing policies related to this. ACTION will work in collaboration with the USG/GON to ensure adequate supervision of all sites.

ACTION supports four regional training labs (described under ARV Lab). These facilities will train additional lab scientists working at GON and GF-supported sites (i.e., non-PEPFAR supported sites) in ARV lab monitoring including good lab practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

In COP08 ACTION participated in the National HIVQUAL pilot and then expanded upon these clinical QA/QI indicators for pediatric care and treatment. Deficiencies identified are discussed with the site QA/QI committee and an improvement plan is then implemented. In COP09, ACTION will continue this process collaboratively with the sites, USG and GON. The ACTION QA program has site level clinical QA coordinators assigned at each POS who perform structured periodic chart reviews that are incorporated into the QA assessment process using indicators developed as part of the National HIVQUAL Program. Site level CareWare aggregated data is evaluated and feedback provided. ACTION supports the training of medical officers in IAPAC and GALEN certification as HIV specialists and other clinical staff in expanded support roles under the treatment team concept. Based on gaps in knowledge identified, the training department refines/updates training materials for new and ongoing training activities. ACTION will also facilitate and actively support onsite standardized HMIS using GON forms and national electronic platforms, and will provide onsite assistance with data management and monitoring and evaluation to guide quality improvement measures.

Sites are supported to carry out renovations to ensure clinic facilities are child and adolescent friendly and that pharmacy stores and dispensing areas are able to store ARVs consistent with manufacturer guidelines. ARVs are procured as described in the ARV drugs narrative. ACTION will partner with Clinton Foundation and GF as appropriate to leverage resources for providing ARVs to patients. In this scenario, ACTION provides pharmaceutical commodity management and ensures access to alternative first line and second line ARVs, pediatric formulations, and wraparound services including lab monitoring and high quality clinical care. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Additionally, sites receive training, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis to address occupational HIV exposure of health care workers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving global PEPFAR treatment targets and will also support the Nigerian government's universal access to ART by 2010 initiative. ACTION will build the skills of at least 720 care providers thus contributing to national sustainability plans.

POPULATIONS BEING TARGETED:

Care and treatment services are offered to HIV positive infants and children living with HIV/AIDS. Doctors, nurses, and pharmacists are targeted for training in both the public and private sectors. Health workers and laboratorians at non-PEPFAR supported sites will be targeted by offering dedicated central ARV training.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development through training and local organization capacity building.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 13112

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13112	5417.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$2,359,000
6771	5417.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,706,190
5417	5417.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$309,725

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$113,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$984,375

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5409.25196.09

Planned Funds: \$93,800

Activity System ID: 25196

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

- Narrative combined; targets updated

ACTIVITY DESCRIPTION:

This activity relates to activities in HCT, PMTCT, basic care and support, and TB/HIV activities.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP09, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free care and treatment services in 20 military hospitals.

In COP09, DOD – NMOD will expand comprehensive care services to 1,100 pediatric patients (0-14 years of age). Clinicians across the 20 sites will be assisted to promptly initiate support for ART eligible patients, with emphasis on supporting the six newer primary sites. A total of 618 new pediatric patients will be added during the reporting period. Considering loss to follow up and mortality, an estimated 938 patients will be on treatment at the end of the reporting period. Each site is an integrated hospital supporting HCT, laboratory, TB and other services. Linkages with both NMOD and other partner facilities will support referral of complicated or stable patients, or specialized needs, such as early infant diagnosis (EID) to ease overcrowding and maximize efficient use of facility abilities. Care and support services will be provided to 1,100 HIV+ children and will reach an additional 2,200 persons affected by HIV/AIDS (PABAs), including family members and other children.

A major component of this activity is human capacity development – both in increasing numbers of providers and the training provided to them. The NMOD has committed to increasing and developing a sustainable treatment program by hiring 100 new health care professionals dedicated directly for PEPFAR goals (30 each physicians and nurses, 20 each laboratorians and pharmacists). In COP09, the DOD will support the training of an additional 100 health care workers, including doctors, pharmacists, nurses, laboratorians, site administrators, commanders, and team leaders in the areas of pediatric ART and basic care and support services. Additional temporary staff through the National Youth Service Corps (NYSC) will be utilized. In COP06, NYSC physicians were jointly funded by the DOD and NMOD programs; in COP07-COP08, the NMOD assumed total coverage of these salaries. NMOD funding will be provided to expand this program in COP09. Use of the NYSC provides a dual purpose of training young physicians in Nigeria in ARV services and HIV/AIDS care and support, and exposes them to the military system for possible accession to the uniformed services or as NMOD civilian providers.

Training is the second component of capacity development. The base of training has included the four week ART training at the Infectious Disease Institute in Uganda where pediatric treatment is covered, and will continue to serve as a training component for COP09. This will complement local training utilizing the GON national guidelines and training manual/curriculum. A dedicated infectious disease physician will provide mentoring and continuing medical education courses through centralized in-country and on-site trainings on pediatric HIV/AIDS care and support, treatment, adherence and laboratory monitoring. Adherence counseling for ARVs and instruction in side effects and contraindications is part of the NMOD internal ART course and each pharmacist is provided with initial and refresher training through this course. DOD/NMOD will support the development and use of pediatric care and support guidelines and training manuals.

The third tenet of capacity development is physical capacity. This will be increased through refurbishments at each site as required to improve patient flow and throughput. This will be accomplished through bilateral planning of both the NMOD and DOD funding. US DOD funding has provided refurbishments at seven sites and the NMOD has funded refurbishments at seven sites. One site was jointly refurbished (44 NARHK) due to its size and dual use as a NMOD treatment site and as a referral center for all of Kaduna State.

To enhance quality of care, the DOD will conduct on-site clinical mentoring via centrally located staff and DOD HQ Technical Assistance rotations. The DOD-NMOD Technical working Group will integrate with USG and MOH advisors to ensure that all activities and support are in compliance with National policies, curricula and guidelines. In addition, the DOD will ensure that routine meetings with all hospital staff involved in HIV/AIDS patient care are occurring monthly (or more frequently, as needed). This will support monitoring and evaluation of clinical outcomes and allow for dissemination of information and lessons learned to improve care.

The DOD will support the provision of comprehensive clinical care (e.g., growth monitoring via MAC, nutritional assessment) and syndromic management of STIs (e.g., ceftriaxone, azithromycin, acyclovir, penicillin G), in older adolescents, if necessary, and OI diagnosis and treatment, malaria diagnosis and treatment, as well as pain and symptom management at all 20 hospitals. This will be accomplished by: strengthening institutional and health worker capacity with ongoing, in-service training, providing initial training to 100 health care workers in care and support skills as part of and in addition to ART education; increasing the capacity of clinicians to diagnose and manage common OIs; providing psychosocial counseling; and strengthening laboratory diagnostic facilities and pharmacy capacity (see DOD lab and ARV drug submissions) through refurbishments, equipment, training and QA/QC programming. Facility-based care will be complemented using a network model through trained volunteers (e.g., PLWHA support group members), nurses, health workers, PLWHAs and family members working together both in the facilities as well as following up with patients at home. Basic care kits and pediatric preventive care packages, to include an insecticide treated net, waterguard, water vessel, ORS, latex gloves, and IEC materials will be provided, as well as cotrimoxazole for patients as clinically appropriate according to national guidelines.

Laboratory services provided will include CD4 ascertainment, liver function tests, hepatitis screening and management of abnormalities as appropriate. Eight of the NMOD major sites all possess Becton-Dickinson FACS Counts and all these devices are being retrofitted with the pediatric lymphocyte % software. All patients will be screened for TB and malaria; prophylaxis, treatment, and linkages to wraparound or other

Activity Narrative: program areas will be provided as appropriate. According to national and USG guidelines, Early Infant Diagnosis support coverage (PEPFAR/Clinton Foundation funded) will be expanded from the two pilot sites (NNH Ojo and 45 NAFH Makurdi) to support the increased survival findings with EID/early initiation of treatment.

A component of this activity will be supporting and maintaining links with active community-based organizations, home-based care providers (HBCs) and faith-based organizations (FBOs) that will provide at home follow-up of patients enrolled in care and treatment. While efforts will be strengthened to provide services to individuals in the community who cannot access ART services, a strong component of these efforts will be linking with local CBOs and FBOs who are already working with the sites since HBCs are limited in number at sites. DOD will reach out to local OVC partners to link pediatric patients to support services. DOD will also work with, and support, the NMOD and its partners in further developing internal guidelines, protocols and standard operating procedures (SOPs), using evidence-based interventions, particularly in the area of pediatric care and implementation of a preventive-care-package.

In COP07-COP08, 44 Nigerian Army Reference Hospital Kaduna was provided with funding to refurbish a hall for a vocational and economic empowerment center. Support was also provided for the training of caregivers and PLWHAs on soap making, knitting and tailoring to provide the foundation for sustainable income generating activities. This activity focuses its efforts on young, HIV+ women. Older pediatric patients will be encouraged to participate. In COP09, this training activity will be expanded to additional sites that have space to accommodate a vocational center. PLWHAs who were trained at 44 will serve as trainers for other sites. Support will also be provided to purchase a stock of necessary materials (e.g., soap making materials, weaving materials/equipment).

Another component of this activity is to strengthen spiritual and social services provided to those living with HIV/AIDS in the military barracks. In COP09, DOD will continue to provide support for Imams and Priests to provide spiritual support and/or counseling for PLWHAs, families and PABAs. This includes counseling related to a patient's fears, life views, crises, adherence and bereavement. Health care providers will provide linkages and information to reach military Imams and Priests, as well as collaborating PLWHA support groups, during clinical care sessions. Caregivers and families of pediatric patients will be targeted for support services. Care kits for PLWHAs will include preventative items such as: an ITN, water guard, water vessel, soap and ORS. Nutritional supplementation and support will be provided as appropriate with national guidelines and as partner activities permit.

In COP09, the DOD's Prevention with Positives (PwP) program will be continued at all 20 military sites. For pediatric patients, this will include encouraging HCT for patients' families. Referrals will be made to community-based and barracks-based support groups for HIV+ clients and caregivers. Linkages to support groups and services will also be enhanced by counselors who are members of PLWHA support groups. Referrals to family planning services will be provided as appropriate, as well as access to pregnancy testing when needed. Care kits for PLWHA will include items such as ITN, water guard, water vessels, soap, and ORS. These interventions will be implemented using the recently adapted "HIV Prevention in Care and Treatment Settings Prevention Package", which includes several training packages and job aids.

Entry of the pediatric HIV+ patient will include referrals from PMTCT, pediatric wards, TB clinics and other areas in the facility serving children. Due to the integrated nature of the NMOD medical treatment facilities, the children identified by the antenatal system can utilize the PMTCT component to effect a referral to the pediatric health care provider. The laboratory, integrated into this system, serves as a catalyst for follow-up to EID referrals. The DOD Program, through subcontracts, provides a data entry clerk and an administrative/liaison officer to assist in referrals and follow ups. While HCT is available to parents or physicians with a clinical request, the barracks facilitation and support groups will assist in identifying pediatric patients for referral.

NMOD and DOD participation in the USG ARV treatment and care and support technical working groups to address treatment issues will promote harmonization with the GON and other implementing partners, thus strengthening the referral linkages and networks between partners close to NMOD sites. The program will also establish networks for community volunteers, including People Living with HIV/AIDS, to ensure cross-referrals. The DOD will continue to work with the GON and other national stakeholders to develop networks for purposes of addressing sustainability issues, stigma reduction, treatment, and prevention activities. Linkages with other basic care partners and prevention groups (particularly prevention for positives) will also be supported.

Consumables and other supplies will be provided by a combination of two approaches. While the supply of some consumables will continue to be sourced by DOD from local vendors, the majority of funding for drugs and consumables will be invested in the Supply Chain Management Systems (SCMS). The DOD program will continue support to the Nigerian Ministry of Defence-owned, contractor (SCMS) operated warehouse developed under COP07 funding. NMOD customs agents will clear imported supplies. Under training and supervision by SCMS contractors, the facility will distribute supplies directly to all NMOD Points of Service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of critical items maintained in-country to protect against unforeseen shortages. This program fully adheres to USG and GON policies and acquisition regulations, minimizes indirect costs and accomplishes NMOD capacity building in supply chain management. The program design ensures continued USG visibility and accountability at all levels of implementation.

DOD has allocated \$100,000 of its pediatric ARV Services budget and \$30,000 of its pediatric Care and Support budget to SCMS for procurement of commodities. This amount is captured under the SCMS ARV Services and the SCMS Care and Support activities.

By the end of COP09, DOD will support 20 NMOD facilities in Anambra, Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Imo, Kaduna, Kano, Lagos, Oyo, Plateau, Rivers, and Sokoto (15 states and FCT).

Activity Narrative: CONTRIBUTION TO OVERALL PROGRAM AREA:

Expansion of care and treatment services will contribute to 2009 PEPFAR targets. The training of health care workers and community volunteers will contribute to human resource development to ensure the sustained delivery of high quality care and support and ART services in Nigeria. NMOD/DOD support of policy development in task shifting and its implementation will improve access to care and treatment. Provision of the PwP services will further avert/decrease HIV transmission thus contributing to PEPFAR goal of preventing new infections.

LINKS TO OTHER ACTIVITIES:

This activity is linked to all prevention activities, TB/HIV treatment and care services, drugs, laboratory infrastructure and SI.

POPULATIONS TARGETED:

This activity will target pediatric HIV positive children (0-14) and their caregivers in the 20 military communities served, as well as the civilian population in the surrounding communities who are diagnosed as HIV+.

EMPHASIS AREAS:

This activity focuses on military populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13155

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13155	5409.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$220,000
6808	5409.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$132,000
5409	5409.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$40,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$47,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3688.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 5416.25273.09

Activity System ID: 25273

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$330,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08 AIDSRelief (AR) provided care and treatment services to 31 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites in 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. In COP09 these services will be maintained and expanded to an additional 3 LPTFs and 9 satellite sites, for a total of 53 sites with further emphasis on decentralization to community and home levels. Through primary and secondary faith-based facilities, AR will extend care and treatment services to underserved rural communities to reach 3,350 children on ART (530 new) by the end of the COP year. In setting and achieving COP09 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in order to concomitantly work towards continuous quality improvement.

Key to increasing pediatric enrollment into care and treatment will be to strengthen linkages at all service levels within the LPTFs where AR is working as well as reinforced and expanded community outreach. This will require staff training and strengthened referral linkages. In order to increase the number of children brought into care and treatment, AR will support a multi pronged approach: organization of services to provide family centered care and treatment, provider initiated testing and counseling for children (PITC) and community mobilization. Organization of ART clinics to include family days will also provide opportunities to increase testing for children and provide comprehensive care. All exposed infants delivered in the LPTFs, or identified through the family centered approach, will be linked to the HIV Comprehensive Care clinic for enrollment for care and support, and to community-based OVC programs.

The package of care services provided to each HIV positive child/care givers includes a minimum of clinical service with provision of a basic care kit and two supportive services in the domain of psychological, spiritual, and PwP delivered at the facility, community, and household (home-based care, HBC) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for HIV positive child/care givers in AR's partner sites includes provision of a basic care kit (ORS, LLITN, water guard, water vessel, soap, IEC materials, and gloves); home-based care (client and caregiver training and education in self-care and other HBC services); clinical care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals); laboratory services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasites, OI and STI diagnostics when indicated); psychological care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); spiritual care (access to spiritual care); social care (support groups' facilitation, referrals, and transportation) and prevention care (Prevention with Positives). All HIV positive children's nutritional status will be assessed at contact and on follow-up visits, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. This will be done through wraparound services as well as direct funding. AR will procure basic care kits through a central mechanism and OI drugs will be procured through mechanisms that ensure only NAFDAC approved drugs are utilized.

All LPTFs will be strengthened in their capacity to provide comprehensive quality care and treatment services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability.

AR will provide DBS/DNA PCR technology for early infant diagnosis (EID) in addition to the logistic support for transportation of blood samples to designated laboratories in collaboration with Clinton Foundation. EID activities supported under pediatric care and treatment are linked to PMTCT. AR will provide access to viral loads for children with suspected treatment failure. All infected children will be evaluated for ART using CD4 count or CD4%. All AR sites will be equipped with capacity to determine CD4% for evaluation of immunological status of children less than six years.

Based on available evidence concerning child survival and morbidities in relation to immunological staging, AR will provide ARVs for all infected infants (less than 1 year) in accordance with revised national pediatric ART guidelines so as to prevent mortality and brain damage in rapid progressors. Appropriate first and second line regimens that preserve future options with minimal toxicity profiles will be adopted for all LPTFs. AR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to infected children.

ART sites at LPTFs are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. AR will intensify collaboration with GON and other stakeholders to ensure prompt diagnosis of TB in children and facilitate provision of pediatric TB formulations.

A key component for successful ART is adherence to therapy at the household and community levels. AR will ensure intensive treatment preparation directed at an identified caregiver to ensure strict adherence. AR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each LPTF will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of LPTFs for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AR technical and program management regional teams. All children on ARVs will have at least monthly home visits to ensure adherence and assess need for intervention. Specific efforts and training will be made to develop adolescent friendly services for infected and affected children including linkages to reproductive health.

Non ART eligible children will be enrolled into care for periodic follow-up, including laboratory analysis at least every six months, to identify changes in ART eligibility status. All enrolled children will be linked to the AR OVC program to access an array of services including nutritional support, preventive care package

Activity Narrative: (water sanitation/treatment education, ITN) and psychosocial support. All LPTFs will be empowered with training and tools to ensure nutritional assessment. Educational support and food supplements will be leveraged from other partners, particularly the CRS SUN program and Catholic Secretariat of Nigeria USG funded SUCCOUR program.

In COP08 AR trained 90 health service providers in pediatric care and treatment. In COP09 AR will train and retrain an additional 90 health service providers according to the National Pediatric HIV Training curriculum. Training will maximize use of all available human resources including a focus on community nursing and community adherence to ensure care is decentralized to the home level. AR will collaborate with the GON and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide pediatric ART. AR will work closely with the USG team to monitor quality improvement at all sites and across the program. AR will actively participate in and facilitate activities to review practices in pediatric HIV care and treatment particularly GON technical working group meetings. AR will share with the GON a new pediatric counseling curriculum developed with the African Network for Caring for Children with HIV and, if acceptable, will roll this training out to all AR sites. AR will support the development of a national pediatric HIV care and support guideline and training curriculum.

AIDSRelief will offer HIV EID in line with the National Early Infant Diagnosis scale-up plan from six weeks of age using DBS. Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. AR will collaborate with Clinton Foundation as appropriate for commodities and logistics support for the EID program. Exposed infants will be actively linked to pediatric care and treatment. In COP09, AR will extend EID activities/DBS collection to all AR LPTFs and their satellites. PMTCT focal persons at all AR LPTFs will keep records of all exposed infants at enrollment soon after birth; informing HIV+ mothers of the six week mark for DBS collection. AR will encourage hub LPTFs to step down DBS collection at affiliate PMTCT satellite sites and thus decentralize EID activities at these sites. Hub LPTFs will ensure supplies of DBS collecting kits from their own stock to these satellites and the samples collected returned to the hub sites for dispatch to the testing labs. AR will train members of PMTCT support groups in HCT skills. AR will engage PMTCT support groups and the larger support group(s) in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT. AR will establish linkages with other health care providers, public and private, proximal to AR LPTFs, with full-fledged ANC activities. This will encourage two-way referrals of HIV+ mothers and their infants from these providers to AR LPTFs and thus benefit from EID/ART activities at AR sites. LPTF EID focal persons will ensure prompt dissemination of results to providers and mothers as soon as they are available.

In COP08 AR built a team of four specialists to ensure Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. The team will sustain the efforts with a modification of evaluation tools to assess and report on both qualitative and quantitative indicators of care delivery. Monitoring and evaluation of the AIDSRelief ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each LPTF an annual evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for children who have been on treatment for at least nine months. Each of these activities will highlight opportunities for improvement of clinical practices.

AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith-based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support. As a result, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

AR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving global PEPFAR treatment targets and will also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen LPTF health systems, AR will contribute to the long term sustainability of the ART programs.

AR will collaborate with the Catholic Relief Services 7D program to establish networks of community volunteers. Networks will be created to ensure cross-referrals and sharing of best practices among AR and other implementing partner sites. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

POPULATIONS BEING TARGETED:

This activity targets HIV exposed and infected children and their caregivers as well as HCWs from rural and underserved communities.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT services to ensure that people tested for HIV are linked to ART services; it also relates to activities in ARV drugs, laboratory services, sexual prevention, PMTCT, OVC, TB/HIV, and SI.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART through linkages with OVC and PMTCT services in AR sites and neighboring sites. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of infected children and thus reduce the stigma and discrimination against them.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12999

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12999	5416.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$945,000
6679	5416.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$288,000
5416	5416.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$150,625

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9408.09	Mechanism: USAID Track 2.0 CHAN
Prime Partner: Christian Health Association of Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 25643.09	Planned Funds: \$19,000
Activity System ID: 25643	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Pediatric care and support and early infant diagnosis have been added to this program area. There will be a focus on intensive case finding in order to get pediatric cases to make up to 10% of total clients placed on ART.

The Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) project's strategy for pediatrics care and treatment focuses on health facility and community-based activities for HIV-exposed and HIV-infected children (<2 years and 2-14 years) and their families (HIV-affected individuals). The activity is aimed at extending and optimizing quality of life for HIV-infected children from the time of diagnosis throughout the continuum of illness through provision of clinical, psychological, social, spiritual and prevention services.

In COP09 the NICaB project, working with 12 of CHAN-supported member institutions (hospitals) and 24 community based organizations in the six states of Abia, Benue, Delta, Oyo, Sokoto and Taraba, will provide ARV services and lab monitoring to 210 children (150 new children). In COP08 CHAN NICaB supported ARV services at 12 sites. Under COP09 CHAN will consolidate services at these 12 sites. All small to medium secondary level mission hospitals will be linked to 60 primary health centers (PHC) using the hub-and-spoke model.

The CHAN NICaB COP09 activities will focus on intensive pediatric case identification by scaling up Early Infant Diagnosis (EID) using dry blood specimens (DBS) to ensure early identification of HIV-positive children and link them to care. Additionally, HIV testing and counseling will be incorporated into pediatric clinic activities. Leveraging support from the Clinton Foundation for test kits and specimen transport, EID will be available at PMTCT points of service (POS) in COP09 to improve the identification of HIV+ children for referral to ARV services. ART will be initiated for children below one year with a CD4 of 25% and children over two years with a CD4 of 15%. The CHAN NICaB project will collaborate with other USG supported laboratories for DNA PCR to increase access to testing of infants using DBS specimen collection. In addition, community-based testing of children will be carried out in the OVC program through collaboration with identified CBOs in partnership with civil society organizations like CISNAN, NEPWHAN and FOWAN actively involved in CHAN NICaB's care program. These organizations will identify exposed and/or ill children and refer to the NICaB project's twelve supported sites for assessment and referral as necessary. A systematic, coordinated approach to program linkages will be operationalized at the site and program levels, including linkages between adult care and treatment services, pediatric care and treatment services and OVC services. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators.

Project staff will identify children at outpatient settings (children who accompany parents to the out patient department (OPD) and antenatal care (ANC)) who will then be counseled and tested. All children admitted into the wards for whatever reason will be counseled and tested through provider initiated testing and counseling. Children who are brought in for immunizations will be tested while intensifying follow-up of exposed children by support group members and following index cases into homes to test children by community-based partners. Such activities will contribute to initiating 150 children on ARVs and bringing an additional 190 into care and support activities.

In line with the national guidelines, all exposed children from six weeks of life will be placed on cotrimoxazole prophylaxis while children found eligible for ARVs will be placed on the first line pediatric formulations according to national guidelines. Thirty-six health care workers from CHAN member institutions (MIs) (doctors, pharmacists and nurses) will undergo a six day refresher training in pediatric ART to sharpen their skills to identify and manage pediatric HIV clients at the health facilities, while care givers and volunteer home-based care providers will be trained on adherence counseling to ensure that children take their drugs on time and they are brought to the clinic when due. A pediatric focal person, identified for each facility, will work in collaboration with the health facility coordinator to ensure that the treatment team pays attention to pediatric issues and that all pediatric services are provided according to nationally approved guidelines.

Currently, less than 10% of CHAN NICaB-supported ARV patients are children; this will be increased to 10% in COP09. Pediatric ARV care will be expanded to all supported CHAN member institution hospitals. CHAN NICaB will collaborate with the GON to implement recommendations of the National Guidelines as published in order to facilitate quality pediatric ARV care at the PHC level. CHAN NICaB staff participate actively in National ARV Guideline Committees. National guidelines concerning pediatrics were updated in 2007 for consistency with WHO 2006 guidelines. A corresponding National ARV SOP has been developed. These are currently being used at the sites and ensure that CHAN NICaB ARV services are in line with GON guidelines.

Non-ART and ART eligible clients will be enrolled into care and will receive regular clinical monitoring including CD4 counts. CHAN NICaB supports PLWHA support groups to facilitate adherence and to provide IEC materials. All sites are supported to engage treatment support specialists (PLWHA) who participate in patient education, client advocacy, and home visits to track defaulters. All ARV clients receive care services including prevention with positives activities including balanced ABC messaging, couples counseling for parents of diagnosed children, ITN, water guard, malaria diagnosis/treatment, OI prophylaxis/diagnosis/treatment (including TMP/SMX), pain/symptom medications, and psychosocial and spiritual support with linkages to community and facility-based support groups. Home-based care programs provide linkages between the medical facility and the community. The basic health care package, which will be available to all of the HIV-infected children as well as HIV-exposed infants receiving services, includes: access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs described under TB/HIV, instruction for parents/caregivers in appropriate water purification, provision of basic care kits (water guard, water vessels, soaps, Vaseline, latex gloves, ITNs, IEC materials, ORS) provision of cotrimoxazole prophylaxis, diagnosis and treatment of malaria, and symptom management including provision of pediatric formulations of antidiarrheals/anthelmintics/analgesics/antipyretics.

Activity Narrative: The NICaB project, through its partners, will support infant feeding. Nutritional counseling will be provided at ANC, the postnatal and child welfare clinics and also in the homes by unpaid volunteer care providers and community peer groups to support mothers. The CBOs, support group members, PHC staff and maternity staff from NICaB's twelve supported sites will be trained in infant feeding, use of therapeutic nutritional supplements and nutritional counseling. Mothers will be provided with all infant feeding options but encouraged to exclusively breastfeed children for six months with safe weaning using locally available cereals because of its proven role in improving child survival and lower rates of HIV transmission. However, mothers that choose breast milk supplements (BMS) will be advised on using BMS that are AFASS-Affordable, Feasible, Accessible, Available and Safe. Exposed children will be followed up with monthly clinic visits and growth monitoring. Those found not to be thriving will be placed on ready to use therapeutic nutritional supplements (plumpy nut) sourced from the Clinton HIV/AIDS Initiative (CHA). NICaB will provide infant weighing scales and growth charts to the twelve sites and the satellite PHCs. NICaB will also collaborate with the GON and support the finalization of the National Nutrition Guidelines

Through follow-up of trained home-based care givers, all families with HIV-exposed infants and children will be given ITNs and water guard to make drinking water safe. One-hundred and twenty religious and community leaders, including church groups, will be trained to provide psychological, social and spiritual services for 1,200 families. Activities in this program area for under-five children and will focus on strengthening linkages to routine child health services such as immunization, growth monitoring and the well child monitoring activities. Older children (aged 5 – 14 years) who require support for education, protection and shelter will be linked up with the OVC program, while school nurses will be trained to follow up with adolescents in schools who have been placed on ARVs. Through the NICaB CSO/CBO partnership with communities, 190 children will receive palliative care.

CHAN NICaB uses ART expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established points of service (POS) as resource persons, 48 staff (physicians, nurses, counselors, pharmacists) from COP08 POS will participate in central adult and pediatric ARV care, adherence counseling, and/or pharmacy training using the national pediatrics ARV training curriculum in collaboration with other PEPFAR implementing partners. All training will include approaches for prevention with positives integrated into the clinic and community setting. The nationally harmonized treatment manuals will be used to step down trainings for secondary, PHC and DOTS sites. Bedside teaching and clinical case discussions are also components of ongoing education.

A clinical QA program in CHAN NICaB's training uses objective measures of healthcare team capacity based on knowledge assessment of individual providers, metrics from SI analysis, and onsite observational assessment of clinical practice and community linkages. Apart from routine monitoring and supervisory visits in COP09, CHAN will collaborate with the USG and the GON as CHAN NICaB carries out site program review visits. The QA program has site level clinical QA coordinators assigned at each POS who perform structured periodic chart reviews that are incorporated into the QA assessment process. Site level care service aggregate data is evaluated and feedback provided. CHAN NICaB will also facilitate and actively support onsite standardized HMIS using GON forms and national electronic platforms and will provide onsite assistance with data management and M&E to guide quality improvement measures.

Sites are supported to carry out renovations to ensure clinic facilities are adequate and particularly that pharmacy stores and dispensing areas are able to store ARVs consistent with manufacturer guidelines. ARVs are procured as described in the ARV drugs narrative. CHAN NICaB will partner with Clinton Foundation and Global Fund when available to leverage resources for providing ARVs to patients. CHAN NICaB provides pharmaceutical commodity management and ensures access to alternative first line and second line ARVs, pediatric formulations, and wraparound services including lab monitoring and high quality clinical care. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Additionally, the twelve CHAN-NICaB- supported sites will receive training for 60 providers, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis sources from already established programs to address occupational HIV exposure of health care workers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

At the end of COP09 CHAN NICaB will be providing ART services to 150 children, contributing to GON/PEPFAR targets for Nigeria. CHAN NICaB will build the skills of at least 70 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

This activity is linked to drugs, HCT, other prevention, OVC, adult care and treatment, TB/HIV, PMTCT, lab, and SI. Patients on ART will receive home-based care and support and community and social services. TB/HIV linkages will be strengthened; all HIV infected patients will be screened for TB using the National algorithm. CHAN NICaB will also provide onsite assistance with data management and M&E to guide quality improvement. HCT targeting parents that are MARPs is established proximate to ARV POS. Using a network model, linkages to ARV services for HIV-positive women identified through PMTCT and HIV-infected infants are in place. Quality lab services supported by a CHAN NICaB-facilitated lab QA program are available at comprehensive sites while manual lab methods or specimen transport systems will be established for primary health center satellites.

POPULATIONS BEING TARGETED:

ARV services are offered to HIV-positive infants, children and adults living with HIV/AIDS. Doctors, nurses, and pharmacists are targeted for training in both the public and private sectors. Health workers and lab personnel at non-PEPFAR supported sites will be targeted by offering dedicated central ARV training.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development through training and local organization capacity building.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,500

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 555.09

Prime Partner: International Foundation for Education and Self-Help

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 15678.25232.09

Activity System ID: 25232

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$125,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP09, IFESH will provide care and support services and preventive care packages to HIV-exposed and infected children. IFESH will provide services to 1,250 HIV infected children at 30 sites located in Rivers and Imo states in which HCT, TB/HIV and PMTCT services are also provided. The pediatric care program will provide clinical services (basic nursing, lab, OI management, pain management, and nutritional assessment) with basic care kits (water treatment solution, water vessel, ORS, Insecticide Treated Nets (ITNs), soap with IEC materials) plus two other services in the domain of psychosocial, spiritual, and other prevention services. Home-based care (HBC) services will also be provided. IFESH will work in close partnership with other PEPFAR IPs, the Clinton Foundation, and the government of Nigeria (GON) to offer early infant diagnosis (EID) to HIV-exposed infants in line with the National EID Initiative. Clients will be referred to designated IFESH dried blood spot (DBS) collection sites where samples will be sent to a PEPFAR-supported DNA PCR laboratory.

IFESH will provide care services in a family centered approach, identifying HIV-infected women during pregnancy through its PMTCT program, and following the mother and the infant after birth with care services. The package of health services which will be available to all HIV-positive children includes access to ARVs, appropriate TB diagnostics, and linkages with GON sponsored DOTS programs. Enrolled children will also be provided with anti-malaria prophylaxis and symptom management, including provision of pediatric OI formulations. In COP09 IFESH will continue to follow SOPs for the treatment of common opportunistic infections.

Access to food and nutrition support is a significant need for HIV-exposed and HIV-positive children. IFESH will provide comprehensive nutritional support for such children (especially those that are clinically malnourished) including assessment, counseling, supplementation and multivitamins/minerals, with referral for therapeutic nutritional services. Linkages with community nongovernmental organizations (NGOs) and faith based organizations (FBOs) as well as traditional community OVC providers will also be established for ongoing food and nutrition resource support. IFESH will network with other PEPFAR IPs and with the Clinton Foundation and other global donors to leverage funds for appropriate nutritional supplements for HIV-positive children.

Psychosocial support including disclosure management, grief and loss, and stigma and discrimination issues will be provided to all identified HIV-positive children. HIV-positive children will access OVC support groups which will be facilitated by CBOs/FBOs for peer support and recreational activities.

HBC will be implemented by an HBC team comprised of a supervising community home-based care nurse, health extension workers and volunteers including PLWHAs. This activity will be linked to primary prevention and HCT programs to ensure that family members at risk are tested and counseled – a strategy that supports family engagement in home-based care and support. All HBC providers will be trained on HIV counseling and testing to enable them carry out HCT services in the homes of enrolled children. Basic care kits containing ITN, water guard, water vessel, soap, ORS, latex gloves and age appropriate prevention with positives (PwP) IEC materials will be distributed to enrolled children. A standardized provider HBC kit (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, gentian violet, analgesics, etc.) will be carried by each trained HBC provider for use on home visits. HBC will be linked to the facility through the supervising community home-based care nurse. Care and support drugs and commodities will be procured through a central purchase mechanism. IFESH will develop effective two way referral mechanisms to secondary and tertiary health care facilities for enrolment into ART when needed. As part of retention strategies, enrolled children and care givers will be linked to the IFESH OVC program for supplemental services and participation in the OVC Kids Club. HBC trace defaulters will also facilitate client retention. IFESH will leverage resources to make the facilities kids friendly.

IFESH will provide trainings for facility providers to strengthen their capacity to provide psychosocial support for children and improve the quality of counseling that they provide to children and their care givers at points of service. The trainings will be provided to 60 care providers using the national training curriculum. IFESH will work in COP09 with the GON, other IPs, FBOs and community resources to promote better access to pediatric care and support services.

Monitoring and Evaluation (M&E) of the program will be supported by IFESH's M&E program officers who will provide national registers, forms and tools for data collection. All staff will be trained to recognize and use these tools appropriately, and provide supportive supervision around data capture after service provision so that pediatric clinical care services are appropriately documented. IFESH will provide training to state M&E officers and involve them in supervisory functions to ensure sustainability.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the EP strategy by providing a basic package of services for all identified HIV-positive children and their families. Pediatric care and support activities are consistent with the PEPFAR goal of scaling up capacity to provide services to more HIV-positive children. IFESH will continue to support the expansion of services into more underserved areas by developing a network model. These networks will ensure that facilities are able to develop linkages, which permit patient referral from primary health centers to specialized care centers. The program will also contribute to strengthening human capacity through training of health workers, community workers and HIV-positive children and their families.

LINKS TO OTHER ACTIVITIES:

This activity is linked to PMTCT, counseling and testing, TB/HIV, AB and other prevention, and strategic information. HCT services will be available to OVCs in HIV-affected families. Exposed children will be identified at birth through the PMTCT program. All HIV-positive children are monitored and linked to ARV therapy when indicated. Pediatric care and support services will promote ARV adherence. Services are co-located in facilities with TB DOTS centers and IFESH staff work with sites to ensure coordination systems are in place for referral and diagnosis of TB. Data reporting services supported by IFESH will be available at sites. Home-based care programs will be implemented under the guidance of IFESH.

Activity Narrative: POPULATIONS BEING TARGETED:

This program targets HIV-exposed and infected children and their families. Healthcare workers in the public and private sector are targeted for training.

EMPHASIS AREAS:

Emphasis areas for this activity are human capacity development, local organization capacity building and SI. This program seeks to increase gender equity in programming through counseling and educational messages targeted at girls and boys. Furthermore, through gender sensitive programming and improved quality services, the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and treatment in families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15678

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15678	15678.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$500,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$750

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$7,500

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$1,500

Water

Estimated amount of funding that is planned for Water \$2,750

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9692.09

Mechanism: HHS/CDC Track 2.0 APIN

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 22515.25339.09

Planned Funds: \$180,411

Activity System ID: 25339

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22515	22515.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$50,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4133.09

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 15666.25294.09

Activity System ID: 25294

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$45,000

Activity Narrative: ACTIVITY DESCRIPTION

In COP09 Africare will be continuing the support of facility-based activities for 450 HIV exposed and infected children aged 0-14 years and their families. Activities will be aimed at extending and optimizing quality of life from diagnosis through the continuum of illness by providing clinical, psychosocial and age appropriate prevention services.

Entry points where children will be identified for pediatric basic care and support will include antenatal and PMTCT clinics where mothers who are identified as HIV-positive will be encouraged to return to the clinic to deliver their babies and ensure they receive PMTCT services. Other entry points include the TB/DOTS centers from family contact tracing, mothers support groups, immunization centers, HCT sites, community outreaches and home based care (HBC) services. The HBC team is comprised of nurses, community health extension workers, medical social workers and volunteers (including PLWHA) who provide services using an HBC provider kit.

Pediatric care and support services provided will include clinical, psychological, spiritual, preventive and social services actively linked into the OVC and PMTCT programs, forming a broad based continuum of care for enrolled children in the host communities. All enrolled children will receive clinical services with basic care kits plus at least two support services in the domain of psychological, spiritual, preventive and social services, in the facility and as part of community HBC. Clinical services will include: early infant diagnosis (EID) which will be linked to the existing PMTCT program; appropriate HCT services for at risk children and adolescents; prevention and treatment of OIs, malaria and diarrhea; provision of access to commodities such as LLITNs, safe water interventions, pain and symptoms relief; and nutritional assessments and support. Age appropriate prevention with positives (PwP) packages will be provided for children.

Psychosocial support will be provided within site facility-based pediatric support groups (kids clubs) which will be co-located and co-scheduled with maternal support groups, immunization clinics and nutritional demonstration activities for mothers. Children will receive age appropriate psychosocial support around issues such as disclosure and feelings, and will participate in games and activities appropriate for their ages. Service areas in facilities will be made child and adolescent friendly. Age appropriate prevention activities will be provided for the younger children. Information and education will mainly be provided to mothers and caregivers. Older children and adolescents will be counseled directly by peer educators from the linked OVC program.

Mothers will be further encouraged to return for visits with their babies, at which time they will be weighed and receive immunizations, while mothers receive nutritional counseling and education on safe infant feeding. At the age of six weeks, according to the Nigerian national algorithm, these babies will have undergone dried blood spot collection (DBS) for DNA PCR diagnosis. Based on their results, they will be referred for treatment if positive. If HIV-negative they will continue to receive follow up care at the facility. A second test will be performed at the age of 18 months, or twelve weeks after the cessation of breastfeeding whichever comes later, to ascertain the child's final HIV status. When identified by DBS testing at the designated centers HIV-positive children will be referred to a treatment center and will continue to receive their supportive care at the referring facility.

Exposed and infected children will be provided with a basic care kit (provision of LLITNs, water treatment solution, a water vessel, ORS, gloves, soap, IEC materials) and cotrimoxazole prophylaxis according to National Palliative Care Guidelines. Continuing education for the family with follow-up home visits by the home based care team will also be provided. A nutritional assessment, through the use of growth monitoring and recording, will be accompanied by nutritional education and interventions. "Champion Mothers" who have recently given birth will support active referrals and linkages. A buddy system will be set up to pair mothers who live close by, or who share certain interests, to ensure they benefit from one another. Children who need to be referred for treatment will be transported in small groups to ensure group cohesion and support on enrollment days at treatment centers. This will also allow opportunities to explore outreach treatment services with the Massey Street Children's Hospital to further reduce the burden on caregivers.

Fifteen care providers, including members of the HBC team, will be trained to provide care and support for enrolled children.

Personnel shortages in state primary and secondary health facilities will be addressed through task shifting and task sharing in keeping with national guidelines. This will ensure that community health extension workers and community health officers play a role in the counseling, immunization support, growth monitoring and developmental evaluation of infants, especially as the cohort size increases.

Monitoring and evaluation (M&E) of the program will be supported by Africare's M&E program officers who will provide national registers, forms and tools for data collection. They will ensure that all staff are trained to recognize and use these tools appropriately, and will provide supportive supervision around data capture so that pediatric clinical care services are appropriately documented. Supervisory support from the state M&E program will be encouraged to ensure sustainability. Such officers will also be trained to use the national data capture tools.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Africare will contribute to the overall PEPFAR goal of providing access to care for HIV-exposed and infected children by providing care and support services to 450 children and capacity building of health care workers to comfortably care for exposed and infected children in this program.

POPULATIONS BEING TARGETED

This program will be targeting HIV-exposed and infected children from 0 to 14 years of age and their caregivers. Health care workers and community based volunteers will be trained to provide basic care and support services.

Activity Narrative: KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses the key legislative area of wraparound services, as activities will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources and legal support.

EMPHASIS AREAS

Emphasis areas include provision of health related wraparound programs including child survival activities, malaria prevention, safe water provision, food and nutrition as well as human capacity development.

COVERAGE AREAS

Activities will be carried out at centrally located primary health facilities within Local Government Areas in Rivers, Bayelsa (South-South zone) and Lagos (South West zone)

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

Africare hereby requests \$20,000 early funding to ensure the support of continuous and uninterrupted procurement of basic care and support commodities and service delivery necessary for children already receiving care and support services. Africare's funds are disbursed from head office in Washington DC, thus early funding is also necessary to forestall the delays experienced with overseas fund transfers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15666

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15666	15666.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$500,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,768

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$261

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9399.09

Prime Partner: Vanderbilt University

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 21675.25315.09

Activity System ID: 25315

Mechanism: HHS/CDC Track 2.0 Vanderbilt

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$25,000

Activity Narrative: ACTIVITY NARRATIVE

In COP09 Vanderbilt will provide comprehensive pediatric care and treatment (PDCT) services in two comprehensive sites and three satellite sites that will be upgraded. Vanderbilt will support the necessary renovations in these three satellite sites. Vanderbilt will provide basic care and support to a total of 250 children at these sites (age 0-14 years), 200 of whom will receive ART.

HIV exposed and infected children will be identified through HCT, PMTCT, early infant diagnosis (EID), and provider-initiated testing and counseling (PITC) at well baby/immunization clinics and inpatient departments. Vanderbilt will support expansion of EID at its five supported sites in accordance with the national EID scale up plan and will provide standardized training on sample collection of dried blood spots (DBS). Vanderbilt will also link with the national EID scale-up plan to make use of existing PCR labs as well as the Clinton Foundation DBS collection supplies and transport support to carry out EID using DNA PCR.

Basic care, support, and treatment for HIV infection will be provided at two comprehensive centers and in three upgraded satellite sites. Services will be child and adolescent friendly and will include provision of clinical, psychological, spiritual, social, and prevention services for all HIV-exposed and infected children. Basic care and support for HIV infection will be provided according to National Care and Support guidelines. All HIV-infected children are clinically assessed for antiretroviral therapy (ART) eligibility according to national guidelines and eligible clients will be provided with ART. Infants less than one year of age with confirmed HIV infection will be started on ART according to WHO and Nigerian National recommendations. All clients will be provided with basic care and support services with continuous clinical monitoring.

All enrolled children will have periodic follow-up to identify changes in eligibility status and to monitor disease progression. Routine follow-up schedules are based on their ART eligibility status. Clinical exams, hematology, chemistry and CD4 enumeration are routinely performed according to the national guidelines. Pediatric HIV care and support services include: routine clinical monitoring; services to prevent and treat OIs, and malaria, cotrimoxazole prophylaxis according to national guidelines, insecticide treated bed nets for malaria prevention, nutritional assessment (including weight, height and BMI-for-age or weight-for-height) and counseling including micronutrient supplementation; safe-water systems; promotion of good hygiene practices; psychosocial and spiritual support; and adherence counseling. Diagnostics for common OIs will be provided. All HIV-infected children will be symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated. TB diagnosis and referral for treatment is provided via facility co-location of DOTS centers and HIV centers. ART-eligible patients identified through HCT conducted for all TB patients at DOTS sites will be provided with ART. For older children, Vanderbilt will support integration of syndromic management of STIs and promote risk reduction and PwP activities. All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. Children will receive a basic care kit including water vessel, water guard, ORS, latex gloves, ITN, soap, IEC material, etc. Vanderbilt will develop collaboration with the Clinton Foundation for provision of PlumpyNut for pediatric patients and will seek out other collaborative partnerships with programs providing food support to children.

HIV-infected children meeting eligibility criteria will begin on the recommended first line regimen. Routine monitoring of disease progression will involve diagnosis and management of treatment failure. Viral load testing will be performed on select patients following the national ART guideline. Those failing on first line regimens will be placed on second line regimens containing a protease inhibitor, boosted whenever possible with ritonavir. ARV drug adherence is essential to minimize drug resistance. ART patients and their caregivers will be provided with education and adherence counseling prior to and during ART provision, which follows the National Curriculum for Adherence Counseling.

Vanderbilt will facilitate the formation and sustenance of child-friendly services as well as support groups and CBOs to mobilize communities to provide HBC services. HBC teams are comprised of clinicians, nurses, community health workers, volunteers including PLWHA. The HBC teams will follow-up on missed clinic appointments and encourage patients to return to the clinic for medical care (defaulter tracing) and provide adherence counseling. The team will also provide basic nursing care, psychosocial support and referrals to other services.

Clinical staff are provided with regular updates and training on pediatric care and treatment. Training is also provided to lab scientists working at the supported sites. A total of 10 health care and non-health care workers will be trained in pediatric care and treatment in line with the National Palliative Care and ART Guidelines and curricula. Training will include plans for task shifting at the primary care level where appropriate.

Quality of care will be assured through periodic chart reviews as well as reviews of data using the HIVQual approach. Vanderbilt will help site managers, clinical staff, and CBO partners implement QI activities, including analyzing performance, prioritizing areas for improvement, planning and piloting improved approaches, and rolling out improvement strategies.

ARVs and commodities will be purchased through a central procurement mechanism. SCMS will manage ARV procurement to the port of entry and Axios will manage storage and distribution of ARVs to the sites and provide instruction regarding drug management at the sites. Non-ARV commodity procurement and distribution will be managed through Axios.

CONTRIBUTION TO OVERALL PROGRAM AREA

Vanderbilt program activities are consistent with the PEPFAR goal of providing ARV drugs, care and treatment services and lab support to serve more HIV+ people. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC, PMTCT, TB/HIV to provide ART to patients with TB/HIV, lab to

Activity Narrative: provide ART diagnostics, and HCT as an entry point to ART. The program will provide the GON with crucial information for use in the evaluation of the national ARV program and recommended drug regimens. This program is linked to PMTCT services and EID.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV exposed & infected children (age 0-14 years) for clinical monitoring and ART treatment. The operational elements of these activities (monitoring and evaluation, health personnel training, infrastructural supports, technical assistance and quality assurance) target program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of ART services to satellite rural health facilities will increase access to necessary and vital services in poor communities.

EMPHASIS AREAS

This program emphasizes care and treatment of HIV-infected children and improves human capacity through training of health care personnel, lab staff and HBC workers. It also seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21675

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21675	21675.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,250

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$1,250

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7144.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 15644.24910.09

Activity System ID: 24910

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$120,000

Activity Narrative: ACTIVITY DESCRIPTION

This narrative covers two activities pediatric treatment and pediatric care and support. It relates to OVC, adult care and treatment, ART drugs, and PMTCT.

In COPO8 LMS provided pediatric care, support and treatment in 17 comprehensive care and treatment centers (CCT) located in the six states of Kogi, Niger, Adamawa, Kebbi, Taraba and Kwara. In COP09 the LMS project will continue these activities initiated in project-supported comprehensive care and treatment centers at secondary and primary health care (PHC) facilities and their feeder primary health care facilities in Kogi, Niger, Adamawa, Kebbi, Taraba and Kwara states. Seventeen existing ART sites will be supported to provide pediatric ART and care. In addition, the project will upgrade two secondary and 10 PHC health facilities to provide pediatric care and treatment services. The project will therefore in COP09 operate a total of 29 pediatric care and support centers of which 19 will offer pediatric ART treatment as well. The centers will be zoned into four with zonal offices located in Niger, Kogi, Adamawa and Kebbi. The target for children newly enrolled into pediatric ART in COP09 is 277, with an estimated 800 in treatment at the end of the reporting period. The target for pediatric care and support (number of HIV-positive children 0-17 years provided with HIV-related clinical care services including those on ART and excluding TB/HIV) is 1,200. LMS-ACT will train and support 70 healthcare providers in the supported states and sites to adhere to the Ten-Point Package for Comprehensive Pediatric AIDS Care. This package includes confirmation of HIV status as early as six weeks of birth with antibody testing or dried blood spot (DBS) samples for PCR assay under the early infant diagnosis (EID) program. LMS will offer HIV EID in line with the National Early Infant Diagnosis scale-up plan from six weeks of age using DBS. Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs (IHVN, Harvard and APIN) who will be conducting the laboratory testing. LMS will collaborate with the Clinton Foundation as appropriate for commodities and logistics support for the EID program. Exposed infants will be actively linked to pediatric care and treatment. In COPO8 LMS activated seven CCT centers and one PHC for EID with DBS. In COP09, LMS will extend EID activities/DBS collection to two CCT sites and six PHCs.

PMTCT focal persons at all sites will keep records of all exposed infants at enrollment soon after birth; informing HIV-positive mothers of the six weeks exact date for DBS collection. LMS will encourage CCT sites to step down DBS collection to affiliate PMTCT sites and thus decentralize EID activities at these sites. CCT sites will ensure supplies of DBS collecting kits from their own stock to these PMTCT sites and the samples collected returned to the parent sites for dispatch to the testing labs. All diagnosed children will be enrolled.

LMS will engage PMTCT support groups and the larger support group(s) in tracking un-booked pregnant women and infants in the community, linking them to sites where they can access PITC. LMS will establish linkages with other health care providers (public and private) proximal to LMS-supported sites with full fledged ANC activities. This will encourage two-way referrals of HIV-positive mothers and their infants from these providers to LMS-supported sites and thus benefit from EID/ART activities. All diagnosed infants will also be enrolled in care and followed-up.

Proper history and physical examination of all systems shall be done on exposed or infected children. Staging of HIV disease will be done according to GON guidelines and when practicable the new WHO guidelines will be applied. Counseling of mother or caregiver on the need to conduct basic CD4 count biannually or as the clinical condition may warrant will be done. Laboratory investigations to diagnose the disease and guide support care will include hemoglobin estimation, CD4%/count, and HIV rapid antibody test or DBS depending on the age of the child. Clinical monitoring will be based on follow-up clinical examination findings at which time the level of immunological status will be assessed by repeat CD4%. Growth monitoring will also be undertaken in the child follow-up care clinic to identify children that are vulnerable as well as to monitor the effect of interventions. Growth monitoring will employ the standard Road to Health Card and other milestones especially for the low birth weight infant, children with underlying chronic diseases such as TB, macro/micro nutrient deficiencies, or a combination of all.

HIV-exposed or infected children are vulnerable to other deadly childhood diseases like every other child. All exposed infants will be immunized according to the recommended national schedule. However live vaccines such as Yellow Fever and BCG will not be given to symptomatic infants. The measles vaccine will, however, be given because the morbidity and mortality from the wild virus far outweighs the mild symptoms that occur from the vaccine. An estimated 420 malnourished children will be provided with Ready to Use Therapeutic Food (RUTF) through our collaboration with the Clinton Foundation. Also therapeutic food regimens will be provided to eligible children.

Pneumocystis jirovecii pneumonia is a very important cause of morbidity and mortality among infants in Africa. Cotrimoxazole significantly reduces the incidence and severity of PJP. A Zambian study recently demonstrated a 45% reduction in mortality among HIV-infected children who receive cotrimoxazole prophylaxis. All exposed and infected infants in LMS-supported sites will be placed on cotrimoxazole prophylaxis from 4-6 weeks of age until a definitive negative diagnosis is made either by HIV PCR or antibody. Any HIV-positive child known to have suffered from PJP will continue with cotrimoxazole for life. Children less than five years exposed to smear positive TB in their household will be given INH prophylaxis at 5mg/kg for six months after ruling out active disease using the pediatric TB score chart. Those with indications for active TB will be referred to other facilities with capacity to rule out active TB for further assessment.

HIV-exposed and infected children are susceptible to acute infections and other HIV-related conditions like malaria, otitis media, diarrhea, pneumonias, recurrent oropharyngeal candidiasis, herpes virus encephalitis and meningitis. These conditions need to be aggressively treated to avert fatality. Anti-malarials, ITN, water guard and water vessel will be provided to children enrolled into care. Third generation cephalosporins are included in the pharmaceuticals for systemic infections.

Monitoring of children's growth and development, and immunization will be done in line with the national recommended schedule. In addition, the following activities will be undertaken: provision of prophylaxis for opportunistic infection (PJP and TB), actively seek and treat inter-current infections, counsel mother and family on optimal infant feeding and support, conduct disease staging for infected child, offer and or refer infected child for ARV treatment, provide psychosocial support to child and mother, refer to higher levels of specialized care if need be or to social or community based programs.

Regular follow-up care is very essential for the exposed child. LMS will use the WHO recommended schedule. This will be adapted to take care of the clinical and environmental condition of the child. However, children will be seen more frequently in infancy and at longer intervals as the child grows older especially for those that keep to appointments. An appropriate referral system will continue to be a very important link to

Activity Narrative: care for the exposed child, particularly when in need of higher level of specialized care for further investigation and treatment or social support services and HCT for parents and siblings. LMS will establish 19 dedicated pediatric ART clinics in some of the supported health facilities to raise the prominence of this neglected area. Healthcare providers in all the supported sites will be trained to offer pediatric treatment, care and support services in line with pediatric care and treatment national guidelines. Disease staging will be done in line with the national pediatric HIV treatment guidelines. Prior to the commencement of treatment, facilities will counsel parents or care givers on the importance of adherence to therapy and ART for those that are eligible for ART. In the absence of facility for laboratory confirmation of HIV diagnosis, ARVs will be provided to infants less than 18 months with a positive antibody test if there is immunodeficiency (CD4% of 20% or WHO pediatric stage 3 or 4). All exposed babies above 18 months will be referred for testing following the national guidelines' serial algorithm and enrolled appropriately. Community pediatric care services will be provided through the identified CBOs, FBOs and NGOs (e.g., Global Initiative for Community Development in Lokoja and Center for Communication and Reproductive Health Services in Niger). Their activities will consist of follow-up of children, and care givers' prevention of malaria, promotion of hygiene and good sanitation. Community-based family support group meetings will be encouraged with specific activities for children during such meetings. Identified adolescents will be counseled separately on disclosure, adolescent reproductive health and any other challenges. Support group activities will be designed for them and they will be supported to ensure disclosure. All identified pediatric patients will be enrolled in the OVC program. It is expected that about 10% of the enrolled OVCs will benefit from pediatric ART care and treatment.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:
By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving PEPFAR Nigeria goals and the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen site health systems, LMS will contribute to the long term sustainability of the ART programs.

LINKS TO OTHER ACTIVITIES:
This activity is linked to PMTCT, OVC, adult care and treatment and TB/HIV. Networks will be created to ensure cross-referrals and effective synergies within these program areas.

POPULATIONS BEING TARGETED:
These activities target children infected with HIV, particularly those who qualify for the provision of ART, from rural and underserved communities.

LEGISLATIVE ISSUES:
All treatment protocols are designed to follow the national guidelines and LMS will work in close collaboration with the state and local government structures.

EMPHASIS AREAS:
This activity will include emphasis on human capacity development specifically for active enrolment of all expose babies and initiation of treatment. There will be active on-the-job mentoring and supportive supervision. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of infected children and thus reduce the stigma and discrimination against them.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15644

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15644	15644.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$0

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3809.09

Prime Partner: Excellence Community
Education Welfare Scheme
(ECEWS)

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 15659.25285.09

Activity System ID: 25285

Mechanism: HHS/CDC Track 2.0 ECEWS

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$25,000

Activity Narrative: Program Area: Pediatric Care and Treatment: (PDCS)

ACTIVITY DESCRIPTION:

In COP09 ECEWS will provide care and support services to 250 HIV exposed and infected children(0-14 years) and 500 People Affected by AIDS (PABA) in 14 facility based sites in two states (Akwa Ibom and Cross River) aiming at extending and optimizing quality of life for HIV-infected children from time of diagnosis throughout the continuum of care.

Key to increasing pediatric enrollment into care and support will be to strengthen linkages at primary and secondary health facilities. In order to increase the number of children brought into care and support, ECEWS will support a multi pronged approach: provider initiated testing and counseling for all children (PITC), community mobilization and outreach to identify children that are HIV infected, and strengthen linkages to Prevention of Mother to Child Transmission (PMTCT) supported sites. Community based activities will be put in place to identify exposed infants including those lost to follow-up from the PMTCT program. ECEWS will support access to DBS/DNA/PCR technology for early infant diagnosis (EID) through logistic support for transportation of blood samples to designated laboratories in collaboration with Clinton Foundation.

Care and support sites are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. ECEWS will continue collaboration with the GON and other stakeholders to ensure prompt diagnosis of TB in children and to facilitate referral of identified TB clients to access HIV counseling and testing services.

ECEWS will provide basic care kits and clinical services (nursing care, pain management, laboratory, OI prophylaxis and management, nutritional assessment/therapy) plus at least two other services in the domain of psychosocial, spiritual and age appropriate PwP and other preventive services to all enrolled children. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI prophylaxis and treatment, and 50% home based care (HBC) and training. All HIV positive clients will receive CD4 counts at least every six months. Cotrimoxazole prophylaxis and pain management will be provided according to national palliative care guidelines. ECEWS will support risk reduction interventions. All caregivers of enrolled children will receive a risk assessment and behavioral counseling to achieve risk reduction. A nutritional assessment will include anthropometric measurements and BMI. Nutritional interventions will include provision of micronutrients supplements and food leveraged from other stakeholders (e.g. Plumpy Nut from Clinton Foundation).

HBC will be implemented by an HBC team comprised of a supervising community home-based care nurse, health extension workers and volunteers including PLWHAs. This activity will be linked to primary prevention and HCT programs to ensure that family members at risk are tested and counseled, a strategy that supports family engagement in home-based care and support. All home-based care providers will be trained on HIV counseling and testing to enable them to carry out HCT services in the homes of enrolled children. Basic care kits containing ITN, water guard, water vessel, soap, ORS, latex gloves and age appropriate PwP IEC materials will be distributed to enrolled children and caregivers through facility-based and community-based support groups and home-based care volunteers. A standardized provider HBC kit (consisting of ORS, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, gentian violet, analgesics, etc.) will be carried by each trained HBC provider for use on home visits. Home-based care will be linked to the facility through the supervising community home-based care nurse. ECEWS will develop effective two way referral mechanisms to secondary and tertiary health care facilities for enrolment into ART when needed. As part of retention strategies, enrolled children and caregivers will be linked to ECEWS OVC program for supplemental services and participation in the OVC Kids Club and monitoring by HBC trace defaulters. ECEWS will leverage resources to make the facilities kid-friendly. Care and support drugs and commodities will be procured through a central purchasing mechanism.

Training will be essential to program success and will target nurses, community health extension workers, counselors and PLWHA/community volunteers who constitute the HBC team. Training will be carried out using the National Pediatrics Palliative Care Training curriculum. The total training target is 28 (14 trained centrally to step down training to another 14 providers) and will focus on the community and home-based aspects of care including linkages with facility based care. ECEWS will support the development of the National Pediatrics Care and Support guidelines and Training Curriculum.

State ministries of Health (SMOH), State Agency for the Control of AIDS (SACA), local government health officials and the Network of People Living with AIDS will be involved in joint monitoring and evaluation visits and review meetings with a view to enable information sharing, capacity development and sustainability.

In COP09 the ECEWS monitoring and team will institute Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. The team will use HIVQUAL for site assessments and continuous improvement in care delivery. Sustainability plans include involvement of the states and local government authorities in identification and assessment of sites, capacity building, and leveraging of wraparounds like nutritional services. ECEWS will continue to participate in Government of Nigeria (GON) harmonization activities, the USG coordinated care and support supervisory site visits and the technical working group activities.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity provides services which are a high priority for the Emergency Plan goals by providing basic care and support services for HIV-exposed and infected children. The services will be consistent with the National Guidelines for Care and Support in Nigeria and the USG care team recommendations. ECEWS referral and linkage activities will link infected children to treatment and HBC activities will provide community and HBC HCT to caregivers and families of infected kids. Enrolled children will have access to OVC services in the community.

POPULATIONS BEING TARGETED

Activity Narrative: Services are offered to exposed and infected children with their caregivers. Sites have been chosen to maximize linkages with national TB DOTS program sites and PMTCT sites. Doctors, nurses, other health workers (public sector) as well as people living with HIV/AIDS and caregivers of PLWHAs are targeted for training.

EMPHASIS AREA

ECEWS' major emphasis will be human capacity development and minor emphasis on food and nutrition commodities. This program seeks to increase gender equity in programming through counseling and educational messages targeted at girls and boys. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and treatment in families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15659

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15659	15659.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$250,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$568

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$10,723,301

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7144.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 15647.24915.09

Activity System ID: 24915

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$240,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION

This narrative covers 2 activities Pediatric Treatment and Pediatric Care and Support. It relates to OVC (15644.08), Adult Care and Treatment, ART drugs, and PMTCT.

In COPO8 LMS Pediatrics Care, support and treatment in 17 comprehensive Care and treatment centers located in 6 states of Kogi, Niger Adamawa, Kebbi Taraba and Kwara state. In COP 09 the LMS project will continue these activities initiated in project-supported comprehensive care and treatment centers at secondary and Primary health care facilities and their feeder primary health care facilities in Kogi, Niger, Adamawa, Kebbi, Taraba and Kwara states. These. Seventeen existing ART sites will be supported to provide pediatric ART and care. In addition, the project will upgrade 2 secondary and 10 PHC health facilities to provide pediatric care and treatment services. The project will therefore in COP09 operate a total of 29 pediatric care and support centers of which 19 will offer pediatric ART treatment as well. The centers will be Zoned into four with zonal offices in Niger Kogi Adamawa and Kebbi. The target for the number of children to be enrolled into pediatric ART in COP 09 is 800, while the target for pediatric care and support (# of HIV positive children 0-17 years provided with HIV-related clinical care services including those on ART and excluding TB/HIV is 1200. LMS-ACT will train and support 70 health care providers in the supported states and sites to adhere to the Ten-Point Package for Comprehensive Pediatric AIDS care. This package includes: confirmation of HIV status as early as six weeks of birth with antibody testing or Dry Blood Spot (DBS) samples for PCR assay, LMS will offer HIV early infant diagnosis (EID) in line with the National Early Infant Diagnosis scale-up plan from 6 weeks of age using DBS. Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs(IHVN and APIN)who will be conducting the laboratory testing. LMS will collaborate with Clinton Foundation as appropriate for commodities and logistics support for the EID program. Exposed infants will be actively linked to pediatric care and treatment. In COPO8 LMS has activated 7 CCT centers and 1 PHC for EID/ DBS. In COP09, LMS will extend EID activities/DBS collection to 2 CCT Sites, and 6 PHCs.

PMTCT focal persons at all sites will keep records of all exposed infants at enrollment soon after birth; informing HIV+ mothers of the 6 weeks exact dates for DBS collection. LMS will encourage CCT sites to step down DBS collection at affiliate PMTCT sites and thus decentralize EID activities at these sites. CCT sites will ensure supplies of DBS collecting kits from their own stock to these PMTCT sites and the samples collected returned to the parent sites for dispatch to the testing labs. All diagnosed children will be enrolled. LMS will engage PMTCT support groups and the larger support group(s) in tracking un-booked pregnant women and infants in the community, linking them to sites where they can access PITC. LMS will establish linkages with other health care providers; public and private, proximal to LMS Sites, with full fledged ANC activities. This will encourage two-way referrals of HIV+ mothers and their infants from these providers to LMS sites and thus benefit from EID/ART activities at LMS sites. All diagnosed infants will also be enrolled in care and followed up.

Proper history and physical examination of all systems shall be done on exposed or infected child, staging of disease will be done according to GON guidelines and when practicable the new WHO guidelines will be applied. Counseling of mother or caregiver on need to conduct basic CD4 count biannually or as the clinical condition may warrant will be done. Laboratory investigations to diagnose the disease and support care will include HB estimation, CD4% count, rapid antibody test or DBS to be conducted depending on the age of the child. Clinical monitoring will be based on follow up clinical examination findings at which time level of immunological status will be assessed by repeat CD4%. Growth monitoring will also be undertaken in the Child follow up Care clinic to identify children that are vulnerable as well as monitor the effect of interventions. Growth monitoring will employ the standard Road to Health Card and other milestones especially for the low birth weight infant, the HIV-infected, children with underlying chronic disease such as TB, macro/micro nutrient deficiencies, or a combination of all.

HIV-exposed or infected children are vulnerable to the childhood killer diseases like every other child. All exposed infants will be immunized according to the recommended national schedule. However live vaccines like Yellow fever and BCG will not be given to symptomatic infants. Measles vaccine will however be given because the morbidity and mortality from the wild virus far outweighs the mild symptoms that occur from the vaccine. Malnourished children will be provided with Ready to Use Food (RUF) through our collaboration with Clinton Foundation. Also therapeutic food regimens will be provided to eligible children.

Pneumocystis jirovecii pneumonia is a very important cause of morbidity and mortality among infants in Africa. Co-trimoxazole significantly reduces the incidence and severity of PJP. A Zambian study recently demonstrated a 45% reduction in mortality among HIV infected children who receive co-trimoxazole prophylaxis. All exposed and infected infants in MSH supported sites will be placed on Co-trimoxazole prophylaxis from 4-6 weeks of age till a definitive diagnosis is made either by PCR negative or antibody negative. Any child known to have suffered from PJP will continue with Co-trimoxazole for life. Children less than 5 years exposed to smear positive TB in their household will be given INH prophylaxis at 5mg/kg for 6 months after ruling out active disease using the Pediatric TB score chart. Those with indications for active TB will be referred to other facilities with capacity to rule out active TB for further assessment.

HIV-exposed and infected children are susceptible to acute infections and other HIV-related conditions like malaria, otitis media, diarrhoea, pneumonias, recurrent oropharyngeal candidiasis, herpes virus encephalitis and meningitis. These conditions need to be aggressively treated to avert fatality. Anti-malarials, ITN, water guard and water vessel will be provided to children enrolled into care. Third generation cephalosporins are included in the pharmaceuticals for systemic infections.

Monitoring of child's growth and development, and immunization will be done in line with national recommended schedule, provision of prophylaxis for opportunistic infection (PJP and TB), actively look for and treat inter-current infections, counsel mother and family on optimal infant feeding and support, conduct disease staging for infected child, offer and or refer infected child, for ARV treatment, provide psychosocial support to child and mother, refer to higher levels of specialized care if need be or to social or community based programs.

Regular follow-up Care and referrals is very essential for the exposed child. We will use the WHO recommended schedule. This will be adapted to take care of the clinical and environmental condition of the child. However children will be seen more frequently in infancy and at longer intervals as child grows older especially for those that keep to appointments. Appropriate referral system will continue to be a very important link to care for the exposed child particularly when in need of higher level of specialized care for further investigation and treatment or social support services and HCT for parents and siblings

LMS will establish 19 dedicated pediatric ART clinics in some of their supported health facilities to raise the

Activity Narrative: prominence of this neglected area. Health care providers in all the supported sites will be trained to offer pediatric Treatment, Care and Support services in line with Pediatric Care and Treatment National guidelines. Disease Staging will be done in line with the National Pediatric HIV Treatment guidelines. Facilities will be before commencement of treatment Counsel Parents or care givers on the importance of adherence to therapy and given ART for those that are eligible for ART.

In the absence of facility for laboratory confirmation of HIV diagnosis, ARVs will be provided to infants less than 18 months with a positive antibody test if there is immunodeficiency (CD4% of 20% or WHO pediatric stage 3 or 4. The first line HAART regimen for children will comprise of ZDV (AZT) + Lamivudine (3TC) + NVP or ZDV + Stavudine (d4t) + NVP.

All exposed babies above 18 months will be referred for testing following the national guideline serial algorithm and enrolled appropriately. Community pediatric care services will be provided through the identified CBOs, FBOs and NGOs (e.g Global initiative for community development in Lokoja and Center for communication and reproductive health services in Niger). Their activities will consist of follow up of children, and their care givers prevention of malaria, promotion of hygiene and good sanitation. Community based Family support group meeting will be encouraged with specific activities for children during such meetings. Identified adolescents will be counseled separately on disclosure, adolescent reproductive health and any other challenges. Support group activities will design for them and they will be supported to ensure disclosure. All identified Pediatric patients will be enrolled in the OVC program. It is expected that about 10% of the enrolled OVCs will benefit from Pediatrics ART care and treatment.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving the overall PEPFAR Nigeria target of placing 35,000 children on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen site health systems, LMS will contribute to the long term sustainability of the ART programs.

LINKS TO OTHER ACTIVITIES:

This activity is linked to PMTCT (1561.08), OVC (15644.08), Adult care and Treatments (15642.08) TB/HIV (15643.08). Networks will be created to ensure cross-referrals and effective synergies within this program areas

POPULATIONS BEING TARGETED:

These activities target children infected with HIV, particularly those who qualify for the provision of ART, from rural and underserved communities.

LEGISLATIVE ISSUES:

All treatment protocols are designed to follow the national guidelines and LMS will work in close collaboration with the state and Local government structures.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically for active enrolment of all expose babies pediatrics and initiation of treatment. There will be active on the Job mentoring and supportive supervision. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of infected children and thus reduce the stigma and discrimination against them.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15647

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15647	15647.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$2,160,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9692.09

Prime Partner: AIDS Prevention Initiative, LTD

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 22509.25343.09

Activity System ID: 25343

Mechanism: HHS/CDC Track 2.0 APIN

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$370,470

Activity Narrative: If continuing, paste your COP08 narrative here and put one of the following at the beginning of your narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over four of its PEPFAR supported sites to APIN Ltd. (APIN). The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Women's Hospital, and Mushin General Hospital. The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University.

ACTIVITY DESCRIPTION

In COP08 APIN+ provided comprehensive pediatric care and treatment (PCT) services in 1 site. In COP09, APIN will take over provision of high quality ARV and basic care and support services to eligible pediatric patients at a total of 5 sites; 5 comprehensive ART sites (2 tertiary and 3 secondary facilities) located in two states of Lagos and Ogun. This will provide ART services to a total of 1050 children (700 new) at the end of the reporting period. Facility-based palliative care services will be provided to approximately 413 ART ineligible children and 1050 ART eligible children for a total of 1463 pediatric PLWHA clients. People Affected By HIV/AIDS (PABAs), including caregivers of pediatric PLWHA, will be reached through the community and home based care (HBC) services; therefore, it is expected that a total of 4389 individuals will access services (1463 pediatric PLWHA and 2926 PABA).

Patients are identified through PMTCT and HCT services including facility based, mobile, and family centered strategies. Early infant diagnosis (EID) is performed for children <18 months utilizing DNA PCR at 2 tertiary level sites. Secondary and primary sites send samples to an affiliated tertiary site lab for analysis. All HIV+ children are clinically pre-assessed for eligibility for ARV treatment (ART). Patients who are ineligible for ART, are provided with continuous clinical monitoring and basic care and support services. ART-eligible patients are provided with ART services, in accordance with a standardized programmatic protocol, which follows the 2005 revised National ART guidelines. All HIV+ patients are provided with palliative care services, which are consistent with the Nigerian Palliative Care Guidelines.

ART-ineligible children that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Scheduled physician visits for all are at 3, 6, and 12 months and every 6 months thereafter. ART patients follow the same clinical visit schedule with more intensified monitoring and pick up drugs monthly. For all patients, at each visit, clinical and lab exams. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring. As additional medical needs are identified through clinic visits, patients will be provided with clinical services by clinicians or referred for specialty care as necessary. HIV+ children will be provided with a package of preventative care services, including cotrimoxazole prophylaxis according to national guidelines and referrals to the National Vaccination program for childhood vaccinations. Diagnostics for common OIs may include: Candida albicans, protozoal infections, and gastrointestinal parasites. All HIV+ children will be also symptomatically screened for TB and confirmed with TST, laboratory and radiological diagnostics as indicated. HIV+ children are also provided with nutritional counseling and supplements, including multivitamins, growth monitoring, and care for childhood illnesses. All HIV+ children and their caregivers will be provided with a basic care package including clean water kits, ITN, and IEC materials. Pain management assessments will also be conducted by clinicians and HBC providers and analgesics will be provided. All HIV+ children are linked into the system of OVC services in order to ensure a continuum of care.

Commodities distributed as a part of the palliative care services are procured centrally through the APIN Abuja program office and Central Medical Stores in Lagos. Distribution of commodities to individual sites is coordinated through supply chain mechanisms in place for laboratory test kits and ART drugs. During COP09, APIN will collaborate with Harvard, SCMS for the procurement and distribution of specified pediatric OI drugs.

All enrolled into care will receive risk assessment and behavioral counseling to achieve risk reduction. Caregivers for HIV+ children are provided ART EAC prior to and during ART provision, which follows the National Curriculum for Adherence Counseling. ART EAC is reinforced with PLWHA support groups at each site, which serve all HIV+ patients and their families. APIN will partner with support groups and CBOs to mobilize communities provide HBC activities.

Facility-based and community-based HBC teams partner to provide a continuum of HBC services depending on client needs. When ART patients miss scheduled clinic visits or bed ridden clients are reported by the community HBC team, the site HBC team provides follow-up according to a program based SOP, utilizing a HBC kit provided to these outreach teams. The HBC includes ORS, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, gentian violet. The team will provide basic medical assessments of signs and symptoms, basic nursing care, nutritional assessments and psychosocial support and make appropriate referrals. HBC teams will also provide refills of cotrimoxazole, paracetamol, additional clean water kits and additional ITNs to patients and their families. Site HBC activities will be supervised by a hospital team.

All sites focus on the integration of PCT services for all patients regardless of the source of funding for different components of treatment. At each site support is provided for the management of electronic data and patient medical records for use in the provision of clinical care. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV+ patients into ART from DOTS sites. ART-eligible patients identified through HCT conducted for all TB patients at DOTS sites will be provided with ART.

Clinical staff at APIN and Harvard sites meets monthly for updates and training. Each site has a clinic coordinator and senior clinical officer who is responsible approving drug regimen switching. As clinical training needs are identified for new sites or new staff at existing sites, through APIN, Harvard provides training on regimen switching and other relevant topics. During COP09 APIN will scale up the Harvard initiated QA/QI activities to all supported sites using standardized quality indicators. This will include

Activity Narrative: periodic external site assessments and chart reviews as well as quarterly internal reviews, based on electronic databases.

For pediatric patients enrolled through the GON National ART Program, we anticipate GON provision of 1st line ARV drugs and PEPFAR support for PCT services. As patients require alternative or 2nd line drugs, they will receive PEPFAR provided drugs. GON provision of 1st line drugs allows for additional PCT targets. APIN will partner with Harvard, SCMS, Clinton Foundation as appropriate to leverage resources for providing ARVs to patients. The site investigators and project managers will actively participate in the GON National ART program. Harmonization of data collection for M&E will be coordinated with USG and GON efforts. APIN will provide technical assistance and training expertise to the National ART program's training program in 2009. APIN will continue to participate in the USG coordinated Clinical Working Group to address emerging topics in ARV service provision for children and to ensure harmonization with other IPs and the GON.

The program will identify and strengthen the capacities of support groups and CBOs to deliver pediatric palliative care, OVC services and HBC services. Through counselors and clinicians at all sites, APIN will provide referrals for TB, wraparound services and child survival programs as appropriate.

APIN will support training of site-based HCWs and lab scientists working at GON and GF supported sites in EID techniques. A total of 103 health care and non-health care workers will be trained in PCT services in line with the National Pediatric ART Guidelines and the National Training Curriculum.

This funding will support the personnel, clinic and lab services for training of 106 people, monitoring of 1463 pediatric patients at the end of COP09, which includes 700 new pediatric patients. A total of 1050 patients will be provided with pediatric ART services.

EMPHASIS AREAS

Through the provision of ITNs, provision of malaria smears, TB screening and linkages to TB DOTS programs, we also provide focus on malaria and TB wrap-arounds. We will also provide emphasis on child survival wrap-around programming, through the provision of clean water kits, growth monitoring, nutritional supports, treatment of OIs and other illnesses, and counseling for caregivers on hygiene and nutrition for HIV-infected children.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV+ children for clinical monitoring and ART. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of PCT to secondary health facilities will increase access to necessary services in poor communities.

CONTRIBUTION TO PROGRAM

PCT activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, care and treatment services and lab support to serve more HIV+ children. APIN will continue to support the expansion of PCT services into more local areas by developing a network model. These networks will ensure that facilities are able to develop linkages, which permit patient referral from primary health centers and the provision of specialty care support. A tiered structure for ARV provision and monitoring established through Harvard provides a model for additional expansion efforts in COP09 in order to meet PEPFAR treatment goals. In addition, pediatric palliative care services will be provided to 1463 HIV+ children and 2926 PABA for a total of 4389 people served. The program will also contribute to strengthening human capacity through training of health workers, community workers and HIV+ children and their families.

Additionally, as part of our sustainability building efforts, APIN will receive technical assistance and support from Harvard to assume program management responsibility for the PCT Activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs (HTXD), OVC (HKID) and Adult ART Care and Treatment (HTXS) for pediatric care, PMTCT (MTCT), TB/HIV (HVTB) to provide ART to patients with TB, Lab (HLAB) to provide ART diagnostics, HCT (HVCT) as an entry point to ART, and SI (HVS1) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pregnant women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22509

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22509	22509.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$290,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9399.09

Prime Partner: Vanderbilt University

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 21678.25320.09

Activity System ID: 25320

Mechanism: HHS/CDC Track 2.0 Vanderbilt

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$60,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY NARRATIVE

In COP08 Vanderbilt provided comprehensive pediatric care and treatment (PDCT) services in 2 comprehensive and 3 satellite sites. In COP09, Vanderbilt will build on the successes achieved in 08 by providing high quality basic care and support services to all HIV positive pediatric patients at a total of 2 comprehensive sites and 3 satellite sites located in two states of Kwara and Oyo. We will provide ART services to a total of 300 children age 0-14 years age (200 new) at the end of the reporting period. Non-ART pediatric care and support services will be rendered to a total of 100 HIV positive children (50 new) by the end of FY 2009 making a grand total of 400 HIV positive pediatric clients.

Basic care, support, and treatment for HIV infection will be provided at our centers to all HIV exposed children. We will ensure the provision of clinical, psychological, spiritual, social, and prevention services in our health facilities for all HIV-exposed children that will extend and assure optimal quality of life for them. Children will receive a "package of care" adapted to their needs that may include nutrition support for vulnerable children. We will consult with the in-country USG team to ensure all essential elements specific to infected children's needs are included in the package. Clinical care provided will include early infant diagnosis, prevention and treatment of OIs and other HIV/AIDS-related complications and pain and symptom relief. Children seeking care, support and treatment at our centers will also receive onsite treatment of symptomatic malarial and other infections, insecticide treated bed nets for malaria prevention, and nutritional assessment and counseling including micronutrient supplementation.

Early infant diagnosis is an important component of pediatric care and we plan to test HIV-exposed infants at 4 to 8 weeks of life using DNA PCR, with dried blood spot (DBS) specimens. Repeat testing will be performed at 3-4 months of life in non-breastfed infants and 4-6 weeks following cessation of breast-feeding in breastfed infants. Infants that are at least 12 months of age will be screened with a rapid HIV test. Those that test negative can forego PCR testing. We will treat every newborn with confirmed HIV infection. Given the intricacies of treating pediatric HIV infection, a pediatrician will help develop and direct this aspect of the program. First-line regimens for children will include ZDV syrup+3TC+NVP, d4T syrup+3TC+NVP, or d4T capsules+3TC+NVP. Second line regimens in children will include protease inhibitors (either LPV/r or nelfinavir). For all patients, at each visit, clinical exams, hematology, chemistry and CD4 enumeration are performed. Satellite sites with limited lab capability send samples to an affiliated site lab for analysis. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring. As additional medical needs of patients are identified through clinic visits, they will be provided with clinical services by clinicians or referred for specialty care as necessary.

Clinical staff will be provided regular updates and training. The sites will have a team comprised of a medical director at each comprehensive center, and 2 PMTCT advisors (nurse/midwife), 2 HCT Advisors (nurse/midwife), IT specialist, 3 nurse/midwife trainers/AQ/QI personnel and 3.5 outreach counselors to be shared 100% time for each of the comprehensive centers and 50% time for each satellite center. A consultant pediatrician will provide oversight and will be closely involved in the development and implementation of all aspects of the program.

Quality of care will be assured through periodic external site assessments and chart reviews as well as quarterly internal reviews, based on electronic databases as well as with HIVQual. Our M&E specialist will train site staff to track HIV positive pediatric patients between centers and minimize loss to follow-up, working in conjunction with the CBOs. Staff at each site will receive strategic information training and be involved at each level of the reporting process from documenting patient encounters in reporting registers, to compiling the information in the registers and EMR to generate monthly reports, to using the information to improve pediatric patient care. Data will be compiled monthly and quarterly at the sites with support from the project's M&E officer and reviewed for quality before submission. We will provide site staff with tools and training, provide external quality monitoring, and mentor staff in QI efforts. We will help site staff implement QC measures so that work is done correctly, including using tools like standard encounter forms that detail the required activities for a given patient visit and programming validity checks into the EMRS. We will spot-check the quality of data and documentation periodically, compare reported/entered data with logs and source documentation, and train site managers to perform this QA function. We will assess the quality of performance, tracking site performance with regard to PEPFAR and other indicators using the HRSA's HIVQual approach. We will help site managers, clinical staff, and CBO partners implement QI activities, including analyzing performance, prioritizing areas for improvement, planning and piloting improved approaches, and rolling out improvements.

Training will be provided for HCWs and lab scientists working at our supported sites. A total of at least 10 health care and non-health care workers will be trained in pediatric palliative care, in line with the National Palliative Care Guidance and the USG Palliative Care policy. This funding will support the personnel, clinic and lab services for training of at least 5 health care workers in ART, monitoring of 300 HIV positive children at the end of COP09, which includes 200 new pediatric patients.

EMPHASIS AREAS

This program will ensure the provision of clinical, psychological, spiritual, social, and prevention services in our health facilities for all HIV-exposed children that will extend and assure optimal quality of life for them. Children will receive a "package of care" adapted to their needs that will include onsite treatment of symptomatic malarial and other infections, insecticide treated bed nets for malaria prevention, and nutritional assessment and counseling including micronutrient supplementation for vulnerable children. This program also seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV-infected children (age 0-14 years) for

Activity Narrative: clinical monitoring and ART treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of ART services to satellite rural health facilities will increase access to necessary and vital services in poor communities.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of providing ARV drugs, care and treatment services and lab support to serve more HIV+ people. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs (HTXD), OVC (HKID), PMTCT (MTCT), TB/HIV (HVTB) to provide ART to patients with TB, Lab (HLAB) to provide ART diagnostics, and HCT (HVCT) as an entry point to ART. The program will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pediatric patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21678

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21678	21678.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$520,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,250

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$1,250

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9404.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 21699.25353.09

Activity System ID: 25353

Mechanism: HHS/CDC Track 2.0 URC

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$45,000

Activity Narrative: ACTIVITY DESCRIPTION

URC with its partners will review facility pediatric care and support and related registers and patient records to establish baseline HIV-related pediatric care and support uptake in each new facility. We will enhance or establish 10 centers for HIV-related pediatric care and support. In FY 2009, we expect to be serving 212 children with HIV-related care and support, including testing using Early Infant Diagnosis techniques. We will be training 10 individuals in HIV-related pediatric care and support, including community workers and PLWHA to scale up home-based care and support services for people living with HIV/AIDS. We will also train community workers and counselors in dried blood spot preparation of sample for Early Infant Diagnosis and laboratory and community workers in DNA PCR for EID testing. We will mobilize our network of community groups to train health and community workers in ART, prevention and treatment of OIs in children and other HIV-related complications including malaria and diarrhea, pain and symptom relief and nutritional assessment and support. The mobilization of these community groups and workers will help to increase access to pediatric care and support services and will serve to bring more children in for treatment care and support through improved linkages with PMTCT and maternal and child health clinics. Our program will include providing the necessary equipment and infrastructure upgrades needed for at least one laboratory in Enugu State to accurately perform EID. Our M&E staff will work to ensure proper reporting on pediatric treatment and care indicators, including those diagnosed using EID and receiving results.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Training and support to improve the quality, scale and integration of pediatric care and treatment services are consistent with FMOH and PEPFAR priorities. The aims are to increase access of services to HIV+ children through a concerted effort to improve linkages and referral systems between maternal and child health clinics, PMTCT and nutrition services by setting up functional and documented systems for referral of children into care programs. Additionally, we will be using Vision Africa's radio programming and network of community and PLWHA groups to increase community outreach in Enugu state to help bring these children into health facilities as well as bringing services out to the home. An overall focus on improved referral systems and community linkages with health facilities will ensure sustainability.

LINKS TO OTHER ACTIVITIES

This program activity is also linked to Counseling and Testing, PMTCT, OVC and laboratory infrastructure.

POPULATIONS BEING TARGETED

HIV-exposed and HIV-infected children (under 15) and their families

EMPHASIS AREAS

The emphasis areas for this program are:

1. Capacity building of health facilities and organizations responsible for delivery of HIV interventions
2. Collaboration and coordination to improve referral systems and availability of services
3. Community outreach and involvement as described above.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

New/Continuing Activity: Continuing Activity

Continuing Activity: 21699

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21699	21699.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$365,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Health-related Wraparound Programs

- * Child Survival Activities

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3688.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 6678.25278.09

Activity System ID: 25278

Mechanism: HHS/HRSA Track 2.0 CRS
AIDSRelief

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$938,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08 AIDSRelief (AR) provided Care and Treatment services to 31 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites in 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. In COP09 these services will be maintained and expanded to an additional 3 LPTFs and 9 satellite sites, with further emphasis on decentralization to community and home levels. Through primary and secondary faith-based facilities AR will extend care and treatment services to underserved rural communities to reach 3,350 children on ART (530 new) by the end of the COP year. In setting and achieving COP09 targets, consideration has been given to modulating AR's rapid COP07 scale-up plans in order to concomitantly work towards continuous quality improvement.

Key to increasing pediatric enrollment into care and treatment will be to strengthen linkages at all service levels within the LPTFs that AR is working as well as reinforced and expanded community outreach. This will require staff training and strengthened referral linkages. In order to increase the number of children brought into care and treatment, AR will support a multi pronged approach: organization of services to provide family centered care and treatment, PITC (provider initiated testing and counseling for all children) and community mobilization. Organization of ART clinics to include family days will also provide opportunities to increase testing for children and provide comprehensive care. All exposed infants delivered in the LPTF or identified through the family centered approach will be linked to the HIV Comprehensive Care clinic for enrollment for care and support, and to community based OVC programs.

The package of care services provided to each HIV positive child/care givers includes a minimum of clinical service with basic care kit and two supportive services in the domain of psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for HIV positive child/care givers in AR's partner sites include Basic Care Kit (ORS, LLITN, water guard, water vessel, soap, IEC materials, and gloves); Home-Based Care (client and caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals, Laboratory Services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All HIV positive children's nutritional status will be assessed at contact and on follow-up visits, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. This will be done through wraparound services as well as direct funding. AR will procure basic care kits through a central mechanism and OI drugs will be procured mechanisms that ensure only NAFDAC approved drugs are utilized.

All LPTFs will be strengthened in their capacity to provide comprehensive quality care and treatment services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship. It also supports the development of site specific work plans and ensures that systems are in place for financial accountability.

AR will provide DBS/DNA PCR technology for early infant diagnosis in addition to the logistic support for transportation of blood samples to designated laboratories in collaboration with Clinton foundation. AR Regional laboratories will be provided with capacity to do viral load and AR will provide access to viral loads for children with suspected treatment failure. All infected children will be evaluated for ART using CD4 or CD4%. All AR sites will be equipped with capacity to determine CD4% for evaluation of immunological status of children less than 6 years.

Based on available evidence on child survival and morbidities in relation to immunological staging, AR will provide ARVs for all infected infants (less than 1 year) in accordance with revised National pediatric ART guidelines so as to prevent mortality and brain damage in rapid progressors. Appropriate first and second line regimens that preserve future options with minimal toxicity profiles will be adopted for all LPTF. AR will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs to infected children.

ART sites at LPTFs are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages. AR will intensify collaboration with GON and other stakeholders to ensure prompt diagnosis of TB in children and facilitate provision of pediatric TB formulations.

A key component for successful ART is adherence to therapy at the household and community levels. AR will ensure intensive treatment preparation directed at an identified caregiver to ensure strict adherence. AR will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each LPTF will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of LPTFs for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by the AR technical and program management regional teams. All children on ARV will have at least monthly home visits to ensure adherence and assess need for intervention. Specific efforts and training will be made to develop adolescent friendly services for infected and affected children including linkages to reproductive health.

Non ART eligible children will be enrolled into care for periodic follow-up, including laboratory analysis at least every 6 months, to identify changes in ART eligibility status. All enrolled children will be linked to the AR OVC program to access an array of services including nutritional support, preventive care package (water sanitation/treatment education, ITN) and psychosocial support. All LPTFs will be empowered with

Activity Narrative: training and tools to ensure nutritional assessment. Educational support and food supplements will be leveraged from other partners particularly the CRS SUN program and Catholic Secretariat of Nigeria USG funded SUCCOUR program.

In COP08 AR trained 90 health service providers in pediatric care and treatment. In COP09 AR will train and retrain an additional 90 health service providers according to the National Pediatric HIV Training curriculum. Training will maximize use of all available human resources including a focus on community nursing and community adherence to ensure care is decentralized to the home level. AR will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide Pediatric ART. AR will work closely with the USG team to monitor quality improvement at all sites and across the program. AR will actively participate in and facilitate activities to review practices in Pediatric HIV care and treatment particularly GON technical working group meetings. AR will share with the GON a new pediatric counseling curriculum developed with the African Network for Caring for Children with HIV and roll this training out to all AR sites. AR will support the development of a national pediatric HIV care and support guideline, and training curriculum.

AIDSRelief will offer HIV early infant diagnosis (EID) in line with the National Early Infant Diagnosis scale-up plan from 6 weeks of age using DBS. Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. AR will collaborate with Clinton Foundation as appropriate for commodities and logistics support for the EID program. Exposed infants will be actively linked to pediatric care and treatment. In COP09, AR will extend EID activities/DBS collection to all AR LPTFs and their satellites. PMTCT focal persons at all AR LPTFs will keep records of all exposed infants at enrollment soon after birth; informing HIV+ mothers of the 6 weeks exact dates for DBS collection. AR will encourage parent LPTFs to step down DBS collection at affiliate PMTCT satellite sites and thus decentralize EID activities at these sites. Parent LPTFs will ensure supplies of DBS collecting kits from their own stock to these satellites and the samples collected returned to the parent sites for dispatch to the testing labs. AR will train members of PMTCT support groups in HCT skills. AR will engage PMTCT support groups and the larger support group(s) in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT. AR will establish linkages with other health care providers; public and private, proximal to AR LPTFs, with full fledged ANC activities. This will encourage two-way referrals of HIV+ mothers and their infants from these providers to AR LPTFs and thus benefit from EID/ART activities at AR sites. LPTF EID focal persons will ensure prompt dissemination of results to providers and mothers as soon as they are available.

In COP08 AR built a team of 4 specialists to ensure Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. The team will sustain the efforts with a modification of evaluation tools to assess and report on both qualitative and quantitative indicators of care delivery. Monitoring and evaluation of the AIDSRelief ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate biannual life table analyses that identify factors associated with early discontinuation of treatment. In addition, at each LPTF an annual evaluation of program quality shall consist of a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of the activities will highlight opportunities for improvement of clinical practices.

AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support; therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

AR will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving the overall PEPFAR Nigeria target of placing 35,000 children on ART by 2009 and will also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen LPTF health systems, AR will contribute to the long term sustainability of the ART programs.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT services (5425.08) to ensure that people tested for HIV are linked to ART services; it also relates to activities in ARV drugs (9889.08), laboratory services (6680.08), and care & support activities including Sexual Prevention (5368.08), PMTCT (6485.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08).

AR will collaborate with the 7-D program of Catholic Relief Services to establish networks of community volunteers. Networks will be created to ensure cross-referrals and sharing of best practices among AR and other implementing partner sites. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

Activity Narrative: POPULATIONS BEING TARGETED:

This activity targets children infected with HIV and their caregivers/HCWs from rural and underserved communities.

EMPHASIS AREAS:

This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART through linkages with OVC and PMTCT services in AR sites and neighboring sites. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of infected children and thus reduce the stigma and discrimination against them.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13002

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13002	6678.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$7,102,211

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 3243.25200.09

Activity System ID: 25200

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$330,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

- Narrative combined; Targets updated

ACTIVITY DESCRIPTION:

This activity relates to activities in VCT, PMTCT, Basic Care and Support, and TB/HIV activities.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP09, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free care and treatment services in 20 military hospitals.

In COP09, DOD – NMOD will expand comprehensive ART services to 1,100 pediatric patients (<2 and 2-14 years of age).. Clinicians across the 20 sites will be assisted to promptly initiate support for ART eligible patients, with emphasis on supporting the 6 newer primary sites. Each site is an integrated hospital supporting HCT, laboratory, TB and other services. Linkages with both NMOD and other partner facilities will support referral of complicated or stable patients, or specialized needs, such as early infant diagnosis (EID) to ease overcrowding and maximize efficient use of facility abilities. Palliative care and support services will be provided to 1,100 HIV+ children and will reach an additional 2,200 persons affected by AIDS (PABAs), including family members and other children.

A major component of this activity is human capacity development- both in increasing numbers of providers and the training provided to them. The NMOD has committed to increasing and developing of a sustainable treatment program in by hiring 100 new health care professionals dedicated directly for PEPFAR goals (30 each physicians and nurses, 20 each laboratorians and pharmacists). In COP09, the DOD will support the training of an additional 100 health care workers, including doctors, pharmacists, nurses, laboratorians, site administrators, commanders, and team leaders in the areas of pediatric ART and Basic Care and Support services. Additional temporary staff through the National Youth Service Corps (NYSC) will be utilized. In COP06, NYSC physicians were jointly funded by the DOD and NMOD programs; in COP07-COP08, the NMOD assumed total coverage of these salaries. Funding may be provided to expand this program in COP09. Use of the NYSC (usually three to four per site) provides a dual purpose of training young physicians in Nigeria in ARV services and HIV/AIDS care and support, and exposes them to the military system for possible accession to the uniformed services or as NMOD civilian providers.

Training is the second component of capacity development. The base of training has included the four week ART training at the Infectious Disease Institute in Uganda where pediatric treatment is covered, and this will continue to serve as a cornerstone for 2009. A dedicated Infectious Disease physician will provide mentoring and continuing medical education courses through centralized in-country and on-site trainings on pediatric HIV/AIDS care and support, treatment, adherence and laboratory monitoring. Adherence counseling for ARVs and instruction in side effects and contra-indications is part of the NMOD internal ART course and each pharmacist is provided with initial and refresher training through this course.

The third tenet of capacity development is physical capacity. This will be increased through refurbishments at each site as required by each site to improve patient flow and throughput. This will be accomplished through bilateral planning of both the NMOD and DOD funding. US DOD funding has provided refurbishments at seven sites and the NMOD has funded refurbishments at seven sites. One site was jointly refurbished (44 NARHK) due to its size and dual use as a NMOD treatment site and as a referral center for all of Kaduna State.

To enhance quality of care, the DOD will conduct on-site clinical mentoring via centrally located staff and DOD HQ Technical Assistance rotations. The DOD-NMOD Technical working Group will integrate with USG and MOH advisors to ensure that all activities and support are in compliance with National policies, curricula and guidelines. In additional, the DOD will ensure that routine meetings with all hospital staff involved in HIV/AIDS patient care are occurring monthly (or more frequently, as needed). This will support monitoring and evaluation of clinical outcomes and allow for dissemination of information and lessons learned to improve care.

The DOD will support the provision of comprehensive clinical care, including OI include syndromic treatment of STIs in older adolescents, if necessary, and malaria (e.g., ceftriaxone, azithromycin, acyclovir, penicillin G), diagnosis and treatment as well as pain and symptom management, through the full course of infection at all 20 hospitals. This will be accomplished by: strengthening institutional and health worker capacity with ongoing, in-service training, providing initial training 100 health care workers in palliative care skills as part of and in addition to ART education; increasing the capacity of clinicians to diagnose and manage common OIs; provide psychosocial counseling; and strengthening laboratory diagnostic facilities and pharmacy capacity (see DOD lab and ARV Drug submission) through refurbishments, equipment, training and QA/QC programming. Facility based care will be complemented using a network model through trained volunteers, nurses, health workers, PLWHAs and family members working together both in the facilities as well as following up patients at home. Basic care kits and pediatric preventive care packages, to include insect treated nets, water guards, IEC materials, and condoms will be provided, as well as cotrimoxazole for patients as clinically appropriate.

Laboratory services provided will include CD4 ascertainment, liver function tests, hepatitis screening and management of abnormalities as appropriate. Eight of the NMOD major sites all possess Becton-Dickinson FACSCounts and all these devices are being retrofitted with the pediatric lymphocyte % software. All patients will be screened for TB and malaria; prophylaxis, treatment, and linkages to wraparound or other program areas will be provided as appropriate. Early Infant Diagnosis support coverage (PEPFAR/Clinton Foundation funded) will be widened from the two pilot sites (NNH Ojo and 45 NAFH Makurdi) to support the increased survival findings with EID/early initiation of treatment.

A component of this activity will be supporting and maintaining links with active community-based organizations, home-based care providers (HBCs) and faith-based organizations (FBOs) that will provide at

Activity Narrative: home follow up of patients attending ART clinics. While efforts will be strengthened to provide services to individuals in the community who cannot access ART services, a strong component of these efforts will be linking with CBOs and FBOs since HBCs are limited in number at sites. DOD will reach out to local OVC partners to link pediatric patients to support services. DOD will also work with, and support, the NMOD and its partners in further developing internal guidelines, protocols and standard operating procedures (SOPs), using evidence-based interventions, particularly in the area of pediatric care and implementation of a preventive-care-package.

In COP07-08, 44 Nigerian Army Reference Hospital Kaduna was provided with funding to refurbish a hall for a vocational and economic empowerment center. Support was also provided for the training of PLWHAs on soap making, knitting and tailoring to provide the foundation for sustainable income generation activities. This activity focuses its efforts on young, HIV+ women. Older pediatric patients will be encouraged to participate. In COP09, this training activity will be expanded to additional sites that have space to accommodate a vocational center. PLWHAs who were trained at 44 will serve as trainers for other sites. Support will also be provided to purchase a stock of necessary materials (e.g., soap making materials, weaving materials/equipment).

Another component of this activity is to strengthen spiritual and social services provided to those living with HIV/AIDS in the military barracks. In COP09, DOD will continue to provide support for Imams and Priests to provide spiritual support and/or counseling for PLWHAs and people affected by HIV/AIDS (PABAs). This includes counseling related to a patient's fears, life views, crises, adherence and bereavement. Health care providers will provide linkages and information to reach military Imams and Priests, as well as collaborating PLWHA support groups, during clinical care sessions. Caregivers of pediatric patients will be targeted for support services. HBC kits for PLWHA will include preventative items such as ITN, water guard, water vessels, soap and ORS. Nutritional supplementation and support will be provided as appropriate with National guidelines and partner activities permit. Growth monitoring will be monitored during routine HIV care/treatment follow-up.

Entry of the pediatric HIV+ patient will be achieved primarily through the PMTCT referral. Due to the integrated nature of the NMOD medical treatment facilities, the children identified by the antenatal system can utilize the PMTCT component to effect a referral to the pediatric health care provider. The laboratory, integrated into this system, serves as a catalyst for follow-up to EID referrals. The DOD Program, through subcontracts, provides a data entry clerk and an administrative/liaison officer to assist in referrals and follow ups. While HCT is available as parents or physicians with a clinical request, the barracks facilitation and support groups will assist in identifying pediatric patients for referral.

NMOD and DOD participation in the USG ARV/Treatment and Care & Support Technical Working Groups to address treatment issues will promote harmonization with the GON and other Implementing Partners, thus strengthening the referral linkages and networks between partners close to NMOD sites. The program will also establish networks for community volunteers, including People Living with HIV/AIDS, to ensure cross-referrals. The DOD will continue to work with the GoN and other national stakeholders to develop networks for purposes of addressing sustainability issues, stigma reduction, treatment and prevention activities. Linkages with other basic care partners and prevention groups (particularly prevention for positives) will also be supported.

Consumables and other supplies will be provided by a combination of two approaches. While the supply of some consumables will continue to be sourced by DOD from local vendors, the majority of funding for drugs and consumables will be invested in the Supply Chain Management Systems (SCMS). The DOD program will continue support to the Nigerian Ministry of Defence (NMOD)-owned, contractor (SCMS) operated warehouse developed under COP07 funding. NMOD customs agents will clear imported supplies. Under training and supervision by SCMS contractors, the facility will distribute supplies directly to all NMOD Points of Service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of critical items maintained in-country to protect against unforeseen shortages. This program fully adheres to USG and FGON policies and acquisition regulations, minimizes indirect costs and accomplishes NMOD capacity building in supply chain management. The program design ensures continued USG visibility and accountability at all levels of implementation. DOD has allocated

DOD has allocated \$100,000 of its pediatric ARV Services budget and \$30,000 of its pediatric Care and Support budget to SCMS for procurement of commodities. This amount is captured under the SCMS ARV Services and the SCMS Care and Support activities.

By the end of COP09, DOD will support 20 NMOD facilities in Anambra, Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Imo, Kaduna, Kano, Lagos, Oyo, Plateau, Rivers, and Sokoto (15 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

Expansion of care and treatment services will contribute to 2009 PEPFAR targets. The training of health care workers and community volunteers will contribute to human resource development to ensure the sustained delivery of high quality care and support and ART services in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity is linked to all prevention activities (#3246.08, #5313.08, #5388.08, #5362.08, #16943.08), HIV/AIDS/TB treatment and care services (#3240.08, #3247.08, #5409.08, #3241.08), Drugs and Laboratory Infrastructure (#3242.08, #3244.08) and SI (#3245.08).

POPULATIONS TARGETED:

This activity will target all adults in the 20 military communities served, as well as the civilian population in the surrounding communities, who are diagnosed as HIV+ and clinically assessed as suitable for treatment.

EMPHASIS AREAS:

This activity focuses on military populations.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 13158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13158	3243.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$450,000
6798	3243.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$1,950,000
3243	3243.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$1,315,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$47,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 544.09

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 6715.25224.09

Planned Funds: \$1,911,582

Activity System ID: 25224

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+/Harvard activities between Harvard School of Public Health (Harvard) and APIN, Ltd., our activity narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN (which will be submitting a separate narrative under the name APIN). In addition, APIN will be taking over all activities for Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH); thus, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN, Ltd. narrative.

ACTIVITY DESCRIPTION

In COP08 Harvard/APIN+ provided comprehensive pediatric care and treatment (PCT) services in 36 sites. In COP09, Harvard will provide high-quality ARV and basic care and support services to eligible pediatric patients at a total of 66 sites; of the 66, 24 are comprehensive ART sites (10 tertiary and 13 secondary facilities and 1 primary health care facility) and 64 are PMTCT sites that also provide ART for HIV+ mothers and children identified through PMTCT services. The sites are located in the 9 states of Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, and Yobe and include 33 primary health care facilities in Plateau State. This activity will provide ART and palliative care services to a total of 5,550 children (2,050 new) at the end of the reporting period. It is expected that through this program area, we will also reach a total of 16,650 Through the community and home-based care (HBC) services in this program area, it is expected we will reach 16,650 people affected by HIV/AIDS (PABAs), which includes caregivers of pediatric PLWHA; therefore, it is expected that a total of 22,200 individuals will access services (5,550 pediatric PLWHA and 16,650 PABA). At our 64 PMTCT sites, PCT will also be provided to HIV+ children. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will increase the reach of PCT services as well in 33 PHCs and 16 secondary level facilities. As a part of the transition of APIN+/Harvard PEPFAR activities to APIN, 4 Harvard COP08 Sites (LUTH, NIMR, OWH, and MGH), will be supported by APIN in COP09. Harvard and APIN will collaborate in order to ensure a smooth transition of clinical services at these sites.

Patients are identified through PMTCT and HCT services, including facility-based, mobile, and family-centered strategies. Through linkages with PMTCT services and pediatric wards at our sites, early infant diagnosis (EID) is performed for children <18 months utilizing DNA PCR at 6 tertiary level sites. Any young girls that show signs of being raped will be provided with post-exposure prophylaxis and psychosocial counseling services. The girls will be offered HIV monitoring services and enrollment if they become HIV+.

All HIV+ children are clinically pre-assessed for ART eligibility. Patients who are ART-ineligible are provided with continuous clinical monitoring and basic care and support services. ART-eligible patients are provided with ART services, in accordance with a standardized programmatic protocol, which follows the 2007 revised National ART Guidelines. All HIV+ patients are provided with palliative care services, which are consistent with the Nigerian Palliative Care Guidelines. PCT services follow a family-centered model of care, which seeks to provide access to HIV-related services for all caregivers, family members and other PABAs. A network model of care will be used for service delivery.

ART-ineligible children that are enrolled in care will have periodic follow-up to identify changes in eligibility status. Scheduled physician visits for all patients are at 3, 6, and 12 months and every 6 months thereafter. ART patients follow the same clinical visit schedule with more intensified monitoring and pick up drugs monthly. At each visit, clinical exams, hematology, chemistry, viral load, and CD4% enumeration are performed. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site lab for analysis. Electronic clinic and lab records provide data for high-quality patient care and centrally coordinated program monitoring. As needs for additional medical needs are identified through clinic visits, patients will be provided with clinical services by clinicians or referred for specialty care as necessary. HIV+ children will be provided with a package of preventative care services, including cotrimoxazole prophylaxis according to national guidelines and referrals to the National Vaccination Program for childhood vaccinations. Diagnostics for common OIs may include: *Candida albicans*, protozoal infections, and gastrointestinal parasites. All HIV+ children will be also symptomatically screened for TB and confirmed with TST, laboratory and radiological diagnostics as indicated. HIV+ children are also provided with nutritional counseling and supplements, including multivitamins, growth monitoring, and care for childhood illnesses. All HIV+ children and their caregivers will be provided with a basic care package, including clean water kits, ITN, and IEC materials. Pain management assessments will also be conducted by clinicians and HBC providers and analgesics will be provided. All HIV+ children are linked into the system of OVC services in order to ensure a continuum of care.

Commodities distributed as a part of these activities are procured centrally through the APIN+ Abuja program office and Central Medical Stores in Lagos. Distribution of commodities to individual sites is coordinated through supply chain mechanisms in place for laboratory test kits and ART drugs. During COP09, Harvard will collaborate with SCMS for the procurement and distribution of specific pediatric OI drugs.

All children enrolled into care will receive age-appropriate risk assessments and behavioral counseling to achieve risk reduction. These activities are provided through individual counseling and outreach by site PLWHA support groups. Caregivers are also encouraged to seek out HCT and refer other family members for HCT. Caregivers for HIV+ children are provided ART EAC prior to and during ART provision, which follows the National Curriculum for Adherence Counseling. ART EAC is reinforced with PLWHA support groups at each site, which serves all HIV+ patients and their families. Harvard also partners with community based PLWHA support groups and CBOs to mobilize communities provide psychosocial and spiritual support to PLWHAs and their families, provide ART adherence counseling, and assist with patient follow-up and HBC activities.

Facility-based and community-based HBC teams partner to provide a continuum of HBC services

Activity Narrative: depending on client needs. When ART patients miss scheduled clinic visits or bed-ridden clients are reported by the community HBC team, the site HBC team provides follow-up according to a program based SOP, utilizing a HBC kit provided to these outreach teams. The HBC includes ORS, bleach, cotton wool, gloves, soap, calamine lotion, petroleum jelly, gentian violet. The team will provide basic medical assessments of signs and symptoms, basic nursing care, nutritional assessments and psychosocial support and make appropriate referrals. HBC teams will also provide refills of cotrimoxazole, paracetamol, additional clean water kits and additional ITNs to patients and their families.

All sites focus on the integration of PCT services for all patients regardless of the source of funding for different components of treatment (e.g., external funding sources for services or lab commodities). At each site, support is provided for the management of electronic data and patient medical records for use in the provision of clinical care. TB diagnosis and treatment is provided to all patients via facility co-location of DOTS centers and/or referral of HIV+ patients into ART from DOTS sites. HIV+ patients identified through HCT conducted for all TB patients at DOTS sites will be referred to PCT services.

Clinical staff at Harvard sites meets monthly for updates and training. Each site has a clinic coordinator and senior clinical officer who is responsible approving drug regimen switching. As clinical training needs are identified for new sites or staff at existing sites, Harvard provides training on regimen switching and other relevant topics. In COP08, Harvard incorporated standardized quality indicators for PCT into a comprehensive Quality improvement (QI) plan, which includes periodic external site assessments and chart reviews as well as quarterly internal reviews, based on electronic databases, at the Harvard PEPFAR sites

For pediatric patients enrolled through the GON ART Program, we anticipate GON provision of 1st-line ARV drugs and PEPFAR support for PCT services. As patients require alternative or 2nd-line drugs, patients will receive PEPFAR-provided drugs. GON provision of 1st-line drugs allows for additional PCT targets. Harvard estimates that 500 additional children will be placed on ART through the leveraging of GON drugs. Harvard will partner with Clinton Foundation as appropriate to leverage resources for providing ARVs to patients. The site investigators and project managers will actively participate in the GON pediatric ART program. Harmonization of data collection for M&E will be coordinated with USG and GON efforts. Harvard has provided technical assistance and training expertise to the National ART Program's training program, which will continue in COP09.

In addition, the program will identify, collaborate with and strengthen the capacities of support groups, including AIDS Alliance and CBOs, to deliver pediatric palliative care and OVC services, including the provision of community and HBC services such as domestic support, management of minor ailments, pain management, referral services, and counseling services. Supported CBOs will provide a range of facility and HBC services, including prevention, clinical care, prophylaxis and management of OIs, lab support, adherence counseling, psychosocial and spiritual support, and active linkages between hospitals, health centers, and communities. Through counselors and clinicians at all sites, Harvard will provide referrals for TB, wraparound services and child survival programs as appropriate.

In addition to providing training of site-based HCWs to improve care at supported sites, Harvard will also fully support the training of 300 lab scientists working at GON and GF supported sites in early infant diagnosis techniques. This will serve to increase the access to EID services outside PEPFAR supported sites. A total of 342 health care and non-health care workers will be trained in PCT services in line with the National Pediatric ART Guidelines and the National Training Curriculum. This funding will support the personnel, clinic and lab services for training of 377 people in ART services to cover monitoring of 5,550 pediatric patients at the end of COP09.

EMPHASIS AREAS

Through the provision of ITNs, provision of malaria smears, TB screening and linkages to TB DOTS programs, we also provide focus on malaria and TB wrap-arounds. We will also provide emphasis on child survival wrap-around programming, through the provision of clean water kits, growth monitoring, nutritional supports, treatment of OIs and other illnesses, and counseling for caregivers on hygiene and nutrition for HIV-infected children.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV+ children for clinical monitoring and ART. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of PCT to secondary health facilities will increase access to necessary services in poor communities.

CONTRIBUTION TO PROGRAM

PCT activities are consistent with the PEPFAR goal of scaling up capacity to provide ARV drugs, care and treatment services and lab support to serve more HIV+ children. Harvard will continue to support the expansion of PCT services into more local areas by developing a network of secondary or primary health care clinics providing ART services that are linked to tertiary health care facilities. These networks will ensure that facilities are able to develop linkages, which permit patient referral from primary health centers and the provision of specialty care support and access to care in rural areas. A tiered structure for ARV provision and monitoring established in COP07 and COP08 provides a model for additional expansion efforts in COP09 in order to meet PEPFAR treatment goals. The program will also contribute to strengthening human capacity through training of health workers, community workers and HIV+ children and their families.

Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for our PCT Activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

Activity Narrative: LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs (HTXD), OVC (HKID), TB/HIV (HVTB) to provide ART to patients with TB, Lab (HLAB) to provide ART diagnostics, HCT (HVCT) as an entry point to ART, and SI (HVSI) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the follow-up on children that become HIV-infected through their mothers. By training local personnel, we are also contributing to the program area of Human Capacity Development (HCD). With our focus on helping young girls, we also contribute to the Gender program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13060

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13060	6715.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$14,085,825

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$113,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$98,437

Economic Strengthening**Education****Water**

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 552.09

Mechanism: USAID Track 2.0 GHAIN

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 3231.24900.09

Planned Funds: \$2,110,560

Activity System ID: 24900

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

By the end of COP 08, the Global HIV/AIDS Initiative Nigeria (GHAIN) through collaboration with the Government of Nigeria (GON) and Faith Based Organizations (FBOs) provided care and treatment including antiretroviral therapy (ART) services to about seven thousand (7,000) HIV infected children in Nigeria in 109 comprehensive ART sites in 36 states and the FCT. In COP 09, GHAIN will have a low CT target. It is anticipated that fewer children will be tested and enrolled on treatment in COP09. GHAIN will enroll 500 HIV positive children below 15 years newly on ART in the existing 109 sites in 36 states and the FCT to maintain 7,035 children on ART, taking into consideration the attrition among children on treatment. And 8,700 children will be enrolled on clinical care for HIV/AIDS by end of COP09.

GHAIN's pediatric program will benefit from three axes: i) the prevention of new transmissions from mother to child by providing prevention for positive mothers and PMTCT; ii) improved quality of pediatric care services and the quality of life of HIV infected children; and iii) care and support to children orphaned by HIV. This pediatric program, is closely linked to and an integral part of the health service component of the GHAIN's orphans and vulnerable children (OVC) program.

Specific strategies will include: i) Strengthening 109 facility based paediatric teams that uses provider initiated CT at multiple service delivery points in the facility to increase HIV case detection among children; GHAIN will continue to develop the capacity and confidence of health care workers in pediatric HIV/AIDS comprehensive care services through trainings, followed by on-site mentoring and provision of pediatric job aids. Clinicians will be trained to provide fixed dose combinations (FDCs), in order to improve treatment adherence and better clinical outcomes in children. ii) Strengthening referral linkages for continuum of care and default tracking to ensure retention of children in care. GHAIN will also establish strong follow up program for HIV exposed babies to provide HIV early infant diagnosis testing from 6 weeks of age using dry blood spots (DBS) in line with the National Early Infant Diagnosis scale-up plan. Breast fed babies will be re-tested 6 weeks following cessation of breast feeding. HIV positive infants will be linked to comprehensive care centers through a well-established network of care. All comprehensive ART facilities will be encouraged to strengthen the family centered model of care to attend to the needs of the family as a unit, ensuring prioritization of children in clinical and laboratory service provision, and making health facilities children friendly (with colourful wall paintings/provision of toys) iii) Prevention for positives, focusing on primary and secondary prevention will be provided to all children living with HIV. Preventive care package will include: IEC for HIV prevention, health information and education, behavioral risk and change counseling, OI prophylaxis, prevention and treatment of microbial infections, water sanitation/treatment education, insecticide treated nets (ITN), nutritional counseling, micronutrients supplementation and linkage to community social services. iv) Quality assurance/quality improvement (QA/QI) training and strengthen QA/QI teams in 11 focus health facilities to ensure sustainable QA/QI system. Each team shall comprise of a doctor, pharmacist, laboratory scientist, nurse and medical records staff. GHAIN will continue to strengthen the capacity of the care and treatment teams in its focus health facilities to implement quality services with strong focus on adherence and ensuring durability as well as availability of first and second line drugs. Regular clinical auditing of records will be conducted to detect ART eligible children who are not yet enrolled.

The pediatric mentorship program will engage experienced paediatric ART physicians to provide hands on supervision, observation and random case file review, to identify site-specific challenges, strengths, weaknesses and opportunities for quality improvement. They will establish site-specific plans to accomplish improved pediatric ART uptake and retention in care, conduct on-site training and continuous medical education (CME) among health providers and practical demonstration and tutoring on issues and tools not understood during training sessions. and to build knowledge and skills of care providers. Intra- and inter-facility referrals (as well as to community) for HIV services will be strengthened through a strong follow up program for HIV exposed infants and HIV infected children. HIV exposed babies will be able to access EID services based on National roll out plan. Pediatric quality improvement teams at facility level will work on quality assurance/quality improvement as identified during the implementation

In COP 09, GHAIN will build upon this experience by strengthening HIV services at the PHCs in eight selected focus LGAs through training, ongoing supportive mentoring and monitoring activities to ensure that service quality is not compromised. A minimum of 5 PHCs with maternal and child health services per LGA will specifically be targeted in order to provide access to women and children. GHAIN will work with FMOH and its agencies to ensure that supporting policies and guidelines are reviewed and implemented to ensure task shifting and improved access to care and treatment services, including ARV refill at the PHC level. GHAIN will continue to develop the capacity of community pharmacists and private medical practitioners to provide treatment support and referral services at this level.

GHAIN has used successfully in COP08 the multi point testing for children and task shifting to increase case detection of children with HIV. This strategy will be restricted by low funding for HCT but it will benefit from CT resources leveraged from GFATM and Clinton Foundation. Should HCT resources be sufficient, provider will initiate CT of children at the nutrition clinic, out patient clinic, MCH service clinic and the pediatric wards.

Growth monitoring and nutritional support will be established and strengthened at all MCH and ART sites. Nutritional status assessment using the measurement of mid arm circumference and weight for height to identify those children eligible for nutritional support (ready to use therapeutic food (RUTF)) provided in collaboration with CHAI.

GHAIN will continue to work with the primary health care development agency (NPHCDA) and other related agencies to strengthen the capacity of community health officers (CHOs), community health extension workers (CHEWs) and nurses to provide HIV/AIDS services including ARV refill at the PHCs using the IMAI and IMCI tools. GHAIN will continue to advocate to the State Ministries of Health supporting favor of the

Activity Narrative: deployment of nurses and midwives to PHCs to ensure appropriate mix of human resources at the PHCs.

GHAIN will continue to provide technical leadership in strengthening pharmacy systems and pharmacists' capacity to contribute to the delivery of quality HIV/AIDS-related services at all levels of healthcare delivery in Nigeria (tertiary, secondary and primary health care facilities). Pharmacists in all comprehensive ART sites will be trained in pharmaceutical care of HIV/AIDS and best pharmaceutical practices, while also collaborating with the community pharmacists to expand the reach and quality of patient medication adherence counseling, drug monitoring/support and other services in support of ARV services.

GHAIN will hold regular, scheduled meetings with CEDPA to explore strategic referral approaches to ensuring that all HIV positive children attending facility based care in GHAIN supported sites also have access to quality home based care (HBC) services in 20 states where CEDPA operates namely Lagos, FCT, Kano, Cross Rivers, Bauchi, Anambra, Edo, Taraba, Imo, Enugu, Kogi, Adamawa, Benue, Niger, Katsina, Sokoto, Kebbi, Zamfara, Nassaraqa and Akwa Ibom.

Patient management and monitoring will be strengthened to improve the quality of care in all sites. GHAIN's Lafiya Management Information System (LAMIS) software will be used in selected sites, both for backlog as well as real time entry of clinical and logistics management data at the clinic, pharmacy, laboratory and medical records points of service.

GHAIN will continue to support and develop capacity of SACAs and hospital management teams to conduct DQA exercises at facilities as well as hold state monthly M&E meetings in collaboration with all relevant IPs in the state to review progress of work and inform planning.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Planned decentralization of services to Primary Health Care centers (PHCs) in focus States will improve equity in access to HIV treatment and care services. GHAIN supports the GON in the design/implementation/update of the ART-PMM system and design of the National curricula and SOP for Pediatrics. The provision of ART services through this program will contribute to strengthening and expanding the capacity of the Government of Nigeria's (GON's) response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of providing life - saving antiretroviral treatment to individuals. Who need it.

LINKS TO OTHER ACTIVITIES

The pediatric program will be linked to Maternal, newborn and child health programs, Nutrition unit, PMTCT activities, Reproductive health services, TB services, OVC program, Community and home based care program, including PLWHA support group activities

POPULATIONS BEING TARGETED

This activity targets primarily HIV exposed and HIV infected children including orphans and vulnerable children. Indirect targets will include PABAs and other community members who will benefit from the newly acquired skills of the staff of GON and other organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

GHAIN continues to advocate for greater access by children <15years to treatment, care and support services.

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 equity in access by children to the ART programs.

GHAIN will continue to support implementation of policy on task shifting to address human resource challenges in health facilities.

EMPHASIS AREAS

This activity includes major emphasis on strengthening HIV/ART service delivery to children and OVC. Trainings, quality assurance, quality improvement, mentorship and the involvement of the PHC level of care in pediatric treatment care and support are important areas of emphasis of GHAIN in COP09.

Early Funding Narrative (if early funding needed, justify here; must be less than 1,000 characters, including spaces)

FHI GHAIN requests for early release of funds to meet its unexpectedly longer lead time for procurement of supplies and commodities, infrastructural upgrade and other activities necessary for the maintenance of clients on treatment, care and support during the initial months of the COP 09 period. It will be appreciated if GHAIN receives an early release of at least \$447,084 (15%) of the funds under this program area for the purposes stated above.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13043

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13043	3231.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$21,619,751
6703	3231.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$15,939,526
3231	3231.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$6,919,012

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$12,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,500

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9408.09	Mechanism: USAID Track 2.0 CHAN
Prime Partner: Christian Health Association of Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 25654.09	Planned Funds: \$45,000
Activity System ID: 25654	

Activity Narrative: If continuing, paste your COP08 narrative here and put one of the following at the beginning of your narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Pediatric care and support and early infant diagnosis have been added to this program area. There will be a focus on intensive case finding in order to get pediatric cases to make up to 10% of total clients placed on ART.

This activity also relates to activities in HCT, TB/HIV, OVC and PMTCT.

The Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) project's strategy for pediatrics care and treatment focuses on health facility and community based activities for HIV exposed and HIV-infected children (<2 years and 2-14 years) and their families (HIV-affected individuals) aimed at extending and optimizing quality of life for HIV-infected children from the time of diagnosis throughout the continuum of illness, through provision of clinical, psychological, social, spiritual and prevention services.

In COP 09 the NICaB project, working with 12 of CHAN's member institutions (hospitals) and 24 community based organizations in the six states of Abia, Benue, Delta, Oyo, Sokoto and Taraba, will provide ARV services and lab monitoring to 210 children (150 new). In COP08 CHAN NICaB supported ARV services at 12 sites and under COP09 will consolidate services at these 12 sites: all medium – small secondary level mission hospitals which will be linked to 60 primary health centers (PHC) using the hub-and-spoke model.

The CHAN NICaB COP09 activities will focus on intensive pediatric case identification by scaling up Early Infant Diagnosis (EIDs) using dry blood specimens (DBS) to ensure early identification of HIV positive children and linking them up to care and incorporating testing and counseling into pediatric clinic activities. Leveraging support from the Clinton Foundation for test kits and specimen transport, EID will be available at PMTCT points of service (POS) in COP09 to improve the identification of HIV+ children for linkage into ARV services. ART will be initiated for children below one year with CD4% of 25% and children over two years with CD4% of 15%. The CHAN NICaB project will collaborate with other USG supported laboratories for DNA PCR to increase access to testing of infants using dried blood spot (DBS) specimen collection. In addition, community based testing of children will be carried out in the OVC program through collaboration with identified CBOs in partnership with Civil Society Organizations like CISNAN, NEPWHAN and FOWAN actively involved in CHAN NICaB's Care and Support program. These organizations will identify exposed and/or ill children and refer to the NICaB's twelve program sites for assessment and referral as necessary. A systematic coordinated approach to program linkage will be operationalized at the site level and program level including linkages to adult and pediatric ART services, OVC services and basic care and support to ensure EID. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators.

Additionally, the project will identify children at outpatient settings [children who accompany parents to the out patient department (OPD) and antenatal care (ANC)] will be counseled and tested, all children admitted into the wards for whatever reason will be counseled and tested through provider initiated testing and counseling. Children who are brought for immunization will be tested while intensifying follow up of exposed children by support group members and following index cases into homes to test children by community based partners. All of these will contribute to starting 150 children on ARVs and bringing an additional 190 into care and support activities.

In line with the national guidelines, all exposed children from six weeks of life will be placed on cotrimoxazole prophylaxis while children found eligible for ARVs will be placed on the first line pediatric formulations, a combination of 2 NRTI and 1 NNRTI, specifically ZDV, 3TC and NVP with alternate regimens. Thirty-six Health care workers from CHAN member institutions (MIs) (doctors, pharmacists and nurses) will undergo a 6-day refresher training in pediatric ART to sharpen their skills to identify and manage pediatric HIV clients at the health facilities, while care givers and volunteer home based care providers will be trained on adherence counseling to ensure that children take their drugs on time and they are brought to the clinic when due. A pediatric focal person, identified for each facility will work in collaboration with the health facility coordinator to ensure that the treatment team pays attention to pediatric issues and that all pediatric services are provided according to nationally approved guidelines.

Currently, less than 10% of CHAN NICaB-supported ARV patients are children; this will be increased to 10% in COP09. Pediatric ARV care will be expanded to all supported CHAN member institution hospitals. CHAN NICaB will collaborate with GON to implement recommendations of the National Guidelines as published in order to facilitate quality pediatric ARV care at the PHC level. CHAN NICaB staff participate actively in National ARV Guideline Committees. Guidelines pediatrics were updated in 2007 for consistency with WHO 2006 guidelines. A corresponding National ARV SOP has been developed. These are currently being used at the sites and ensure that CHAN NICaB ARV services are in line with GON guidelines. Non-ART and ART eligible clients will be enrolled into care and will receive regular clinical monitoring including CD4 count. CHAN NICaB supports PLHA support groups to facilitate adherence and to provide IEC materials. All sites are supported to engage treatment support specialists – PLHA who participate in patient education, client advocacy, and home visits to track defaulters. All ARV clients receive care services including prevention for positives activities including balanced ABC messaging, couples counseling for parents of diagnosed children, ITN, water guard, malaria diagnosis/treatment, OI prophylaxis/diagnosis/treatment (including TMP/SMX), pain/symptom medications, and psychosocial & spiritual support with linkages to community and facility-based support groups. Home based care programs provide linkages between the medical facility and the community.

The basic health care package which will be available to all of the HIV-infected children as well as HIV-exposed infants receiving services includes: access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs described under TB/HIV, instruction for parents/caregivers in appropriate water purification and provision of Basic care kits (water guard, water vessels, soaps, Vaseline, latex gloves, ITNs, IEC materials, ORS) provision of cotrimoxazole prophylaxis, diagnosis and treatment of malaria, and symptom management including provision of pediatric formulations of antidiarrheals/ antihelminthics/ analgesics/ antipyretics.

Activity Narrative: The NICaB project through its partners will support infant feeding. Nutritional counseling will be provided at ANC, the postnatal and child welfare clinics and also in the homes by unpaid volunteer care providers and community peer groups to support mothers. The CBO's involved and support group members, PHC staff and maternity staff from NICaB's twelve sites will be trained in infant feeding, use of therapeutic nutritional supplements and nutritional counseling. Mothers will be provided with all infant feeding options but encouraged to exclusively breastfeed children for six months with safe weaning using locally available cereals because of its proven role in improving child survival and lower rates of HIV transmission. However, mothers that choose breast milk supplements (BMS) will be advised on using BMS that are AFASS-Affordable, Feasible, Accessible, Available and Safe. Exposed children will be followed up during monthly clinic visits through growth monitoring, and those found not to be thriving will be placed on ready to use therapeutic nutritional supplements (plumpy nuts) sourced from the Clinton HIV/AIDS Initiative (CHAI). NICaB will provide infant weighing scales and growth charts to the twelve sites and the satellite PHCs. NICaB will also collaborate with the GON and support the finalization of the National Nutrition Guidelines

Through follow up of trained home based care givers, all families with HIV-exposed infants and children will be given ITN and water guard to make drinking water safe. 120 religious and community leaders from church men and women groups, will be trained to provide psychological, social and spiritual services for 1200 families. Activities in this program area for under-five children will focus on strengthening linkages to routine child health services such as immunization, growth monitoring and the well child monitoring activities. Older children (aged 5 – 14 years) who require support for education, protection and shelter will be linked up with the OVC program while school nurses will be trained to follow up adolescents in schools who have been placed on ARVs. Through the NICaB CSO/CBO partnership with communities, 190 children will receive palliative care.

CHAN NICaB uses ART expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established POS as resource persons, 48 staff (physicians, nurses, counselors, pharmacists) from COP08 POS will participate in central adult and pediatric ARV care, adherence counseling, and/or pharmacy training using the National pediatrics ARV training curriculum in collaboration with other PEPFAR Implementing Partners. All training will include approaches for prevention for positives integrated into the clinic and community setting. The nationally harmonized treatment manuals will be used to step down trainings for secondary, PHC and DOTS sites. Bedside teaching and clinical case discussions are also components of ongoing education.

A clinical QA program in CHAN NICaB's training uses objective measures of health care team capacity based on knowledge assessment of individual providers, metrics from SI analysis, and onsite observational assessment of clinical practice and community linkages. Apart from routine monitoring and supervisory visits in COP 09, CHAN will collaborate with the USG and GON, CHAN NICaB carries out site program review visits. The QA program has site level clinical QA coordinators assigned at each POS who perform structured periodic chart reviews that are incorporated into the QA assessment process. Site level care services aggregate data is evaluated and feedback provided. CHAN NICaB will also facilitate and actively support onsite standardized HMIS using GON forms and National electronic platforms and will provide onsite assistance with data management and M&E to guide quality improvement measures.

Sites are supported to carry out renovations to ensure clinic facilities are adequate and particularly that pharmacy store and dispensing areas are able to store ARVs consistent with manufacturer guidelines. ARVs are procured as described in the ARV drugs narrative. CHAN NICaB will partner with Clinton Foundation and GF as appropriate to leverage resources for providing ARVs to patients. In this scenario, CHAN NICaB provides pharmaceutical commodity management and ensures access to alternative first line and second line ARVs, pediatric formulations, and wraparound services including lab monitoring and high quality clinical care. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Additionally, the twelve CHAN-NICaB sites will receive training for 60 providers, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis source from already established programs to address occupational HIV exposure of health care workers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

At the end of COP 09 CHAN NICaB will be providing ART services to 150 children, contributing to GON/PEPFAR targets for Nigeria. CHAN NICaB will build the skills of at least 70 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

This activity is linked to drugs (HTXS), HCT (HVCT), HVOP, OVC (HOVC), HBHC (), TB/HIV (HVTB), PMTCT, lab (HLAB), and M&E. Patients on ART will be linked to home based care and support and community and social services. TB/HIV linkages will be strengthened; all HIV infected patients will be screened for TB using the National algorithm. CHAN NICaB will also provide onsite assistance with data management and M&E to guide quality improvement. HCT targeting parents that are MARPs is established proximate to ARV POS. Using a network model, linkage to ARV services for HIV+ women identified through PMTCT and HIV-infected infants are in place. Quality lab services supported by a CHAN NICaB-facilitated lab QA program are available at comprehensive sites while manual lab methods or specimen transport systems will be established for primary health center satellites.

POPULATIONS BEING TARGETED:

ARV services are offered to HIV positive infants, children and adults living with HIV/AIDS. Doctors, nurses, and pharmacists are targeted for training in both the public and private sectors. Health workers and lab personnel at non-PEPFAR supported sites will be targeted by offering dedicated central ARV training.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development through training and local organization capacity building.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,500

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7215.09

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 25656.09

Activity System ID: 25656

Activity Narrative: The USAID Agency Pediatric Care and Treatment ICASS budget for FY09 is to provide necessary ICASS support for one USAID employee under the Pediatric Treatment program area.

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: USAID Track 2.0 ICASS

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$3,060

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1561.09

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Mechanism: HHS/CDC Track 2.0 Agency Funding

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 5406.25981.09

Planned Funds: \$42,720

Activity System ID: 25981

Activity Narrative: ACTIVITY DESCRIPTION:

This care and treatment activity relates directly to all HHS Nigeria Pediatric Care and Treatment COP09 activities.

To support and enhance USG Nigeria Care and Treatment activities, the USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria, has 2 partial FSN staff positions. These positions will be shared with OVC and focus on pediatric palliative care/basic care and support issues. The care and support sub-budget also includes funding for (limited) international and required domestic travel, for training and for minor support costs. Additionally, to support the USG Nigeria pediatric ARV services program, the USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria, has one full time staff position for pediatric ART services that will focus on supporting implementing partner ART issues. The pediatric treatment sub-budget also includes one partial FSN salary shared with adult ARV services, funding for (limited) international and required domestic travel, for training and for minor support costs. Funds are not requested in COP08 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

These HHS/CDC pediatric care and treatment staff positions will work in coordination with the USAID and DoD care and treatment staff and will directly provide quality assurance and program monitoring to HHS supported implementing partners. HHS-supported treatment partners include: University of Maryland-ACTION, Harvard University SPH, APIN Ltd, Columbia University-ICAP, Catholic Relief Services-AIDS Relief, Vanderbilt University, University Research Corporation and Partners for Development. The HHS/CDC staff will also assist USAID staff in joint monitoring visits of USAID-supported treatment partners – Family Health International-GHAIN, LMS Associates, CHAN, AIDSTAR and NEPWHAN. USAID and CDC care and treatment staff will provide assistance as needed to the U.S. Department of Defense program with the Nigerian Ministry of Defense. Other partners providing pediatric care but not treatment services will also receive close monitoring by the CDC care and support staff include HHS-supported Africare, ECEWS and IFESH as well as USAID-supported Catholic Relief Services-7 Dioceses, CEDPA, Winrock and NELA.

The USG care and treatment teams will provide technical support and capacity development to new partners undertaking pediatric care and treatment activities through the CDC RFA, USAID APS, and New Partner Initiative activities, as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National policies, guidelines, and training activities. It is estimated that the care and treatment staff under this activity will provide monitoring and support to over 370 clinical sites in COP09.

ICASS and CSCS charges related to these positions are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13142	5406.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$906,361
6791	5406.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$145,000
5406	5406.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$107,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7405.09

Mechanism: USAID Track 2.0 FS AIDSTAR

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Activity ID: 26777.09

Activity System ID: 26777

Program Budget Code: 11

Planned Funds: \$50,000

Activity Narrative: This is a new program area for Africare in COP 09. In this program area, Africare will be supporting facility based activities for HIV exposed and infected children aged 0-17 years and their families, aimed at extending and optimizing quality of life from diagnosis through the continuum of illness by providing clinical, psychosocial and prevention services. These services will be provided as an extension of PMTCT programs, and they will be provided in facilities where PMTCT is also supported.

Clinical services will include early infant diagnosis which will be linked to the existing PMTCT program, appropriate HCT services for at risk children and adolescents, prevention and treatment of OIs, malaria and diarrhea, provision of access to commodities such as LLITNs, safe water interventions, pain and symptoms relief, and nutritional assessment and support. The preventive care package would be provided for children. Psychosocial, and prevention services would be provided as part of Africare's OVC care services, and these services would be linked as appropriate.

This program component specifically will be addressing the issues around ensuring HIV exposed infants get enrolled into care by providing early infant diagnosis and critical linkages between PMTCT and pediatric and maternal care and support within communities to ensure adequate and dedicated follow up of these infants and identification of the HIV infected among them. These children when identified by DBS testing at the designated centers would be referred into a referral pediatric treatment center for treatment, and would continue to receive their supportive care at the referring facility.

Psychosocial support would be provided at on site facility based pediatric support groups (kids clubs) which would be co-located and co-scheduled with maternal support groups, immunization clinics and nutritional demonstration activities for mothers. Children would receive age appropriate psycho social support around disclosure and feelings, and participate in games and activities appropriate for their ages

Age appropriate prevention activities would be provided- for the younger children, information and education would mostly be provided to mothers and caregivers, and the older children and adolescents would be counseled directly by peer educators from the OVC program which would be linked with this program. Altogether 450 children will receive pediatric basic care and support during COP 09, in addition to the 1896 children who would receive OVC services during the same reporting period.

Entry points where children would be identified for pediatric basic care and support would include the ANC, Labor and delivery (PMTCT clinics) where mothers who are identified as HIV positive would be encouraged to return to deliver their babies and ensure they receive PMTCT services. Other entry points include the TB/DOTS centers from family contact tracing, mothers support groups, immunization centers and The mothers would be further encouraged to return for well child visits with their babies, at which time they would be weighed, receive immunizations and nutritional counseling and education on safe infant feeding. At the age of 6 weeks, according to the Nigerian National algorithm, these babies would all have dried blood spot collection for DNA PCR diagnosis, and based on their results would be referred for treatment if positive or will continue to received follow up care at the facility if not. A second test would be performed at the age of 18 months or twelve weeks after the cessation of breastfeeding whichever comes later to ascertain the child's final HIV status.

In the interim, the infant would be followed up according to National guidelines for follow up of HIV exposed infants and would as part of this receive the basic care package which consists of Co-trimoxazole prophylaxis, malaria prevention through the provision of LLITNs, safe water interventions through the provision of waterguard® and continuing education for the family with the performance of home visits by members of the mothers support group and with enrollment of the child into OVC services to ensure he/she continues to receive follow up. Services will be actively linked to PMTCT, OVC and mothers support groups meetings which will coincide with immunization and well visits in individual facilities. Standing orders for commencement of Co-Trimoxazole until infant's HIV status is known would be in place for the facilities where physicians are not always present.

Safe infant feeding would be supported from the antenatal period through pregnancy, delivery and infancy. Mothers would be receive individual and group counseling using the Nigerian National HIV and infant feeding protocol, and they would be further supported psychosocially after they have made informed decisions about infant feeding choices to ensure they avoid mixed feeding which would be emphasized continually. Mothers would continue to receive infant feeding support through the support groups, which would address the social issues around breastfeeding or choosing not to breastfeed, as well as how to reduce stigmatization through education of peers and family members. Nutritional assessment through the use of growth monitoring and recording on growth charts would be accompanied by nutritional education around supplementary and complementary feeding and safe early weaning

Africare will ensure at least 80% of all HIV exposed infants receive a basic package of post natal interventions, ensuring that mothers receive both facility and home and community based care interventions, as well as link these children all into OVC services, with the intention that all of them receive other core services.

PMTCT services would be strongly linked with OVC and pediatric care and support services, with co-location and co-scheduling of appointments and support group meetings, immunization and well child days. Champion mothers who recently have gone through pregnancy and delivery would ensure active referrals and linkages are maintained. Age appropriate prevention counseling would be offered. A buddy system will be set up to pair mothers who live close by or who have certain interests in common to ensure they benefit from one another. Children who need to be referred for treatment would be actively transported in small groups to ensure group cohesion and support on specific enrollment days at treatment centers, and opportunities for provision of outreach treatment services would be explored with the Massey Street children's Hospital to further reduce the burden on caregivers.

Twenty (20) additional health care workers would be trained to provide early infant diagnosis care, DBS

Activity Narrative: collection and provision of pediatric basic care and support in 3 facilities, all of which would be existing or new PMTCT sites, which would subsequently be designated PMTCT-plus sites. At the level of the local and state governments, four supervisors would also be trained to ensure sustainability and further monitoring of the program which would be integrated into PMTCT, OVC and child survival programs offered and supported at the level of facilities and communities. TB/HIV infected patients at the TB/DOTS sites would also be actively followed up and their children brought into facility based care, as well as referred into community based care as appropriate.

Monitoring and Evaluation of the program would be supported by Africare's M and E team which would work to provide National registers, forms and tools for data capture, ensure that all staff are trained to recognize and use these tools appropriately, and provide supportive supervision around data capture after service provision to ensure pediatric clinical care services are appropriately documented as such, and OVC services are documented separately. Supervisory support from the state M and E program would also be obtained and supported to ensure sustainability; these officers would also be trained to use the National data capture tools.

Personnel shortages in state primary and secondary health facilities will be addressed through limited task shifting and task sharing, in keeping with National guidelines around these, ensuring that community health extension workers and community health officers also play a role in counseling, immunization support and growth monitoring and developmental evaluation of infants, especially as the clinic sizes increase.

This program will be targeting HIV exposed and infected infants and children from 0 to 17 years, and will be linked with the OVC program as well as the adult basic care and support, prevention, PMTCT and support groups. Health care workers would be trained to provide basic clinical care and recognize the need for, initiate and follow up with referrals into other appropriate program areas to ensure holistic family centered care is provided for all the beneficiaries of the program

Emphasis areas include provision of health related wrap around programs including child survival activities, malaria prevention, safe water provision, food and nutrition- providing support and supplementation addressing tools and service delivery as well as human capacity development.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 10807.09

Mechanism: USAID Track 2.0 NEPWHAN
TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 25901.09

Activity System ID: 25901

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: [REDACTED]

Activity Narrative: In COP09, this activity will provide Care and Treatment services to Treatment Facilities in 2 geo-political zones. Through primary and secondary facilities it will extend care and treatment services to selected communities in the target States to reach XXX children on ART by the end of the COP year.

Entry points where children would be identified for pediatric basic care and support would include the ANC, Labor and delivery (PMTCT clinics) where mothers who are identified as HIV positive would be encouraged to return to deliver their babies and ensure they receive PMTCT services. Other entry points include the TB/DOTS centers from family contact tracing, mothers support groups, outpatient clinics, inpatient wards, immunization centers and the mothers would be further encouraged to return for well child visits with their babies, at which time they would be weighed, receive immunizations and nutritional counseling and education on safe infant feeding. At the age of 6 weeks, according to the Nigerian National algorithm, these babies would all have dried blood spot collection for DNA PCR diagnosis, and based on their results would be referred for treatment if positive or will continue to receive follow up care at the facility if not. A second test would be performed at the age of 18 months or six weeks after the cessation of breastfeeding whichever comes later to ascertain the child's final HIV status.

Implementation of the EID scale-up will be done under the guidance of the GON and in conjunction with other IPs who will be conducting the laboratory testing. The activity will collaborate with Clinton Foundation as appropriate for commodities and logistics support for the EID program. Exposed infants will be actively linked to pediatric care and treatment. EID activities/DBS collection will extend to selected sites and their satellites. PMTCT focal persons at all sites will keep records of all exposed infants at enrollment soon after birth; informing HIV+ mothers of the 6 weeks exact dates for DBS collection. This activity will encourage parent sites to step down DBS collection at affiliate PMTCT satellite sites and thus decentralize EID activities at these sites. Parent sites will ensure supplies of DBS collecting kits from their own stock to these satellites and the samples collected returned to the parent sites for dispatch to the testing labs. It will train members of PMTCT support groups in HCT skills. APS 1 will engage PMTCT support groups and the larger support group(s) in tracking unbooked pregnant women and infants in the community, linking them to sites where they can access HCT. Linkages will be established with other proximal public and private health care providers, with full fledged ANC activities. This will encourage two-way referrals of HIV+ mothers and their infants from these providers to the sites and thus benefit from EID/ART activities. Site EID focal persons will ensure prompt dissemination of results to providers and mothers as soon as they are available.

The package of care services provided to each HIV positive child/care givers includes a minimum of clinical service with basic care kit and two supportive services in the domain of psychological, spiritual, and PwP delivered at the facility, community, and household (home based care) levels in accordance with the PEPFAR and Government of Nigeria (GON) national care and support policies and guidelines. The basic care package for HIV positive child/care givers include Basic Care Kit (ORS & SSS, LLITN, water treatment solution, water vessel, soap, IEC materials, and gloves); Home-Based Care (client and caregiver training and education in self-care and other HBC services); Clinical Care (basic nursing care, pain management, OI and STIs prophylaxis and treatment, nutritional assessment- weight, height, BMI, micronutrient counseling and supplementation and referrals, Laboratory Services (which will include baseline tests - CD4 counts, hematology, chemistry, malarial parasite, OI and STI diagnostics when indicated); Psychological Care (adherence counseling, bereavement counseling, depression assessment and counseling with referral to appropriate services); Spiritual Care (access to spiritual care); Social Care (support groups' facilitation, referrals, and transportation) and Prevention Care (Prevention with Positives). All HIV positive children's nutritional status will be assessed at contact and on follow-up visits, micronutrients will be provided as necessary, and those diagnosed as severely malnourished will be placed on a therapeutic feeding program. AR will procure basic care kits through a central mechanism and OI drugs will be procured mechanisms that ensure only NAFDAC approved drugs are utilized.

Safe infant feeding would be supported from the antenatal period through pregnancy, delivery and infancy. Mothers will receive individual and group counseling using the Nigerian National HIV and infant feeding protocol, and will be further supported psychosocially after they have made informed decisions about infant feeding choices to ensure the avoidance of mixed feeding which will be emphasized continually. Mothers will continue to receive infant feeding support through support groups, which will address the social issues around breastfeeding or choosing not to breastfeed, as well as how to reduce stigmatization through education of peers and family members. Nutritional assessment through the use of growth monitoring and recording on growth charts will be accompanied by nutritional education around supplementary and complementary feeding and safe early weaning. Mothers will be encouraged to exclusively breastfeed except if AFASS. PEPFAR funds will not be used to procure BMS except clinically indicated.

All sites will be strengthened in their capacity to provide comprehensive quality care and treatment services through a variety of models of care delivery. This includes quality management of OIs and ART, a safe, reliable and secure pharmaceutical supply chain, technologically appropriate lab diagnostics, treatment preparation for patients, their families and supporters and community based support for adherence. This technical and programmatic assistance utilizes on-site mentoring and preceptorship.

The activity will provide access to viral loads for children with suspected treatment failure by intake to other facilities with viral load. All infected children will be evaluated for ART using CD4 or CD4%. All sites will be equipped with capacity to determine CD4% for evaluation of immunological status of children less than 6 years.

Based on available evidence on child survival and morbidities in relation to immunological staging, ARVs will be provided for all infected infants (less than 1 year) in accordance with revised WHO recommendations so as to prevent mortality and brain damage in rapid progressors. Appropriate first and second line regimens that preserve future options with minimal toxicity profiles will be adopted for all sites. Activity will partner with Clinton Foundation and Global Fund as appropriate to leverage resources for providing antiretroviral drugs and nutritional supplements to infected children.

ART sites are co-located in facilities with TB DOTS centers to facilitate TB/HIV service linkages.

Activity Narrative: Collaboration with GON and other stakeholders will be intensified to ensure prompt diagnosis of TB in children and facilitate provision of pediatric TB formulations. Intensive treatment preparation, directed at an identified caregiver will ensure strict adherence. Activity will continue to build and strengthen the community components by using nurses and counselors to link health institutions to communities. Each site will appoint a specific staff member to coordinate the linkages of patients to all services. This will also build the capacity of sites for better patient tracking, referral coordination, and linkages to appropriate services. These activities will be monitored by technical and program management regional teams. All children on ARV will have at least monthly home visits to ensure adherence and assess need for intervention. Specific efforts and training will be made to develop adolescent friendly services for infected and affected children including linkages to reproductive health.

Non ART eligible children will be enrolled into care for periodic follow-up, including laboratory analysis at least every 6 months, to identify changes in ART eligibility status. All enrolled children will be linked to an OVC program to access an array of services including nutritional support, preventive care package (water sanitation/treatment education, ITN) and psychosocial support. All sites will be empowered with training and tools to ensure nutritional assessment. Educational support and food supplements will be leveraged from other partners.

In COP09, XXX health service providers will be trained in pediatric care and treatment according to the National Pediatric HIV Training curriculum. Training will maximize use of all available human resources including a focus on community nursing and community adherence to ensure care is decentralized to the home level. Partner will collaborate with the GoN and other stakeholders to develop task shifting strategies to enable nurses and community health officers to provide Pediatric ART. Partner will actively participate in and facilitate activities to review practices in Pediatric HIV care and treatment particularly GON technical working group meetings. Partner will share with the GON a new pediatric counseling curriculum developed with the African Network for Caring for Children with HIV and roll this training out to all sites. The activity will support the development of a national pediatric HIV care and support guideline, and training curriculum.

In COP09, partner will build a team of specialists to ensure Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. The team will sustain the efforts with a modification of evaluation tools to assess and report on both qualitative and quantitative indicators of care delivery. Monitoring and evaluation of the ART program will be consistent with the national plan for patient monitoring. The CQI specialists will conduct team site visits at least quarterly during which there will be evaluations of infection control, the utilization of National PMM tools and guidelines, proper medical record keeping, efficiency of clinic services, referral coordination, and use of standard operating procedures across all disciplines. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Some of the data will be used to generate bi-annual life table analyses that identify factors associated with early discontinuation of treatment. Each site will establish an annual evaluation of program quality consisting a 10% random sample of linked medical records, adherence questionnaires and viral loads to examine treatment compliance and viral load suppression for adult patients who have been on treatment for at least 9 months. A similar process will be undertaken for all children who have been on ART for at least 9 months. Each of these activities will highlight opportunities for improvement of clinical practices.

The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the GON to ensure coordination, information sharing and long-term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and the sites they support, strengthening indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the sites. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

Partner will continue to participate in GON harmonization activities and to participate in the USG coordinated clinical working group to address ongoing topics in ARV service delivery.

CONTRIBUTION TO THE OVERALL PROGRAM AREA: By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving the overall PEPFAR Nigeria target of placing 35,000 children on ART by 2009 and will also support the GON's universal access to ART by 2010 initiative. By putting in place structures to strengthen health systems will contribute to the long-term sustainability of the ART programs.

LINKS TO OTHER ACTIVITIES: This activity is linked to HCT services (5425.08) to ensure that people tested for HIV are linked to ART services; it also relates to activities in ARV drugs (9889.08), laboratory services (6680.08), and care & support activities including Sexual Prevention (5368.08), PMTCT (6485.08), OVC (5416.08), AB (15655.08), TB/HIV (5399.08), and SI (5359.08).

Networks will be created to ensure cross-referrals and sharing of best practices among other implementing partner sites. Effective synergies will be established with the Global Fund to Fight AIDS, Tuberculosis and Malaria through harmonization of activities with GON and other stakeholders.

POPULATIONS BEING TARGETED: This activity targets children infected with HIV and their caregivers/HCWs from rural and underserved communities.

EMPHASIS AREAS: This activity will include emphasis on human capacity development specifically through in-service training. These ART services will also ensure gender and age equity in access to ART through linkages with OVC and PMTCT services in neighboring sites. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of infected children and thus reduce the stigma and discrimination

Activity Narrative: against them.
New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1532.09

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 25655.09

Planned Funds: \$102,306

Activity System ID: 25655

Activity Narrative: ACTIVITY DESCRIPTION: This activity represents the fully-loaded costs of USAID's full-time pediatrics treatment program officer, who is under the Pediatrics treatment budget line. The Pediatrics Officer is a member of the ART Services team, and works with the wider PEPFAR ART team and with Government of Nigeria and Implementing Partner counterparts to provide oversight, supervision, capacity-building and technical assistance and leadership for the HIV and AIDS clinical interventions and services, with particular responsibility for the fuller integration of pediatric services (clinical and community oriented) throughout the interventions supported by PEPFAR.

This position is a local hire. The budget represents the loaded costs for this position, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 28604.09

Activity System ID: 28604

USG Agency: U.S. Agency for International
Development

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$231,000

Activity Narrative: The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. The SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of medical supplies and equipments used in ARV services including consumables and non medical supplies needed to run ARV services, as well as basic health care and support related commodities for pediatric care, early infant diagnosis related commodities including other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure medical supplies and equipment used in ARV services and other commodities to extend and optimize the quality of life of HIV infected children and their families for three IPs and DoD. This also encompasses commodities for the prevention, management and clinical monitoring of opportunistic infections (OI), except tuberculosis (TB), early infant diagnosis, other HIV/AIDS related complications, including malaria, and for the management of sexually transmitted infections (STIs). An example of such commodities are pharmaceuticals (OI drugs, pain killers, opioids), insecticide treated nets, laboratory equipment and consumables, home based care kits, water guard, gloves and therapeutic food. SCMS will also procure other medical and non medical supplies used in treatment and basic health care and support services, including home-based care.

Through its continuous support to, and strengthening of, commodity security in PEPFAR care programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target populations of people living with HIV/AIDS and the general population through their families. This will be achieved by assisting the IPs and DoD in quantification, forecasting of requirements and support for the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

In COP09, SCMS will procure medical supplies and equipment used in pediatric ARV services, palliative drugs, care and support commodities, early infant diagnosis and provide requested technical assistance for three IPs and DoD, each of which has allocated specific funds to SCMS for these services: DOD, \$30,000 for pediatric care and support and \$100,000 for pediatric treatment services; Columbia University/ICAP, \$125,000 for pediatric treatment services; University of Maryland, \$188,300 for pediatric care and support; and URC, \$2,000 for pediatric care and support and \$ 6,000 for pediatric treatment services. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (GON) national treatment guidelines, marketing authorization status (NAFDAC registration) and GON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

Currently, there are several challenges associated with the procurement of Opportunistic Infections (OI) drugs. A number of key OI medicines are banned from importation into Nigeria and hence by default, need to be procured from local manufacturers. However, the fact that none of locally manufactured products has US FDA or similar stringent drug regulatory authority approval places the PEPFAR IPs in an untenable situation. In COP09, SCMS will work with the IPs and the GON to identify key OI drugs that are needed and initiate the process of pre-qualification towards identifying local sources. SCMS will also work with GON towards defining the modalities for use of opioids for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for palliative care are available for use of the programs, thus improving the quality of life of PLWHA.

SCMS procurement leverages global purchasing to provide best value and offers clients certainty of competitive prices and international quality standards. The SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for basic health care and support related commodities will be addressed to, and coordinated with, the SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR

Activity Narrative: programs in Nigeria. The RDC also ensures that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with URC, ICAP, UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed, SCMS will continue to explore viable options to make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP09). For in country distribution where necessary, SCMS will competitively source for, and utilize the service of, an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification and forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organizations, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In COP09, Supply Chain Support Teams (to be made up of technical SCMS staff and GON or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with the GON and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised. In addition, an automated, web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system of SCMS.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their care planned targets.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 632.09	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 28578.09	Planned Funds: \$3,202,603
Activity System ID: 28578	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has been revised to include Pediatric ARV services, Pediatric Care and Support and Early Infant Diagnosis in a single narrative. Increase in number of sites by 20.

ACTION will provide care and support services and lab monitoring to 10,500 children out of which 8,000 (2,450 new) will be on ART in COP09. In COP08, ACTION supported pediatric ARV services at 70 sites (33 tertiary or large secondary hospital "hub" sites, 37 smaller secondary hospitals or primary health care centres (PHC)) using the hub-and-spoke model. In COP09, ACTION will continue to provide services in these 70 sites and will upgrade 20 PMTCT sites, the majority of which are small secondary hospitals or comprehensive PHCs to ARV satellites so that pediatric care and treatment will be provided in a total of 90 sites. These sites will be located in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). Sites are chosen jointly with the GON to complement the national scale-up plan being supported by Global Fund (GF) and other IPs. Services at PHC satellite sites are provided using three different strategies to ensure quality of care and network linkages: physician and lab assistant team travels from the "hub" site on selected days; nurse-managed PHCs/DOTS with nurses trained using the national curriculum; and physician/lab assistant team utilizes mobile site/van equipped with CD4 and basic lab equipment to visit PHCs on selected days. An alternative model employs a physician or nurse-led team with transport of samples back to the hub site for lab testing. The choice of best model will depend on which one provides timely and high-quality results with good patient adherence. In all models of community outreach, a portable pharmacy is employed to deliver ARVs and OIs drugs to patients at the community level.

Pediatric care and treatment services will be expanded to all supported tertiary and secondary hospitals and selected PHCs. At larger sites, ACTION will provide temporary salary support to facilitate the hiring of additional pediatric ARV dedicated medical officers. Sites will be required to absorb the funding of these positions in the main hospital budget within one year. ACTION staff participate actively in National ARV Guideline Committees. Guidelines for adults and pediatrics were updated in 2007 for consistency with WHO 2006 guidelines. A corresponding National ARV standard operating procedure (SOP) has been developed. ACTION ARV services are in line with GON guidelines.

Health care services will include access to free lab monitoring for all HIV-infected children including: CD4 count, hematology, and chemistry. The basic health care package, which will be available to all of the HIV-infected children as well as HIV-exposed infants receiving services, includes: access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs described under TB/HIV, instruction for parents/caregivers in appropriate water purification and provision of basic care kits (water guard, water vessels, soaps, Vaseline, latex gloves, ITNs, IEC materials, ORS) provision of cotrimoxazole prophylaxis, diagnosis and treatment of malaria, and symptom management including provision of pediatric formulations of antidiarrheals/anthelmintics/analgesics/antipyretics. In addition, a standard formulary will be provided to sites to treat common OIs.

Point of entry into care and treatment include PMTCT, EID, HCT at every pediatric points of service within health care facilities and communities through HBC. Community home based care (HBC) for children is in need of scale-up in Nigeria. ACTION has updated its HBC curriculum to include modules on HBC for children. HBC for children will be linked to HBC for adults and provided in all 32 network areas under COP09, so that at least 40 children per network or a total of 1,280 children receive pediatric specific HBC. This is overseen by a team comprising of community HBC nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home-based approach to ensure that family members at risk including other children in the household are tested and counseled. This strategy supports family engagement in HBC and identifies family members in need of HIV care. In addition to HBC for those children requiring classic "palliative care" interventions, home based care staff support parents with ART adherence for children in the home setting through education and addressing adherence barriers. Home based care staff focus on linkages to services, ensuring that clients in need of hospital care are able to access this care and linking family members to PMTCT, community immunization, family planning, and TB DOTS services. ACTION will continue to utilize different models depending on site preference including supplementing site staffing with dedicated home based care staff or developing agreements with local NGOs/CBOs/FBOs to provide this service. Extension workers will be preferentially recruited from the PLWHA support group membership. HBC will be linked to the child's medical care source as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

Access to food and nutrition support is a major need for children. Leveraging support from the Clinton Foundation, ACTION will provide comprehensive nutritional support for OVCs through the provision of fortified cereals, Kwashi-pap and PlumpyNut, targeting HIV-infected children as well as HIV-exposed infants weaning after exclusive breast feeding. This will include nutritional assessment (growth monitoring through charting and plotting) and counseling as well as multivitamins/mineral supplementation. In the provision of nutritional supplements, ACTION will build the capacity of care givers by providing raw materials and instructions so that Kwashi-pap can be prepared by them at home. ACTION will prioritize partnering with USG-supported wraparound services in states where it is co-located with these activities.

ACTION has worked to strengthen psychosocial support for children by improving the quality of counseling available for HIV-infected children at points of service through training focused on developmentally appropriate adherence counseling of children. In COP09 ACTION will expand this training to new sites. The curriculum includes formal child development, socialization, limit setting, pediatric counseling, diagnosis disclosure, grief and loss, and adherence to medications. These trainings will include not only HBC and facility-based providers, but will also focus on improving psychosocial support for OVC in orphanages. ACTION partners with community OVC providers including the Sisters of the Poorest of the Poor, the Anglican Church and the Mothers Welfare Group in provision of OVC services to OVC in their homes and to OVC in orphanages. Through these partnerships this step down training will ensure improved provision of psychosocial services not only to OVC in their homes but also to OVC in orphanages who are awaiting family placement.

Activity Narrative: Leveraging support from the Clinton Foundation for test kits and specimen transport, Early Infant Diagnosis (EID) will be supported through the pediatric care and treatment program area and available at PMTCT POS under COP09 to improve the identification of HIV+ children for linkage into care and treatment services. Nine regional laboratory centers for DNA PCR have been established by ACTION with an additional one planned for COP09. Testing of infants will be carried out using dried blood spot (DBS) specimen collection. ACTION will actively participate in the national early infant diagnosis initiative by providing DNA PCR testing of DBS at ACTION-supported labs. The source of DBS samples will include ACTION and non-ACTION supported PMTCT sites. A systematic coordinated approach to program linkage will be operationalized at site and program levels including linkages between adult and pediatric ART services, OVC services and adult and pediatric basic care and support. Quality monitoring will be undertaken through site visits using an existing assessment tool and routine monitoring and evaluation indicators.

ACTION uses care and treatment expertise to ensure high quality care using a two-pronged didactic and experiential training approach. Using expert staff from established points of service, ACTION will conduct training to develop the capacity of 15 pediatric care experts who will serve as regional master trainers. Ten regional trainings will then be conducted to train 200 site staff in pediatric HIV care. In addition to ARV management and institution based care, these trainings will include specific modules on adherence support in children based upon the national curriculum. Bedside teaching is also a component of ongoing education. IHV/UMD adult and pediatric HIV care specialists are posted in Nigeria as preceptors. In addition, a preceptor program brings volunteer physicians with extensive HIV experience from other US and European institutions, and also uses expert on-site staff as preceptors. ACTION has developed three regional training centers which are equipped with training venues adjacent to large clinical care facilities where best practices are modeled. A clinical training center in Abuja provides a model clinic that integrates physician, nurse, treatment support, pharmacy and community outreach teams to provide experiential training in a holistic model clinic setting in order to demonstrate feasible and functional strategies bridging community to care. Additional trainings planned include 32 site-based trainings in pediatric care and support and home based care to train a total of 160 persons, and five central/regional-based trainings in Early Infant Diagnosis to training an additional 100 persons. Thus, the training targets are 264 ARV focused and 260 care and support focused trainings. This training will facilitate task shifting and ACTION will support the GON in developing policies related to this. ACTION will work in collaboration with the USG/GON to ensure adequate supervision of all sites.

ACTION supports four regional training labs (described under ARV Lab). These facilities will train additional lab scientists working at GON and GF-supported sites (i.e., non-PEPFAR supported sites) in ARV lab monitoring including good lab practices, HIV rapid testing, automated CD4, hemogram and chemistries. This will serve to increase the quality and sustainability of ARV services outside of PEPFAR-supported sites.

In COP08 ACTION participated in the National HIVQUAL pilot and then expanded upon these clinical QA/QI indicators for pediatric care and treatment. Deficiencies identified are discussed with the site QA/QI committee and an improvement plan is then implemented. In COP09, ACTION will continue this process collaboratively with the sites, USG and GON. The ACTION QA program has site level clinical QA coordinators assigned at each POS who perform structured periodic chart reviews that are incorporated into the QA assessment process using indicators developed as part of the National HIVQUAL Program. Site level CareWare aggregated data is evaluated and feedback provided. ACTION supports the training of medical officers in IAPAC and GALEN certification as HIV specialists and other clinical staff in expanded support roles under the treatment team concept. Based on gaps in knowledge identified, the training department refines/updates training materials for new and ongoing training activities. ACTION will also facilitate and actively support onsite standardized HMIS using GON forms and national electronic platforms, and will provide onsite assistance with data management and monitoring and evaluation to guide quality improvement measures.

Sites are supported to carry out renovations to ensure clinic facilities are child and adolescent friendly and that pharmacy stores and dispensing areas are able to store ARVs consistent with manufacturer guidelines. ARVs are procured as described in the ARV drugs narrative. ACTION will partner with Clinton Foundation and GF as appropriate to leverage resources for providing ARVs to patients. In this scenario, ACTION provides pharmaceutical commodity management and ensures access to alternative first line and second line ARVs, pediatric formulations, and wraparound services including lab monitoring and high quality clinical care. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Additionally, sites receive training, a standard SOP, and emergency prophylaxis starter kits for post-exposure prophylaxis to address occupational HIV exposure of health care workers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines and building strong community components into the program, this activity will contribute to achieving global PEPFAR treatment targets and will also support the Nigerian government's universal access to ART by 2010 initiative. ACTION will build the skills of at least 720 care providers thus contributing to national sustainability plans.

POPULATIONS BEING TARGETED:

Care and treatment services are offered to HIV positive infants and children living with HIV/AIDS. Doctors, nurses, and pharmacists are targeted for training in both the public and private sectors. Health workers and laboratorians at non-PEPFAR supported sites will be targeted by offering dedicated central ARV training.

EMPHASIS AREAS:

An emphasis will be placed on human capacity development through training and local organization capacity building.

Activity Narrative:
New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$113,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$984,375

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9401.09

Prime Partner: Partners for Development

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 21698.26816.09

Activity System ID: 26816

Mechanism: HHS/CDC Track 2.0 PFD

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$30,000

Activity Narrative: Contributions to overall program area

The aim of the Pediatric Care and Treatment component is to improve the survival rate of HIV infected children. Partners for Development (PFD) will work collaboratively with their sub-grantee, the faith-based organization (FBO) Daughters of Charity (DC), to provide pediatric health care to HIV+ children at two project sites: 1) Assumption Clinic in Warri, Delta State and 2) Catholic VCT Center, Ikot Ekpene, Akwa Ibom State to implement activities under the "Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. The two project sites link clinical treatment to community care through outreach services coordinated through networks of Civil Society Organizations (CSOs) groups in 10 LGAs.

Program Emphasis: The emphasis area for this activity will be in proper diagnosis, and training for proper treatment and care of pediatric AIDS cases. Within this program area, CAMP project personnel will begin with linkages with PMTCT interventions targeted at lowering a pregnant woman's viral load to reduce the number of babies born HIV +. Early Infant Diagnosis (EID) tests will be given to infants of HIV+ mothers in order to diagnose infants needing treatment at the earliest possible moment. EID testing will be accessed through Clinton Foundation programs that provide courier services and bundled collection kits for dried blood samples for infants. Once diagnosed, infants will be provided with ART regardless of their viral load.

HIV+ children up to age 14 will be monitored through this component. Health care will be managed through a partnership with PLWHA support groups, OVC care providers and other community initiatives that are coordinated by CAMP Project Officers at the LGA level. Support groups and caregivers are trained under other components to assist children living with HIV/AIDS with logistic and morale support, preventive health information including nutritional advice and supplements, as well as basic preventive tools such as bed nets, water guards and hygiene materials. Support networks and caregivers will also assist in ensuring children's adherence to drug regimes prescribed in the clinical component. The two clinic sites in Delta and Akwa Ibom will monitor HIV+ children and provide ARV treatment and other treatment for opportunistic infections, pain and symptom relief as well as nutritional assessment/support. Clinical staff will also counsel at-risk adolescent children they are treating.

Partners for Development (PFD) program officers will be responsible to find relevant training sessions and Technical Assistance (TA) for CAMP staff to attend on best practices in pediatric HIV/AIDS care and support—this will include testing, management of symptoms, pain management, management of opportunistic infections, and care and support for the entire family system. The CAMP site in Delta State already had a fully-functioning antenatal and post natal care unit at the beginning of COP 08, and the Akwa Ibom site will be developed for expanded antenatal/postnatal care during COP 08/09.

Target population

This component targets children born to positive women who require post-natal and pediatric care and their mothers during pre-natal phases through the PMTCT component. In the event that a woman is transferred to a CAMP program late during her pregnancy, or for whatever reason delivers a baby when her viral load is high, CAMP will conduct early infant diagnosis according to international standards.

Links to other activities

This component is strongly linked to the PTMTC component and to wider primary health care provision for children. CAMP clinics also provide full pediatric primary health care, so medical staff members are trained to do syndromic management of OIs related to HIV/AIDS and to conduct HIV testing as part of diagnosis process. Once diagnosed, children will be transferred into the Pediatric Care and Treatment program, and linked to community based support groups.

Key legislative issues: Coordination meetings held at the LGA level with representation from local government assists in keeping local governments updated on the scope of the epidemic in their area and make them better advocates for strengthening gaps at pediatric health care for children with HIV/AIDS at the state and ministry level. CAMP staff will supplement these meetings with quarterly state level task force meetings to explore ways to achieve greater economies of scale and harmonization of approaches.

Monitoring and Evaluation

Key support categories such as provision of home based care, preventive prophylaxis, palliative care, and nutritional support will be tracked and reported on with patients disaggregated by gender. CAMP Monitoring Officers will collect information on a monthly basis related to number of children (<2 years and 2-14 years) 1) tested for HIV, 2) receiving HIV care, and 3) receiving antiretroviral therapy, at the beginning of the reporting period and projected for the end of the reporting period.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21698

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21698	21698.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$210,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,024

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2768.09

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 5404.28553.09

Planned Funds: \$960,000

Activity System ID: 28553

Activity Narrative: If continuing, paste your COP08 narrative here and put one of the following at the beginning of your narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, ICAP has expanded support to a total of 28 health facility networks in the six high-prevalence states of Gombe, Akwa Ibom, Cross river, Kaduna, Benue and Kogi. By the end of COP08, ART will have been provided to a cumulative of 2664 children (including 1744 new).

In COP09, ICAP will provide support to 30 hospital networks in 6 states and to 3,200 HIV-infected (including 536 new) infants and children enrolled on ART. During COP09, pediatric care and support services will be provided to 4000 children and adolescents HIV-positive.

ICAP programming for care and treatment services for HIV-positive children has several key elements which include: supporting pediatric HIV diagnosis; enhancing pediatric case finding and referral to care and treatment; ensuring comprehensive care and treatment services, including ART, for HIV-exposed infants and HIV-infected infants and children; and providing enhanced psychosocial support at both facility and community levels. Following National Palliative Care Guidance and USG PC policy, ICAP-supported sites will provide a basic package of care services, including basic care kits, prevention with positives, clinical care (nursing care, pain management, OI and STI treatment and prophylaxis, nutritional assessment and support, lab- baseline hematology, chemistry and CD4 percentage and follow, OI and STI diagnosis- psychosocial support, , home based care, and active linkages between hospitals, health centers, and communities.

ICAP family-focused model of care is an optimal platform for pediatric case-finding and referrals. ICAP uses adult care and treatment venues as additional entry points for pediatric services, utilizing a genealogy form that ensures that HIV-positive adults are asked about the HIV status of their children at each visit.

In COP09, ICAP support for pediatric diagnosis will continue to include: enhancing linkages between PMTCT programs and those supporting OVC and ART services; supporting early infant diagnosis via dried blood spot (DBS) testing; initiating and expanding routine opt-out pediatric testing at inpatient and outpatient wards (including OPDs, casualty wards, well baby immunization clinics, child welfare venues, and adolescent/youth-friendly clinics) following national norms regarding counseling and consent of minors; and providing training, supplies, and laboratory support for HIV testing. DBS is collected from ICAP supported Nationally approved EID sites; ICAP will continue to partner with Clinton Foundation ensure regular supply of DBS materials to all sites and shipment of samples /collection of results to and from National PCR labs.

Enrolment into care and treatment

In COP09, 4000 HIV-infected infants and children will be enrolled in care, and carefully staged, both at baseline and at subsequent follow up visits. Following clinical and immunologic staging, those not yet eligible for ART will receive clinical services including ongoing monitoring, charting and plotting of growth and development, screening and prophylaxis (IPT) for TB when indicated, cotrimoxazole prophylaxis (CPT) following national guidelines, and diagnosis and management of opportunistic infections as needed. Ready-to-Use-Therapeutic Feeding" (RUTF) using criteria agreed upon by the USG in-country and GON team will be provided at facility and community level via referrals where possible. Parents / caregivers of HIV-infected children (regardless of their HIV status) will receive a standardized "preventive care package" including basic care kits, ITN water guard, water vessel, ORS, soap and gloves. Infants and children who are eligible for ART will receive appropriate first and/or second-line therapy accompanied by careful monitoring for toxicity and efficacy and by intensive adherence support

Decentralization of pediatric care and treatment services

In COP09 ICAP will continue to build capacities of pilot comprehensive PHCs to link to referring hospitals to support HIV/AIDS programs and provide onsite ART refills and follow up for stable patients, at the PHC level. Experienced nurses and community health officers identified in high volume pilot PHCs will be further trained to deliver quality focused care and treatment services including conduct nutritional assessments and monitor growth and development,, provide drug refills based on a symptom checklists, provide CTX and micronutrients, and referral to the comprehensive treatment sites as needed. ICAP will work with local State primary health care agencies to develop/adapt job aids and SOPs for providing HIV care and treatment at the PHC. Pediatric ART services in COP 09 will include having a minimum package of care for infected children at all ICAP sites. This minimum package of care for infected children will include: growth and development monitoring, CD4, CTX prophylaxis, Multivitamins, anthelmintics, antibiotics (Ampiclox, Co-trimoxazole, and erythromycin), antimalarials for treatment, basic care kits, basseline investigations and nutritional supplement.

This minimum package of care for infected children in the PMTCT-only sites is in line with the decentralization of pediatric ART services to smaller sites (PMTCT only) and will bring ARV treatment, care and support services closer to families and communities. This will require building the capacity of the health care workers at the primary and secondary sites to scale up pediatric ART services of which ICAP will be supporting in COP09.

In the PMTCT only sites where there is no CD4 machine, ICAP will continue to support CD4 sample logging using the same channel of sample logging with the PMTCT, TB and Adult ART services.

Implementation of HIV-exposed infant registers at hospitals and PHCs, initiation of exposed-infant clinics, and training and mentoring of PMTCT care providers on the use of registers, referrals, and tracking systems will also further strengthen access to pediatric care and treatment to HIV infected children.

Human Capacity Development

Training and supportive supervision of health care cadres will be a vital element in ICAP's COP09 program. Clinicians at all 30 hospitals will be assisted to identify HIV-infected children, to enroll them in care and treatment, to perform appropriate clinical and laboratory staging of these children, and to provide comprehensive care and support, including the prompt initiation of ART for eligible children. ICAP will also train PHCs staff to encourage task shifting in the care of HIV positive children. ICAP will conduct pediatric ART trainings, ongoing CME and QA activities for 306 clinicians and allied health care providers who will support pediatric care and treatment. ICAP trainings will reinforce the need for opt-out testing for pediatric inpatients, pediatric TB patients, adolescent patients and children suffering from malnutrition and common

Activity Narrative: illnesses which are also warning signs of HIV infection.

Trainings will also focus on second line and switch regimens for children who are already on ARVs. Additional training and support will enhance the specialized counseling, patient education, and linkages required in early infant diagnosis programs. Facility-level staff will be trained and supported to collect, prepare, and transport DBS samples for testing to be performed at laboratories supported by other implementing partners.

Adherence trainings and support services will be provided at each site. These will facilitate adherence assessment and support including group counseling, disclosure counseling, patient/family/caregivers education, appointment diary system, referral linkages, patient follow-up, provision of support tools (dosage guides, reminders etc.), linkages to community-based adherence support and retention in care programs.

Clinical Systems Mentoring and Quality of Care

Onsite clinical mentoring will enhance quality of care and build site-level clinical and management skills for program sustainability. ART reference tools will include pocket guides, dosing cards, posters, and detailed SOPs. ICAP will continue to implement innovative training and clinical mentoring activities, including ongoing support for the successful South-to-South pediatric training initiative in South Africa; ICAP, in collaboration with GoN and other implementing partners, will support the adaptation of the HIV/AIDS pediatric care training manual. ICAP will support quality improvement/quality assurance mechanisms to facilitate the delivery of optimal care and treatment services. ICAP will also facilitate and actively support onsite standardized HMIS using GON forms and provide onsite assistance with data management and M&E to guide quality improvement measures.

Harmonization of Activities

In COP09, ICAP will continue to work closely with other PEPFAR IPs and GON to ensure compliance with National policies, curricula and guidelines, and continue to participate in the USG Clinical Working Group to address emerging treatment-related topics and further promote harmonization with other IPs and the GON. ICAP will continue to also partner with Clinton Foundation as appropriate to leverage resources for providing antiretroviral drugs to pediatric doses to HIV+ children and Plumpy nuts and EID commodities..

Community Linkages

In COP09, ICAP will continue to work closely with its 19 NGO/CB/FBO partners to promote community involvement, provide HIV prevention activities and linkages to wraparound activities, and facilitate adherence among HIV positive community members. ICAP will continue to strengthen/establish children support groups as part of the psycho-social support.

ICAP will also continue to provide in COP09 nutritional support through partners CBOs to all 3,200 HIV + children on ART. Support will include provision of RUTF as needed and other nutritional support. ICAP will also expand its successful Peer Health Educator program, enhancing targeted family counseling and testing, defaulter tracking, and inter/intra-facility linkages. Efforts will be made to ensure that HIV-exposed infants and HIV-infected infants and children are linked into OVC services. Prevention for positives messaging will include a balanced ABC approach messaging for adolescents infected with HIV. All HIV positive infected children/adolescents will be linked to home based care and support, community and social services for referrals for food and education assistance, economic empowerment, and other wraparound services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

One of the pioneers of family-focused multidisciplinary HIV/AIDS treatment in resource-limited settings, ICAP will be providing in COP09, ART services to 3,200 HIV infected children, contributing to the GON/PEPFAR targets for Nigeria. ICAP will build the skills of at least 306 care providers thus contributing to national sustainability plans.

LINKS TO OTHER ACTIVITIES:

This activity relates to HBHC (XXX), OVC (XXX), HCT (XXX), PMTCT (XXX), HVOP (XXX), TB/HIV (XXX), AB (XXX), and SI (XXX). As expansion of ART services is prioritized to rural areas, ICAP will strengthen referral channels and network mechanisms. Children on ART will be linked to home based care and support and community and social services. TB/HIV linkages will be strengthened where ART and TB DOTS sites are co-located, and co-location of new ARV sites will be actively promoted in TB DOTS stand-alone sites. All HIV infected children will be screened for TB using the National algorithm while all children infected with TB will be offered HIV testing. ICAP will also provide onsite assistance with data management and M&E to guide quality improvement.

TARGET POPULATIONS:

HIV positive children, will be provided access to pediatric ART services. Health care providers in secondary and primary health facilities will be trained to deliver quality ART services.

EMPHASIS AREAS:

Emphasis areas are quality assurance/improvement and supportive supervision. ICAP personnel including national and international experts will provide skill and competency-based trainings, CME, and ongoing clinical mentoring to enable onsite staff to provide quality ARV services to children infected with HIV. Emphasis areas also include training, human resources issues, referral networks, infrastructure support, linkages to other sectors and initiatives. Services will also focus on addressing the needs of women, infants and children to reduce gender inequalities and increase access to ART services among these vulnerable groups. ARV services will facilitate linkages into community and support groups for nutritional support and other wrap around services.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 13030

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13030	5404.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$8,628,014
6690	5404.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$4,300,560
5404	5404.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$1,765,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code:

12 - HVTB Care: TB/HIV

Program Area Narrative:

Nigeria is ranked 5th among the 22 high TB Burden Countries in the world. HIV prevalence among TB patients in Nigeria is estimated at 25%. Currently about 800,000 people are co-infected with HIV and TB and an additional burden of 50,000 TB cases is added annually from the pool of People Living with HIV/AIDS (PLWHA). The World Health Organization (WHO) estimates the incidence of all types of TB in Nigeria to be 311/100,000 population and the incidence of smear positive cases 137/100,000 population. It is estimated that 1.9% of new TB cases are multi-drug-resistant (WHO global report 2008).

USG Nigeria's strategy for COP09 TB/HIV services will build on COP08 activities and increase collaboration with Government of Nigeria (GON) through the National Tuberculosis and Leprosy Control Program (NTBLCP), the National HIV/AIDS Division (HAD), the Global Fund to fight AIDS, TB and Malaria (GFATM) and WHO. The areas of strategic focus during COP09 are:

- 1) To strategically expand TB/HIV collaborative activities nationally and integrate prevention with positives activities and community linkages at DOTS sites.
- 2) To continue provider initiated HIV counseling and testing (PICT) to all TB patients and suspects at the point of first clinical contact and to ensure adequate TB screening, diagnosis, and treatment for all HIV infected individuals at PEPFAR supported facilities;
- 3) To improve diagnosis of MDR TB, through AFB sputum microscopy, TB culture, Hains PCR assay, chest x-ray services, and quality assurance in testing laboratories nationwide.
- 4) To strengthen and scale up implementation of the 3 'I's strategy: intensified TB case finding among HIV positive persons; infection control to prevent TB transmission; and scale up of isoniazide preventive therapy (IPT) in PLWHA nationally.
- 5) To increase access to TB treatment by supporting anti-TB drug and lab commodity procurement/ logistics of the national TB control program
- 6) To strengthen pediatric TB/HIV management and MDR TB program surveillance & management in the national TB control program.

USG support has pioneered, strengthened and scaled up TB/HIV collaboration and services in Nigeria. The USG supported TB/HIV program has scaled up from 68 sites at inception in COP 05 to 256 sites in 35 states to date. By the end of COP 08, it is anticipated that USG support will have increased to 535 sites in 36 states and 644 sites by the end of COP 09. It is anticipated that 6,018 health workers will be trained by the end of COP 09. Currently, 40,177 HIV-positive patients have received TB treatment; this is expected to increase by approximately 40,000 by the end of COP 09. In COP 08 the USG supported the development of guidelines and strategic framework for MDR TB, Infection control and Public Private Mix DOTS. USG has supported the establishment of TB culture facilities and Hains PCR assay facilities in one national reference laboratory. In COP09, the USG will support two advanced TB culture facilities in order to provide quality assured aerosol-free, safe laboratory for tuberculosis testing and drug sensitivity testing in Nigeria.

In spite of the rapid scale up of TB/HIV services, less than 20% of DOTS sites provide HCT services. TB/HIV service coverage as well as training remain limited nationwide. Case detection rate for TB remains low at 33% due to poor infrastructure for TB services, often dilapidated laboratories, weak X-ray diagnostic services, and minimal community awareness of TB/HIV co-infection. Despite the influx of new funds from the Global Fund, substantial gaps remain in TB and TB/HIV programming. Access to CPT and ART for HIV-positive patients detected in DOTS centers remains limited particularly in rural areas. Nigeria receives anti-TB drugs through the WHO Global Drug Fund; however weak drug and commodity logistics systems resulted in episodes of stock-out in health facilities in COP 08. The USG is providing on-going support to develop and strengthen a functional drug and commodity logistics system. However, human resource challenges such as mal-distribution, inadequate skill mix, high mobility, frequent rotation, poor retention of staff, lack of motivation, and poor work environment continue to limit performance and sustainability of TB/HIV programs

USG Nigeria will continue with its priority objective of integrating HCT into DOTS services. In COP09, the focus is to improve diagnosis and management of TB among HIV positive patients using the global 3 "I"s strategy, and to increase access to basic microscopy, TB culture, and Hains PCR assay. The objective of this strategy is to intensify TB case finding among HIV positive patients and to prevent TB infection and transmission of TB among HIV positive patients. The USG will support TB laboratory upgrades through renovation of infrastructure and purchase of equipment, as is elaborated in the laboratory program area submissions. X-ray services will be strengthened to improve diagnosis of smear negative TB while fluorescent microscopy will be used in high workload facilities. The USG will continue to support the provision of services for the detection, surveillance and management of MDR TB.

The USG will continue to collaborate with the GON, WHO, GFATM, Canadian International Development Agency (CIDA), Clinton Foundation, International Leprosy Eradication Partners (ILEP) and other donors to address on-going challenges in TB/HIV implementation. Anti-TB drugs are provided through the WHO Global Drug Fund, and support for continued expansion of DOTS services from the USAID TB funds, CIDA and the Global funds. USG is represented in the Technical Advisory Committee (TAC) of Global fund, national TB planning group, and TB/HIV working group, MDR-TB working group, and TB Laboratory working group. The USG piloted the TB infection control and IPT programs in Nigeria. There is joint monitoring of TB/HIV activities by USG and other donors and stakeholders. The USG TB/HIV technical working group carries out site monitoring in collaboration with state program officers using a standard monitoring tool. All USG partners report data on TB treatment through the national and state control program. The USG has supported the revision of national TB/HIV working tools. The joint USG, GON, WHO, ILEP and GFATM supervisory and monitoring visits help improve the quality of TB/HIV data collection and reporting.

The USG team has indicated its interest in an FY08 multi-country Public Health Evaluation (PHE) that will evaluate whether an enhanced approach to TB diagnosis and the prevention of cryptococcal disease can reduce mortality among persons initiating ART for advanced HIV infection in resource limited settings. If approved, this PHE will continue into COP09 and data collected

from the study will be used to inform strategies to reduce early mortality in TB patients and provide the justification for further evaluation and implementation of point-of-care laboratory diagnostic tests for TB diagnosis.

USG will contribute to the host country leadership of the TB response by supporting the TB control strategic framework (2008-2010) through strengthened human resource development in management and leadership of TB/HIV service delivery, including commodity logistics and laboratory diagnosis. The USG will continue to advocate for increased budgetary commitment by the GON for TB/HIV program to ensure sustainability.

The USG, having pioneered the TB/HIV collaborative program in Nigeria in 2005, is stepping up collaboration with the GON and other stakeholders to improve implementation of the three Is. Through infrastructure building, provision of quality equipment and commodities, training of health workers, upgrading of laboratory and treatment facilities, evaluation of interventions to reduce mortality, and conduct of MDR-TB and TB prevalence surveys the USG TB/HIV program will enhance sustainability of TB/HIV control in Nigeria.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2768.09	Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 5551.28547.09	Planned Funds: \$605,000
Activity System ID: 28547	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, ICAP provided TB/HIV services at 28 hospital networks and initiated linkages with 63 DOTS sites in Cross River, Benue, Kaduna, Gombe, Akwa Ibom and Kogi States.

In COP09, TB/HIV integration activities will be strengthened at existing hospitals and DOTS clinics to provide enhanced TB services at 30 (28 existing and 2 additional) HIV comprehensive care and treatment sites in 6 states (Kaduna, Cross River, Benue, Gombe, Akwa Ibom and Kogi), and HIV services at 70 (63 existing and 7 additional sites) DOTS sites. Working closely with the national and state level TB/HIV technical working groups, National TB Leprosy Control Program (NTBLCP) and state/LGA TB control programs, ICAP will provide services to TB/HIV co-infected patients through point of service laboratory support, development of SOPs/guidelines, and strengthening of TB screening, referrals and linkages both within DOTS sites and between community-level health care facilities and DOTS sites. ICAP, with other implementing partners, will implement the PEPFAR-Nigeria Local Government Area (LGA) coverage strategy in Kaduna, ensuring the provision of TB/HIV services in at least one health facility in every LGA. This will enable the states to approach universal access to TB/HIV services in states designated 'LGA Coverage States'.

ICAP approach to TB/HIV collaborative activities will focus on the three "I"s including: Intensified TB case finding among people living with HIV/AIDS (PLWHA), Isoniazid Preventive Therapy (IPT) and TB infection control.

Intensify TB case finding

ICAP will intensify TB case detection amongst HIV infected patients by screening for TB at various points of service (such as voluntary counseling and testing centers, PMTCT, Out Patient Departments and wards); conduct TB screening of contacts of smear positive index cases; use of fluorescent microscopy and support for the radiological diagnosis of TB. ICAP will strengthen TB/HIV referrals by utilizing LGA Tuberculosis/Leprosy supervisors and Peer Health Educators for escort services. Non-HIV positive members of CBOs will be encouraged to act as TB treatment supporters.

Isoniazid Preventive Therapy (IPT)

All TB/HIV co-infected patients will be provided with cotrimoxazole (CTX) prophylaxis and linked to other palliative care services and prevention messaging (including balanced ABC messaging as appropriate). ICAP will support standardized TB screening and case finding in 17,437 HIV infected patients using structured symptom checklists and the national algorithm. ICAP will facilitate access to TB DOTS services for co-infected patients identified through ART clinics and will facilitate access to HIV treatment and care for co-infected patients identified through TB DOTS clinics. It is expected that this will result in the treatment of TB in at least 3,700 HIV positive patients. DOTS facilities will be supported to provide HCT to at least 2,166 clients, of whom it is expected that 650 will be diagnosed with HIV. TB patients will be encouraged to bring contacts for early TB case-finding, and HCT preventive therapy (IPT). One hundred and fifty HIV positive patients will be provided with IPT services in line with the GoN guidelines.

Five ICAP TB/HIV advisors will be provided with formal TB/HIV training to enhance their productivity. A total of 60 ICAP staff and facility-based medical officers will undergo training on x-ray diagnostic skills. A total of 50 ICAP staff and facility-based laboratory officers will be retrained on good sputum specimen collection and laboratory AFB sputum smear diagnosis to enhance their diagnostic capabilities. Refresher HCT trainings will be provided for TB care providers to ensure quality of counseling and testing. Service provision will also be improved through capacity building of health care providers with the GoN and other USG implementing partners and International Federation of Anti-Leprosy Associations (ILEP) partners through training programs conducted at TB training laboratories. Across the various TB/HIV training activities, it is expected that a minimum of 166 individual trainees will be directly reached in collaboration with NTBLCP. In addition to current practices, ICAP will implement the national guidelines for External Quality Assessment.

Infection control

Nosocomial transmission of TB will be mitigated through attention to principles of TB infection control, including administrative and environmental control measures such as clinic design, good ventilation, appropriate patient triage, staff training, and enforcement of basic hygiene and proper sputum disposal. Patient and staff education on infection control measures will be routinely carried out to ensure program success. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on infection control will be implemented in all ICAP supported sites. There will be also be onsite trainings of triage nurses on fast tracking to enable identified co-infected patients receive care as soon as possible and reduce risk of nosocomial transmission of infections. Peer Health Educators (PHE) will be trained and retrained to include and reinforce positive prevention messages including cough etiquette in health talks. IEC materials and job aids will be developed /adapted and distributed to reinforce behavior change messages. ICAP will support NTBLCP in the development of clinical support tools/job aids, national registers and referral forms for recording/reporting systems, and in the production of IEC materials. ICAP will also support the utilization of the updated NTBLCP recording and reporting formats that captures HIV information by the TB program.

Support will be provided to at least 70 DOTS (30 hospital and 40 non-hospital) sites to initiate and/or enhance provider-initiated HIV counseling and opt-out testing for TB patients and suspects and strengthen referral linkages from the DOTS sites to care and anti-retroviral treatment (ART) centers through partnering with CBOs/NGOs/FBOs and PLWHA groups. The TB DOTS sites will be supported to provide holistic patient care according to National and Integrated Management of Adolescent and Adult Illness guidelines. Sites will be assisted to put in place and/or improve defaulter tracking mechanisms. ICAP will also support the state TB programs to put in place functional mechanisms to identify and manage drug resistant TB. ICAP will support referrals of TB treatment failure cases to zonal culture laboratories. Collaboration will continue with GON, other PEPFAR implementing partners, International Federation of Anti-leprosy Association partners and relevant organizations (eg. TBCAP), to rapidly scale-up TB/HIV integration activities at ICAP supported sites. TB/HIV coordinators will facilitate sites' activities in collaboration with state/LGA TB focal persons.

Activity Narrative: ICAP will also work closely with the SCMS mechanisms in country to procure equipment and supplies for its supported TB/HIV integration sites, and \$45,000 has been placed in the SCMS mechanism for this purpose. ICAP will upgrade facilities through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables (e.g. TB microscopy reagents, sputum containers). To ensure continuous availability of drugs and commodities in supported sites, ICAP will strengthen the logistics management of the states and LGAs in areas of operation.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ICAP will contribute to the overall program goal of enhancing integration of TB/HIV activities by enabling at least 3,700 HIV-infected patients to receive TB treatment. As part of the sustainability plans of the GoN and in line with the 5-Year Strategy, at least 166 health care workers will receive TB orientation training. ICAP will also ensure that GoN structures are strengthened and integrated through joint capacity building of StateAction Committee against AIDS, Local government Action Committee against AIDS and NTBLCP, states, and LGA TB supervisors for effective program management including joint supportive supervision. ICAP will help provide basic tools and equipment to reactivate non-functional DOTS sites in focus states. ICAP will ensure that activities are implemented with the full participation of other government partners especially German Leprosy Relief Association and Netherlands Leprosy Relief to promote sustainability and facilitate equity and synergy in line with GoN plans.

LINKS TO OTHER ACTIVITIES:

This activity also relates to ART, Palliative Care, Orphans and Vulnerable Children, Voluntary Counseling and Testing and PMTCT, AB and sexual prevention. The focus is on ensuring adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services, to ensure that all HIV patients are screened for TB, and to enable all HIV-infected patients with TB to access services at DOTS clinics. Similar services will be made available to OVCs and PMTCT clients. In collaboration with other relevant partners/organizations, ICAP in COP09 will facilitate linkage of clients to other support services such as micro credit and nutritional support.

POPULATIONS BEING TARGETED:

ICAP will support activities to encourage all patients in related communities living with TB to bring family members and household contacts to the clinic, particularly children (five years and younger), to enhance screening, early diagnosis and prompt treatment for positive cases. In collaboration with NTBLCP and other TB supporting partners, ICAP will establish TB/HIV services for clients in prisons located within the ICAP supported LGAs, and facilitate linkages to care and treatment clinics. Health care workers in both public and private sectors will be trained to provide high quality TB/HIV integrated services. Other targeted populations will include OVC, pregnant women and PLWHAs.

EMPHASIS AREAS:

A major area of emphasis is on human capacity development through the training of health care providers on TB/HIV integration services. Health care providers will be trained to provide counseling and testing services, care and treatment, screening for TB, and referrals between care and treatment centers and DOTS sites. Other emphasis areas include local organization capacity building, SI and gender.

ICAP will work with the relevant agencies and organizations to enhance policies that will ensure that clients located within ICAP supported sites have access to adequate and integrated TB/HIV services, thereby promoting equitable access to care and treatment programs, especially for women, children, underserved and incarcerated populations in all the served states.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13026

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13026	5551.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$1,121,750
6696	5551.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$859,075
5551	5551.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$502,500

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$279,190

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9408.09

Prime Partner: Christian Health Association of Nigeria

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 25651.09

Activity System ID: 25651

Mechanism: USAID Track 2.0 CHAN

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$120,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP08

In COP08 the Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) project supports integrated TB/HIV services at 12 CHAN member institution sites and will consolidate TB/HIV integration at these sites in COP09. Structured under a hub and spoke network model, TB DOTS sites will be supported to provide HCT services for TB patients for a total of 12 sites in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba in COP09.

The integrated management of HIV/TB co-infected patients at CHAN NICaB points of service (POS) will remain a major focus. TB screening and diagnosis follows the national algorithm and is in line with national guidelines. At ARV points of service (POS), patient record forms have been modified to prompt for TB screening indicators and site level training of health workers is on utilization of symptom history including chronic cough, fever, weight loss, or night sweats to prompt referral for TB evaluation. Eligible TB/HIV patients will also receive Cotrimaxazole Preventive Therapy (CPT). The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines. In addition, HIVQUAL will be utilized as a clinical quality indicator and improvement strategy at sites.

Under COP09, CHAN NICaB will support HCT for 400 clients being evaluated for TB at 12 DOTS points of service. These will be mainly DOTS centers at comprehensive care sites. Of these, it is expected that 130 of those getting HCT will have TB. CHAN NICaB will reach a total of 130 TB/HIV co-infected patients with TB treatment. Infection control at health centers is a priority to limit nosocomial transmission of TB to HIV+ patients. Basic hygiene, proper sputum disposal, and good cross ventilation at clinics will be promoted. Facility co-location of TB/HIV services is preferred to clinic co-location. National guidelines on infection control for co-located sites will be implemented at all sites.

In COP09, DOTS staff at targeted centers will be trained on the National testing algorithm using the National HCT training curriculum. Training will be conducted by CHAN NICaB program staff. In line with provider initiated testing and counseling policy, all clients presenting to DOTS centers will receive HIV pre and posttest counseling with rapid testing carried out using an opt-out approach to provide same day results. Those testing HIV+ will be referred for further evaluation and care to an ARV point of service within the network. CHAN NICaB hospital coordinators and other program staff will ensure referral linkage for DOTS stand alone sites.

A minimum of 24 TB DOTS staff from CHAN NICaB will be trained in HCT in a TB setting and refresher trained in smear microscopy. Twelve senior site physicians will be trained in a training of trainers focusing on diagnosis and management of TB/HIV co-infection. They will each train a minimum of 5 health care workers at their respective sites for an indirect target of 60.

CHAN NICaB will also work with SCMS in country to procure equipment and supplies. Commodity management of HIV test kits and supplies will be provided by CHAN Medipharm in collaboration with SCMS using the current CHAN NICaB distribution system. CHAN NICaB will upgrade facilities through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables. In collaboration with SCMS, CHAN NICaB will strengthen the pharmacy services at supported TB DOTS sites to improve forecasting and avoid stock outs and will work with sites to determine if stock outs are due to facility level or government level TB logistics issues.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Training and support to improve the quality and integration of TB/HIV services are consistent with Federal Ministry of Health (FMOH) and PEPFAR priorities. Activities will be carried out collaboratively with FMOH and state MOH to promote sustainability through capacity development and integration into the health sector system. COP09 activities will focus on sustainability of the national training program and the national model facility for laboratory diagnosis and clinical care with a decreasing dependence upon CHAN NICaB technical expertise.

LINKS TO OTHER ACTIVITIES:

HCT targets in this section are not included in the testing target in the HCT narrative and those in the HCT narrative do not overlap with these targets. This activity is linked to HCT, Adult ART, Care and Support, Pediatric Care & Support, OVC and ARV services, lab, and SI. CHAN NICaB will expand HIV treatment access to community venues including DOTS centers, an approach that will also strengthen treatment adherence for both TB and HIV and articulate TB and ARV services to promote seamless transition from TB to HIV treatment and care. Linkage to TB diagnosis and treatment is an important component of adult BC&S and OVC services. Linkage to ARV services and proper management of patients requiring ARV and TB medications is a focus.

TARGET POPULATIONS:

Persons at risk, including household members of known patients, people who have documented TB, OVC, pregnant women and PLHA are targeted. Screening of close household members for both HIV and TB will promote a public health strategy reaching populations at risk with diagnosis and services. ARV services are offered to HIV+ infants/children and adults with TB. Doctors, nurses, laboratory workers community outreach workers, GON staff, and DOTS staff are targeted for training in mission and private-for-profit health facilities.

EMPHASIS AREAS:

Emphasis areas include construction and renovation, human capacity development, capacity building of local organizations, and TB related wraparound programs. This activity focuses on the issue of wraparound as the activity relies upon non-PEPFAR TB funding and promotes linkage with HIV-specific programs to ensure that comprehensive services are available to TB/HIV co-infected persons.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9878.26057.09

Planned Funds: \$340,000

Activity System ID: 26057

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality TB/HIV related commodities. SCMS activity under this program area covers the procurement and also the shipment, distribution and delivery of medical supplies and equipments used in TB/HIV services, including diagnostics and lab supports, consumables and non medical supplies needed to run TB/HIV services, as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

Given the need to provide appropriate TB testing for HIV+ clients and for providing HIV testing to TB suspects and patients, the USG team is providing \$55,000 to SCMS for procurement of rapid test kits for the PEPFAR partners active in the TB/HIV service provision, including CEDPA, CHAN, FHI/GHAIN, LMS-ACT, SFH, TBCAP, DoD, Harvard School of Public Health, IFESH, University of Maryland, Columbia University/ICAP, CRS AIDSRelief, ECEWS, Africare, Vanderbilt, APIN+, and URC. In addition, in line with funds directly allocated into SCMS on their behalf, additional relevant commodities, supply chain assistance, and technical assistance in the area of TB/HIV will be provided to DoD (\$100,000); Columbia University/ICAP (\$45,000); University of Maryland (\$127,500); and URC (\$12,500).

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. In COP09, Supply Chain Support Teams (SCSTs), to be made up of technical SCMS staff and GoN or IP staff as appropriate, will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be negotiated with URC, ICAP, UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. Centrally procured test kits for all HIV Counseling and Testing partners will utilize the SCMS warehousing option as point of centralized distribution. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the longer term warehouse facility (which will be acquired in COP09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

Pediatric TB/HIV patients have not received adequate coverage in previous years partly because pediatric TB formulations were not readily available in country. In COP09, to ensure their proper management, USG-supported sites will improve case finding and fund sites to ensure improved logistics and provision of pediatric formulations for all co-infected children. The USG will also support the development of a national diagnostic algorithm for pediatric TB, the administration of pediatric anti-TB formulations and the training of healthcare workers in diagnosis and management of pediatric TB/HIV, and SCMS may play a role in facilitating access to these drugs and related supplies.

Under this program area, SCMS does not have targets of its own but supports all the participating partners in reaching their planned targets.

EMPHASIS AREA:

Institutional capacity development

New/Continuing Activity: Continuing Activity

Continuing Activity: 13082

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13082	9878.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$1,478,000
9878	9878.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$512,600

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4133.09	Mechanism: HHS/CDC Track 2.0 Africare
Prime Partner: Africare	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 26743.09	Planned Funds: \$150,000
Activity System ID: 26743	

Activity Narrative: ACTIVITY DESCRIPTION

The incidence of all types of TB in Nigeria is estimated to be 290/100,000 population and the incidence of smear positive cases at 125/100,000 population. An estimated 616/100,000 persons are currently living with TB disease. DOTS coverage by the national program has been estimated at 75% (target is 100%). The case detection of sputum smear positive TB cases within DOTS areas is estimated at 27% (target is 70%). The treatment success of these patients is 75% (target is 85%) and about 9.3% of the total TB cases are retreatment cases.

The TB/HIV co-infection rate in 2007 was 30-40% among HIV infected patients, thus about 1 million adults are living with both HIV and TB infections. A national survey is being planned to determine the true rates and pattern of MDR-TB in Nigeria (which has been estimated at 1.9% by WHO) and the 2006-2010 national strategic framework of the NTBLCP has identified control of MDR-TB as a key priority.

In COP08 Africare supported 10 TB/DOTS sites in 3 states; Lagos, Rivers and Bayelsa. During this period, Africare provided HIV related palliative care services to 7,170 adults and 2,000 children including PABA'S and 850 HIV positive clients attending HIV palliative care services received treatment for TB disease. Africare provided logistics and transportation support to ensure drugs were available to facilities and prevent stock-outs. Staff at TB/DOTS sites were trained to provide HCT as well as basic care and support services to co-infected clients whom they also actively referred into treatment and supported. The HCT program was fully integrated into the TB/HIV program and all TB/HIV co-infected patients were being referred for care and treatment at both TB and HIV treatment centers. The project provided HCT to 5,000 people in DOTS sites, and 500 of these clients were diagnosed with TB

In COP09 Africare will expand its TB/DOTS services to include 3 more facilities all primary health care centers designated as TB/DOTS sites, one in each state. Africare will work with the state TBLCPC to strengthen these sites for maximum efficiency. Five hundred individuals including TB suspects will receive HCT services in the TB settings with results provided. All newly diagnosed HIV Patients at the TB/DOTS sites will immediately be counseled and started on co-trimoxazole prophylaxis (CPT) and actively referred into designated treatment centers to obtain CD4 counts. Clients will be followed up by community-based organizations linked into comprehensive care network to ensure adherence to care and TB as well as ARV treatment. Family contact tracing will be done so that all patients presenting in DOTS centers are counseled and tested for HIV and their contacts and family members are traced and provided TB screening and HCT, as part of the focus on most at risk populations and family centered approach to comprehensive HIV care services.

Emphasis will remain on the implementation of the global strategies of 3 "I"s for TB/HIV management- Intensified TB case finding among HIV positive patients, INH prophylaxis and TB infection control as well as provider initiated counseling. More attention will be paid to intensified case finding as Africare does not provide ART services. In line with available services at existing Africare supported TB/DOTS sites, counselors at the new sites will be taught to administer TB screening questionnaires to all clients who test positive for HIV at the HCT centers. This will determine the need for further TB diagnostic testing. All sputum positive patients will also receive HCT services on site. TB/HIV co-infected clients will be linked into basic care and support services, which include: clinical and laboratory diagnosis, home based care and psychosocial and spiritual support. HAART eligible clients will be referred to nearby partner treatment sites linked by support and referral networks into the TB/DOTS sites. Africare will produce IEC materials for use by health workers. Volunteer care givers and peer educators will educate beneficiaries on basic TB infection control, basic hygiene, ventilation and adherence to medication. Pediatric TB/HIV will be incorporated as part of TB/HIV palliative care. These services will be linked to maternal support groups, OVC support groups and care centers; thus all children living with HIV will also be actively screened, and receive diagnostic testing for TB, aimed at ensuring proper management of pediatric TB/HIV patients through improved case finding and provision of pediatric formulations.

As in the past, HCT and TB screening will be supported on clinic days at the PHCs, and referrals made for laboratory diagnosis. TB clients with HIV will be linked to the project's care and support services, which include clinical and laboratory diagnosis, home based care, and psychosocial and spiritual support. Clients who are due for HIV treatment will be referred to ART sites in the network.

Africare will also continue to support HCT outreaches to prison inmates, military and police barracks in Rivers state, again focusing on most at risk populations for TB and providing linkages for all who test positive or are co-infected into care at designated centers, ensuring CD4 counts are completed and clients are further actively referred into treatment

In COP09, Africare will minimally upgrade infrastructure at the 3 new PHCs, providing basic renovations for the TB/DOTS sites upgrading equipment and procuring supplies and consumables as needed. Africare will provide logistics support to ensure that drugs and other essential commodities including reagents are moved from the state central stores to sites and will work with the National TB and Leprosy Control Program (NTBLCP) to ensure that drugs are made available at sites to avoid TB drug stock outs.

At the health facility and community levels, infection control education will be emphasized according to National TB infection control guidelines. Nosocomial transmission of TB will be mitigated through attention to principles of TB infection control, including administrative and environmental control measures such as clinic design, good ventilation, appropriate patient triage, staff training, and enforcement of basic hygiene and proper sputum disposal. Patient and staff education on infection control measures will be routinely carried out to ensure program success, as part of continuing medical education activities for health care workers and support group meetings for clients and families.

Africare will train health care providers within the health facilities, who will in turn train mobile counselors and volunteers using the approved national training curriculum. A total of 17 care providers will be trained and educated to screen for TB among HIV+ clients. Training of medical staff will also include x-ray diagnostic skills, good sputum specimen collection and laboratory AFB sputum smear diagnosis to enhance

Activity Narrative: diagnostic capabilities. Good laboratory practices will be ensured through the implementation of the existing National Guidelines for External Quality Assessment. Routine laboratory investigations will be conducted for health care workers providing TB/HIV services. TB/HIV facility staff will also be trained on adherence counseling in order to prevent MDR TB

With the use of GON tools including registers and treatment cards, Africare's M&E staff and trained volunteers and health care providers will track activities at project sites. Africare will build the capacity of health care providers and CBOs/FBOs to ensure sustainability. All providers will be given manuals/SOPs adapted from existing national guidelines to assist them in service provision. Sites will also be assisted to put in place and/or improve defaulter tracking by setting up facility based support groups which would be linked into the other activities supported on site including OVC and pregnant women support groups to ensure cohesion and a family and community centered approach to integration of care.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Africare's TB/HIV program will build the capacity of the health facilities on TB/HIV management. The integration of HCT into the TB treatment services will afford HIV+ clients the opportunity to know their TB status early. Conversely, increased availability of diagnostic counseling and testing services in medical settings will assist to identify the number of clients with TB/HIV who are potential candidates for HIV treatment and care services. The TB treatment program by NTBLCP will strengthen the project's palliative care program. Training of mobile counselors and volunteers on screening for TB will assist early diagnosis of TB. The outreach programs will also ensure that services reach the underserved in the communities. This activity will also contribute to the national plan of early diagnosis of TB/HIV and referral/linkages to care.

LINKS TO OTHER ACTIVITIES

Africare's TB/HIV program is also related to Basic Care and Support, Counseling and Testing, Other Prevention, AB, OVC, and Strategic Information. TB patients who are HIV+ will be counseled on prevention for positives while those who are HIV- will be given prevention messages as well. The project will ensure that clients for TB diagnosis receive HCT services on site, and those who are HIV+ enroll in the project's care and support program. The home based care program for clients will provide basic care kits, prophylaxis for minor ailments, spiritual counseling and other support. Clients will also be referred to ART sites for treatment. The TB/HIV program will assist in strengthening the capacity and practices in health facilities to screen, diagnose and treat HIV infected patients for TB, which is an essential component of quality care in HIV program. The networks and linkages established with CBOs/FBOs, state and local authorities will close gaps in the provision of services to the communities. This will help reduce new infections.

POPULATIONS BEING TARGETED

The TB/HIV activities specifically target HIV+ clients and those who may be at risk of infection such as their family members and close contacts. Activities will target young people, adults, pregnant women, transport workers, mobile populations and other most at risk populations. Project activities will include testing for TB among caregivers and family members of TB/HIV patients and provision of information on TB case management. Medical staff in the health facilities and volunteers from partner organizations would be trained on TB management especially among PLWHAs. Similar training will also be made available to the support groups, local groups and care givers of PLWHA in project communities.

KEY LEGISLATIVE ISSUES ADDRESSED

Africare's TB/HIV program will help increase gender equity in programming by ensuring that equitable number of men and women participate in program activities. Stigma and discrimination of PLWHA contribute to the problems of disclosure by those infected, either to partners or family members. Activities will support programs targeted at reducing stigma and discrimination in the project communities, which will encourage care and support for PLWHAs. The project will use strategies that address other social norms of women and men's behavior in the communities that increase their vulnerability to impact of HIV and TB. Such strategies include the involvement of men as peer educators, counselors and support group members.

EMPHASIS AREAS

Major emphasis will be on human capacity development through training of facility based staff on TB/HIV in view of the regular staff turnover, TB prevention for HIV positives through procurement of cotrimoxazole and INH prophylaxis. Minor emphasis will be on pediatric TB/HIV formulations, increasing gender equity in HIV/AIDS programs and health related wrap around programs, integrating child survival activities with TB care and treatment at facility level.

COVERAGE AREAS

Activities will be carried out at primary health facilities (providing community level health care services) to ensure continuum of service provision. Sites are located in states chosen based upon high incidence rate and geo-political distribution. These states include Rivers and Bayelsa (South-South zone) and Lagos (South West zone). HCT outreaches will be streamlined to target populations e.g. military/police populations (barracks), refugee/internally displaced populations for prompt case detection and urgent diagnostic and treatment interventions.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,862

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 1561.09**Prime Partner:** US Centers for Disease Control and Prevention**Funding Source:** GHCS (State)**Budget Code:** HVTB**Activity ID:** 18832.25975.09**Activity System ID:** 25975**Mechanism:** HHS/CDC Track 2.0 Agency Funding**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Care: TB/HIV**Program Budget Code:** 12**Planned Funds:** \$226,006

Activity Narrative: ACTIVITY DESCRIPTION: This activity is a continuation from COP08. Under COP09 there is a new emphasis on the provision of the “Three Is” and an increasing focus on MDR TB response, particularly in the co-infected population.

The TB/HIV team, working with the wider PEPFAR TB/HIV team and with Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the TB/HIV interventions and services.

This HVTB activity relates directly to all HHS Nigeria TB/HIV COP09 activities (see ID references in the narrative below).

The USG team in Nigeria through HHS/CDC will utilize TB/HIV funds to support two full time TB/HIV program officers and one half Lab program officer for the HHS/CDC Global AIDS Program (GAP) Office Clinical Care Unit in Nigeria. Each of these qualified FSN officers (one Senior Program Specialist, one Program Specialist and one TB/HIV Laboratory Technician) will take a leadership role in identifying additional local partners suitable for PEPFAR support in order to expand integrated and sustainable TB/HIV activities. The budget includes funding for two and a half FSN salaries, limited international and required domestic travel, training and minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members will be supervised by a Senior Clinical Services Manager across all Care and Treatment program areas funded under HHS/CDC M&S.

They will be responsible for providing strategic leadership and technical support to the Government of Nigeria as well as to USG (CDC, USAID and DoD) partners including: University of Maryland-ACTION, Harvard School of Public Health, AIDSRelief, Columbia University School of Public Health-ICAP, Dept of Defense, Africare, IFESH, ECEWS, Vanderbilt University, APIN LLC, URC, Society for Family Health, GHAIN, TBCAP, CEDPA, CHAN, LMS Leader, and LMS Associates. The objective of this support is to develop and efficiently implement the USG’s PEPFAR TB/HIV strategy and the TB/HIV 5-year strategic plan recently developed by the Government of Nigeria. These strategies call for integrating TB and HIV services to allow TB patients to be counseled and tested for HIV and referred to HIV care as appropriate, and for patients infected with HIV to be adequately screened for TB and linked with care and treatment. Specific activities are the establishment of quality TB DOTS services at all HIV care points of service and the availability of confidential HIV counseling and testing at TB points of service supported by PEPFAR.

The team will also continue their leadership and participation in an MDR TB surveillance activity started under COP08 and a PHE. The team’s responsibilities include: 1) representing the USG in technical discussions with the GON, particularly with the National TB program 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with OGAC technical working groups, and 4) interfacing with the USG TB/HIV Technical Working Group headed by CDC. They will also coordinate USG TB/HIV activities with other key TB and HIV initiatives such as the Global Fund Against HIV/AIDS, TB, and Malaria, The World Health Organization (WHO) and The International Association of Anti-Leprosy Association (ILEP) in Nigeria.

The TB/HIV program officers will represent HHS/CDC as part of the USG team on the National TB/HIV Working Group. This group has the mandate to provide national leadership for TB/HIV strategy, program development, and implementation. They will also work in coordination with the USAID TB/HIV staff and their partners (noted above). This coordination will be in the form of joint work plans, regular meetings and communication between agencies, and joint internal and external TA to partners.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18832

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18832	18832.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$1,300,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5267.09 **Mechanism:** USAID Track 2.0 CEDPA
Prime Partner: Centre for Development and Population Activities **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 12373.24878.09

Planned Funds: \$90,000

Activity System ID: 24878

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

As part of the exit strategy, CEDPA intends to strengthen institutional capacity of their selected IAs to develop sustainable programs. These activities will involve:

- Build the organizational management systems and leadership skills of the CBOs and FBOs to optimize the delivery of TB/HIV services at the community level.
- Facilitate formation and/or strengthening of networks and linkages in community/home based care services to health care facilities.

ACTIVITY DESCRIPTION:

This activity also relates to HBHC (9839), HVOP (9779), HVAB (9759), HKID (12378). The TB component of Positive Living (PL) will address the increasing TB case load among HIV positive persons by increasing access to treatment and improving treatment outcomes. This activity will link TB and HIV prevention, care and treatment activities at community and primary health care level.

In collaboration with state TB control programmes, PL will build the capacity of 36 CBOs/FBOs and six NGO/FBO owned primary health facilities to expand community based TBHIV services to an additional two states making a total of 14 states (Bauchi, FCT, Lagos, Kano, Anambra, Edo, Enugu, Taraba, Adamawa, Niger, Cross River, Imo, Kogi and Benue) in COP 08. All sites will be provided with necessary facilities that will ensure holistic patient care according to IMAI guidelines. These services will provide a network, linking facility-based TB/HIV services provided by GHAIN in secondary facilities with primary and community based services. A total of 6,554 HIV infected clients receiving TB treatment in GHAIN supported sites will have access to community based TB/HIV activities.

The 36 CBOs will contribute to TB/HIV care in the following ways: 1) provide treatment support services through out-patient treatment until cure; 2) provide patient, family and community education on TB/HIV co-infection; 3) complement case finding efforts of traditional facility-based TB treatment programs; 4) increase accountability of local health services to the community; and 5) lobby the state and local authorities for increased commitment to TB/HIV control, including through work practice, administrative and environmental control measures. A total of 30 individuals will be trained to provide treatment for TB to HIV-infected individuals while 1,800 community health workers, home based care volunteers and peer educators will be trained in TB/HIV education, care and support including adherence to TB treatment regimens. Family members (two per PHA) will be given basic skills to provide continuous care and support.

PL will support a total of six community-based clinical facilities to handle TB management and to provide basic laboratory and community services for HIV positive persons. Following assessments, PL will assist health facilities to do basic renovations, to purchase equipment and laboratory reagents, to develop storage space for drugs and commodities and to write up and publish infection control plans. In addition, clinics will be assisted to augment extant quality assurance standards, particularly by implementing Nigerian national guidelines for external quality assessments (double-blinded slide rechecking).

Medical officers from community-based clinical facilities will be trained in X-ray diagnosis of TB while laboratory technicians/scientists will undergo training in sputum smear microscopy. This activity will ensure that 800 HIV positive persons and their family members are referred and supported to access routine screening for TB. It is anticipated that 300 HIV positive persons will require treatment for TB. Co-infected TB/HIV patients will be linked to medical services at GHAIN, other USG-funded health care facilities and DOTS centers. Communities will have increased knowledge on prevention and control of TBHIV and increased capacity to provide care and support for dually infected patients.

PL IAs will counsel partners and family members of HIV/TB patients and refer them for TB screening. In the process partners/family members will be linked to appropriate care and support services. TB/HIV activities will be integrated into ongoing palliative care (HBHC #9839) and prevention programs (HVAB and HVOP). HBC volunteers will be trained to recognize TB symptoms and danger signs; to conduct proper referral of PHAs for TB screening and treatment; to provide home-based nursing care, infection control, follow-up and adherence counseling; and to trace clinic defaulters. Care coordinators at CBOs will undergo mandatory clinical TBHIV training and in supportive supervision. Care coordinators will supervise HBC volunteers, and provide continuing education during volunteer meetings. This activity will incorporate standard operating procedures; training manuals and IEC materials will be adapted and updated. The ELICO maps model will be adopted to help HBC volunteers keep track of individuals and families they visit, and organize follow-up. Project activities will be properly documented at every stage of implementation.

Using standardized forms, M+E officers collect data monthly, detailing numbers/demographics of clients reached and messages provided. This provides timely information for effective decision making, particularly regarding the breadth and depth of TB/HIV coverage. TB/HIV M+E activities will develop sustainable capacity at IAs and MOs to collect relevant data. Direct M+E expenditures by PL, MOs and IAs will total \$ 55,686.

POPULATIONS TARGETED:

Referral for TB/HIV screening will be done for all PHAs who will be enrolled into the care and support program in the four PL states. Their family members will be recommended for screening as well. PHAs infected with TB will be linked to DOTS centers and supported for drug adherence. Healthcare providers at DOTS centers and other PHCs will be facilitated for training and re-training in TB prevention and management. Family and other community members will be provided with information on TB and infection control.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to prevention and control of TB among HIV positive persons. HIV positive persons will be screened for TB by members of their communities and referred for treatment. In a pioneering effort, treatment support will be provided to HIV positive patients on TB treatment to ensure completion of treatment and prevent the onset of drug resistance. Community linkages will strengthen facility based TB/HIV service providers' collaboration.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

TB/HIV activities will be linked to activities in HVAB (3.3.02) and HVOP (6735, 6707) through community and faith-based organizations and to CEDPA's palliative care program for follow up and psychological and spiritual support. These linkages will ensure that all TB/HIV patients are provided with co-trimoxazole preventive therapy (CPT) and other prophylaxis for opportunistic infections. TB/HIV activities will be linked to HVSI (3.3.13) with improved tools and models for collecting, analyzing and disseminating TB/HIV data, and also to the newly approved NTBLCP tool for reporting. TB/HIV efforts will also support HVCT (3.3.09) activities to ensure that counseling and testing is done for all TB cases; and to MTCT (3.3.01) to ensure that HIV positive pregnant women are screened for TB.

EMPHASIS AREAS:

This activity has an emphasis on human capacity development and local organization capacity building. All support activities are undertaken in collaboration with the STBLCP.

This activity will address infection control and gender and age equity by providing TB/HIV information and services at community levels. This will ensure access to TB/HIV services for PHAs who are on ART and other community members – especially women - who may otherwise not know their risk of TB infection. Educative and preventive messages targeted at children (10-14), young people (15-24) and adults will address the importance of TB prevention and care. The thrust will be to ensure that all population cohorts seek TB/HIV services in a timely manner. A secondary activity will be to train community outreach workers to deliver such messages effectively.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13015

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13015	12373.08	U.S. Agency for International Development	Centre for Development and Population Activities	6368	5267.08	USAID Track 2.0 CEDPA	\$482,000
12373	12373.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$482,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$19,850

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6171.09

Prime Partner: Tuberculosis Control
Assistance Program, KNCV
Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12423.24935.09

Activity System ID: 24935

Mechanism: USAID Track 2.0 FS TB CAP

USG Agency: U.S. Agency for International
Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$1,500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Nigeria, with a population of about 140million people (2006 census), ranked 5th among the 22 high TB burden countries in the world and 2nd in Africa (2008 TB Global report). A total of 86,241 TB cases were notified in Nigeria during 2007, representing a case notification rate of about 62/100,000 population. The TB burden in the country is further compounded by the high HIV/AIDS prevalence. The prevalence of HIV/AIDS among TB patients increased from 2.1 in 1991 to 19.1 in 2003 (National sentinel survey), and is now estimated to be 27% (2007 TB Global report) which indicates that the TB situation will continue to be HIV-driven.

The deadly interaction of TB and HIV affects millions of people in Nigeria, threatens public health, and stretches the already weak health sector infrastructure. TB is the leading cause of morbidity and mortality among People Living with HIV/AIDS (PLWHA), and HIV is fuelling the epidemic of TB in Nigeria. About 32% of the notified TB cases in 2007 had access to HCT (2007 NTBLCP report), hence the need for further expansion and strengthening of TB/HIV services towards reaching the universal access of care for co-infected patients.

The planned activities for COP09 are linked to the goal of reducing the burden of TB and HIV in dually affected populations and the three objectives of the WHO Interim Policy on Collaborative TB/HIV activities which are: establishing mechanisms for coordination at all levels; reducing the burden of TB in HIV patients; and reducing the burden of HIV among TB patients. The COP09 will place emphasis on TB infection control measures while scaling up services to prevent transmission of TB. Another chief concern is MDR-TB, with a current estimated prevalence of 1.9% and 9.3% among new and re-treatment TB cases respectively (2008 WHO Global report).

TB CAP will use COP09 funds to continue to provide technical assistance to federal and state TB and HIV control programs to coordinate and scale up implementation of TB/HIV collaborative activities at the National level and in the current 24 states. TB/HIV activities will be initiated and implemented in 80 additional DOTS centers from the existing 24 states, 12 ART sites and 12 community based organizations providing HIV/AIDS care and support services.

The key intervention areas for COP09 will be to:

1. Strengthen capacity at National, State, LGA and facility levels to effectively coordinate and manage TB/HIV collaborative activities
2. Scale up of TB/HIV collaborative activities
3. Involve community and faith based organizations in the implementation of the TB/HIV activities
4. Strengthen implementation of the 3Is in Nigeria

Support for MDR-TB (through WHO) and TB Drugs Logistics (through MSH) will be covered by the work plan on TB DOTS Expansion. TBCAP has streamlined its activities under Child Survival Funds and PEPFAR Funds among all country projects. Support for MDR-TB and TB Drug Logistics will be covered by the work plan. Only specific TB/HIV activities as TB/HIV Capacity Building, expansion of collaborative activities, implementation of the 3 Is (including infection control) and involvement of CBOs and FBOs already working in the field of HIV/AIDS will thus fall under the COP09 application.

The Key activities that will be supported include:

Strengthen capacity at National, State and LGA levels to effectively coordinate and manage TB/HIV collaborative activities:

DuringCOP08, TBCAP collaborated with Scientifico di Tradate, Italy to develop the skills of the national facilitators from NTBLCP and NASCP in building capacity for TB/HIV management and leadership in Nigeria. UnderCOP09, TBCAP will undertake the following activities:

Build capacity for State TBL Control Officers, State TBL supervisors and State HIV/AIDS Programme Managers from 12 states on TB/HIV Leadership and management using the existing pool of facilitators; Build capacity for 2 newly recruited programme staff each from NTBLCP and the HIV/AIDS Division of the Federal Ministry of Health (FMOH) on TB/HIV leadership and management using the existing pool of facilitators;

Support quarterly meetings of National TB/HIV working group;

Support quarterly meetings of State TB/HIV working groups in 24 states;

Support quarterly meetings of LGA TB/HIV working groups in 24 states; and

Support formation and monthly meetings of facility based TB/HIV coordinating committees in 204 Health facilities.

Scale up of TB/HIV collaborative activities to 80 additional DOTS centers in 40 LGAs:COP09 will support FMOH to scale up services to 80 additional DOTS centers from 20 LGAs in line with the NTBLCP & NASCP scale up plan and in close collaboration with the International Federation of anti-Leprosy Associations (ILEP) members in particular and other collaborative partners. The goal of this activity is to increase access to TB/HIV services in the 24 states currently receiving support from FMOH with PEPFAR grants through TBCAP in the implementation of TB/HIV collaborative activities while maintaining activities in the existing centers. Provider initiated HIV testing and counseling services will be established in 80 additional DOTS centers. One hundred and sixty general health workers from these facilities will be trained to provide DOTS and health care provider initiated testing and counseling for TB suspects and patients. The workers will also have the capacity to diagnose HIV in TB suspects, treat HIV positive persons with active TB, provide Cotrimoxazole preventive therapy(CPT) and referral to ART clinics and care and support services. The national HCT training curriculum will be used for CT training.

In addition, 80 laboratory staff from the identified 40 TB microscopy centers will be trained to conduct AFB microscopy, carry out HIV testing in line with the national HIV testing algorithm and provide supervision back up for other staff involved in multi point HCT service deliveries. The national strategy for HIV

Activity Narrative: counseling and testing to be implemented in these sites adopts a total and comprehensive approach to client management. IEC materials will also be produced to raise awareness about the availability of the TB/HIV services in the facilities and communities to increase service utilization. Technical assistance will be provided by TBCAP staff to national, state and local government in mentoring, supervision and coordination of TB/HIV activities at all levels. In collaboration with the FMOH, joint monitoring and supervision will be conducted from all levels and FY09 funds will also be utilized as required for on-going revision, printing and dissemination of national TB/HIV reporting and recording forms.

Involve community and faith based organizations in the implementation of the TB/HIV activities: The review of the national guidelines on Community TB Care will be supported through the TBCAP mechanism in order to increase the information on TB/HIV collaborative activities. Advocacy visits to the traditional and religious leaders will be organized. A system will be developed within 6 selected states to involve two Community and Faith Based Organizations (working in the field of HIV/AIDS) per state in TB case finding and case holding activities. A TOT will be developed to enable master trainers (24) to train community volunteers (120). HIV positive TB patients from the DOTS centers will be linked up to the community support groups and poverty eradication of the Government, and nutritional support will be leveraged from the available services in the communities for co-infected patients.

Strengthen implementation of the 3 Is (TB infection control, Isoniazide preventive therapy and Intensive case findings) in Nigeria: The key major challenges in the scaling up of TB/HIV services nationwide are in the area of effective implementation of the 3Is; these activities are vital in view of the emerging threat of MDR-TB, the rates of morbidity and mortality among co-infected patients, and low TB case detection rate of 31% - which is still far below the set global target of 70% (NTBLCP annual report). COP09 will be used to support effective implementation of the 3Is in Nigeria through support for the following activities:

- a. Revision and dissemination of the national guidelines and SOPs on TB infection control;
- b. Training of national and state staff from TB and HIV/AIDS control Programmes on TB infection control;
- c. Capacity building for health workers from 80 Health facilities on TB Infection control;
- d. Support the formation and monthly meetings of TB infection control committee in 80 Health facilities; this committee will be incorporated into the existing TB/HIV coordinating committees at the facilities as a sub-committee;
- e. Support development and implementation of TB infection control plan in 80 Health facilities;
- f. Support for basic renovation and upgrading activities at the microscopy centers;
- g. Support expansion of DOTS and TB/HIV services in congregate settings such as Prisons and HIV Service Delivery Centers in the 12 states (1 prison facility per state and 1 Care and Treatment Center per state); and
- h. Collaborate with FMOH and partners in implementing IPT in 12 selected ART centers.

Populations being Targeted

This activity targets HIV positive persons receiving treatment, care and support and HIV positive persons with active TB, providing services to 2,500 HIV infected clients and 11,500 registered TB patients. In addition, TBCAP will provide testing and counseling to 50,000 individuals and training to 304.

This activity also targets HIV patients who had hitherto not had access to TB screening and care, TB suspects and patients from TB/DOTS centers who represent a high-risk population for HIV/AIDS. In Nigeria, TB is the most common Opportunistic Infection (OI) in PLWHA and the one that causes most deaths among this group. The new patient intake forms at ART sites provide space for grading TB symptoms and those with grade of 1 or more are sent to DOTS sites for laboratory screening and, if necessary, radiological screening. Those found with active TB are provided with TB treatment in line with the National guidelines. This activity thus offers HIV patients a longer life free of the morbidity and mortality caused by TB.

The activity also focused on TB suspects and TB patients with unknown HIV status who will be provided with provider initiated HIV testing and counseling and those with positive result among them provided with CPT at DOTS centers, and linked to other necessary HIV services, thus reducing morbidity and mortality among HIV positive TB patients.

Contributions to Overall Program Area

TB and HIV constitute a major public health problem in Nigeria. TB is the most common cause of morbidity and mortality among HIV positive persons, in addition, HIV is the most important factor for increase in the burden of TB in the country. This activity which focuses on reducing the burden TB and HIV among dually infected patients will contribute to the goals of the Government of Nigeria towards reaching the Stop TB targets, MDG targets and the Emergency Plan targets of providing HIV care to more than 1,500,000 persons while preventing 800,000 new infections by 2009.

While the DOTS strategy started by establishing TB clinics in primary health care facilities, the HIV/AIDS strategy started by establishing ART facilities at tertiary institutions, the result has been an incongruity between the location of DOTS clinics and ART facilities to the detriment of the dually infected. By linking TB and HIV services, this activity contributes to the Federal Governments strategy to have DOTS clinics and ART sites in the same facility or close by with a very strong referral mechanism.

This activity also offers both TB and HIV patients a longer life free of the morbidity and mortality caused by TB and HIV interactions, thus allowing dually infected patients to contribute positively to the economic development of the country thereby contributing to the poverty alleviation Programme of the Government.

Links to other USG resources and /or other donor support.

This activity is linked to ART, palliative care and community based care and support services which are funded with PEPFAR funds through other implementers. This activity is also linked to ART services supported with the Round 5 GFATM HIV/AIDS grants.

This activity will also leverage nutritional support in areas where organizations are providing such support.

Activity Narrative: This activity is also linked to the strategic direction of the National TB and Leprosy Control Program (NTBLCP) to establish DOTS clinics in all the ART sites in the country to reduce the incongruity in the availability of TB and HIV services and promote TB/HIV collaboration at the facility level. It is also linked to that of NASCP at achieving universal access for HCT services by 2010 supported by either Government funds, debt relief or MDG funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13105

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13105	12423.08	U.S. Agency for International Development	Tuberculosis Control Assistance Program, KNCV Foundation	6393	6171.08	USAID Track 2.0 FS TB CAP	\$1,900,000
12423	12423.07	U.S. Agency for International Development	Tuberculosis Control Assistance Program, KNCV Foundation	6171	6171.07	KNCV Tuberculosis Foundation	\$250,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$355,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3682.09	Mechanism: USAID Track 2.0 SFH
Prime Partner: Society for Family Health-Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12364.24931.09	Planned Funds: \$200,000
Activity System ID: 24931	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity relates to Abstinence and Be Faithful, Condom and other Prevention and Counseling and Testing. Tuberculosis remains a serious public health challenge in Nigeria and in the last four years there has been an increase in Nigeria's TB incidence and a corresponding increase in drug resistant TB. HIV is known to increase the burden of tuberculosis. It is estimated that TB is the leading cause of deaths among PLWHAs and responsible for 14-54% of HIV/AIDS related deaths globally. In Nigeria the prevalence of HIV among TB patients is 19.1% (Nigeria National Sentinel Survey 2001). As part of the social mobilization efforts for TB control activities in Nigeria, SFH will continue to support TB awareness creation initiatives through the development of mass media and mid-mass media campaigns. In COP09 SFH will continue to produce and air radio jingles and TV campaigns in four languages to create awareness on the need for early TB diagnosis, prevention, control and management among HIV persons and the general population. This activity will support the National Tuberculosis/Leprosy Control program which has funding through the Global Fund to air 13 TV slots per quarter on National Network Television.

In COP09 SFH will complement the mass media activities using interpersonal communication activities and mid-mass media such as mobile drama shows (road shows). SFH will train 64 persons as interpersonal counselors (IPC) to reach most at risk populations (MARPs) with TB-HIV messages. Additional drama scripts will be developed to create awareness on the links between TB and HIV with opportunities for questions and interactions at the end of each drama show. SFH will reach 6,400 persons in high risk communities through TB/HIV focused road shows and IPC sessions. SFH will continue to use the customized flip charts that will be deployed by the trained IPC conductors for outreaches on TB prevention and management. Flip charts targeting clinic settings may also be designed and produced in support of other USAID partners working in clinical settings. Relevant IEC materials will be produced and distributed to target populations. This component is linked to peer education activities among high risk persons in sexual prevention program area.

In COP09 SFH will continue to integrate TB prevention activities to the HCT service provision at the community level. SFH will continue to train existing HCT counselors on early identification of TB symptoms of clients for referrals to TB-DOTS centres and other USG and Government of Nigeria (GoN) sites where TB diagnosis and management services are being provided. These activities will increase knowledge about TB/HIV and create an enabling environment for TB-HIV management targeted at community, religious leaders, and political/local government officials. In COP09, SFH will ensure implementation of the "Three I's" at all levels of its activities and engagements by promoting screening for early TB diagnosis particularly during HCT outreaches, improving responses to treatment and reducing spread of TB to others through interpersonal communication activities. In addition HIV positive persons will be encouraged to adopt preventive treatment. TB control efforts will be promoted among vulnerable groups including PLWHAs and community members.

The activities will be ultimately linked to treatment, care, and support services that are being directly implemented by USG implementing partners and the GoN. This activity will support advocacy and social mobilizations programs that will be conducted at the community level.

This activity targets PLWHAs, TB clients and MARPs at the community level. The program will seek to relate TB to HIV transmission and prevention. This program will provide linkages to other HIV and reproductive health related services for all clients. The program will specifically focus on increasing female participation at community outreach programs and referrals to other HIV related services. The program will emphasize on community mobilization and participation and development of policy and guidelines for the control of TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13098

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13098	12364.08	U.S. Agency for International Development	Society for Family Health-Nigeria	6390	3682.08	USAID Track 2.0 SFH	\$200,000
12364	12364.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$0

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5271.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12369.24904.09

Activity System ID: 24904

Mechanism: USAID Track 2.0 FS LMS Leader

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$275,000

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity relates to TB/HIV and Health Systems Strengthening Program Areas.

In COP09 the Leadership, Management and Sustainability (LMS) Program will build upon the activities initiated with the National TB and Leprosy Control Program (NTBLCP) in COP07 and COP08. Emphasis in COP09 will be on rolling out leadership and management training done in previous years to state and local TB/HIV agencies. The LMS Program will continue to work with the NTBLCP staff on the refinement of organizational improvements and management systems that will increase NTBLCP capacity to provide nationwide TB/HIV coordination.

During COP07, LMS conducted an assessment of the NTBLCP management and organizational structure and based on the assessment, conducted a leadership and management training of key staff. In COP08 LMS assisted the NTBLCP to develop more effective management structures and to incorporate MSH tools as part of the NTBLCP's training programs for state and local governments TB control programs. During COP09 LMS will continue to expand its activities targeted at strengthening the NTBLCP and the Federal Ministry of Health (FMOH) Human Resources for Health (HRH) organizational structure and management capacity, and its ability to roll effective practices down to the state and local levels. The emphasis will be to build on areas of strength, eliminate weaknesses, and improve overall organizational capacity and performance. The focus of LMS will be to enhance the ability of the NTBLCP to clearly understand and meet its responsibilities as a coordinating organ and to continually improve its operations to meet the changing environment. To achieve these ends, LMS will focus on reinforcing finance and budgeting, governance, both strategic and project planning, program coordination and human resources systems. Using a variety of tools and techniques, including workshops and one-on-one instruction and mentoring, LMS will work with the NTBLCP to consolidate the improvements recorded in their organizational structure, financial management, human resource management, management information systems, monitoring and evaluation, quality assurance, strategic and project planning, leadership, and governance systems and rolling same down to the state and local government areas. With COP09 funds, LMS will support an assessment of financial, educational, management and policy context for strategic planning for HRH. In collaboration with the NTBLCP and the FMOH, LMS will support the establishment a national taskforce for HRH to provide leadership and promote coordination of HRH issues.

LMS will work with the NTBLCP to help a team of management facilitators in the national TB training center who received training during COP08 to provide management support and mentoring at the state level, and to form a model for TB control management teams at the state level. LMS will provide continuing support to the NTBLCP and the national TB training center to roll out SOPs developed in COP08 to ten state control programs. The NTBLCP will also be supported in developing its own communications unit to enhance its coordination role and will be provided with adequate IT infrastructure to enhance both its internal and external communications functions. LMS will train focal persons in NTBLCP on relevant communications skills in order to maximize the IT infrastructure put in place. In collaboration with a national training institute such as the Center for Management Development, LMS will support training and curriculum development in HRH management for senior management of the FMOH.

A majority of LMS's work with the NTBLCP will be centered on human capacity development through training and mentoring of staff at the national level, as well as staff of the state and local organizations. In COP09, LMS will also address gender issues, particularly those of equity to access to TB/HIV services. Gender will become a featured element of the training for the NTBLCP and the state and local organizations.

The LMS targets for COP09 will be a combined total of 12 federal and state organizations, and 80 individuals trained in TB/HIV-related institutional capacity building. These individuals will in turn be capable of assisting additional organizations and individuals to develop and improve their management and institutional capabilities. These targets are captured in the Systems Strengthening program area.

By the end of COP09 it is anticipated that the NTBLCP will have an improved organizational structure with a clear mission, more efficient governance, effective internal and external communications, M&E systems, and improved management. There will be strengthened leadership practices and competencies at national and state levels to coordinate TB/HIV activities and manage competing demands of multiple funding agencies.

TARGETS:

Targets are captured in the systems strengthening program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13072

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13072	12369.08	U.S. Agency for International Development	Management Sciences for Health	6383	5271.08	USAID Track 2.0 FS LMS Leader	\$200,000
12369	12369.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 552.09	Mechanism: USAID Track 2.0 GHAIN
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 3228.24894.09	Planned Funds: \$1,950,000
Activity System ID: 24894	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

During COP08, the Global HIV/AIDS Initiative Nigeria (GHAIN) through collaboration with the Government of Nigeria (GON) and Faith Based Organizations (FBOs) provided TB/HIV integrated care and treatment in 112 GHAIN supported comprehensive ART sites in 36 states and the FCT.

Three thousand eight hundred (3,800) TB patients will receive counseling and testing for HIV while 4,741 HIV-infected clients attending HIV care/treatment services will receive treatment for TB disease. GHAIN will train 300 health workers in TB/HIV co-management.

The TB/HIV collaborative activities will be aimed at decreasing the burden of TB in HIV patients and also HIV in TB patients. Particular emphasis will be placed on increasing TB case detection through clinical screening in HIV/AIDS service settings, basic and fluorescent microscopy, quality assurance /improvement, TB infection control in all service areas and linkages/referrals for multi-drug resistance (MDR) TB culture and sensitivity and treatment. Within the resources and targets set by USG, GHAIN will also support HIV counseling and testing for TB patients and suspects, and the referral of HIV positive TB patients to HIV/AIDS service. GHAIN anticipates challenges in meeting the increasing needs of People living with HIV/AIDS (PLWHA) who are co-infected with TB; it will play an active role of leveraging other funding sources to further strengthen TB-HIV services and to explore further opportunities for increasing case detection, treatment and linkages for MDR TB care.

GHAIN will implement joint TB /HIV activities in close collaboration with the National Tuberculosis and Leprosy Control Program (NTBLCP), National AIDS and STI Control Program (NASCP) and other partners based on the following strategies: intensified case finding, case holding and referral; strengthening of TB infection control measures and advocacy, communication and social mobilization (ACSM). The implementation of activities (including supervision and monitoring) will be according to national policies and guidelines. PLWHA, TB patients, and communities will be involved in TB/HIV program planning and implementation. In line with the USG strategy, GHAIN will saturate LGAs with TB/HIV services linked to community TB care programs funded through other sources and will ensure provision of quality services through building human and institutional capacity based on identified needs. Human and institutional capacity will be strengthened to ensure that all TB patients have access to quality HIV diagnosis and care and support, and all HIV patients have access to TB diagnosis, care and support.

TB/HIV collaborative activities will involve: intensified TB case finding amongst PLWHA; HIV case finding amongst TB patients and suspects; and strengthening of TB infection control policy implementation. The activities in HIV service points will include: clinical screening of all PLWHA for TB and referral of HIV positive TB suspects for TB diagnosis and treatment; TB prevention education; treatment adherence support; and stigma reduction. In TB service points the following activities will be provided: TB diagnosis and treatment; HIV counseling and testing for TB patients and suspects; and referral of HIV positive patients to HIV service points for HIV treatment care and support. Co-trimoxazole preventive therapy for dually infected patients will be provided in both TB and HIV service points. In view of the current challenges in excluding active TB in HIV positive patients and the level of health care facilities supported by GHAIN, isoniazid (INH) preventive therapy (IPT), though important, will not be implemented in supported sites. Referral mechanism for TB/HIV care and support including defaulter and contact tracking will be strengthened in all the 36 states and the FCT.

Human capacity will be built through training and re-training according to national guidelines and will include: training of TB/HIV program managers and health care workers in TB/HIV collaborative activities; training on TB infection control; training of DOT providers on HCT; training of healthcare workers on TB/HIV co-management (IMA); training of medical officers on management of sputum negative TB patients; training of medical officers and laboratory scientists on management of MDR-TB; and training of laboratory scientists on TB/HIV quality assurance/ improvement.

GHAIN will increase community participation in TB/HIV by empowering community based organizations (CBOs) and support groups, mobilize communities and support TB/HIV collaborative activities in the community. This will be done through training on TB/HIV program communication and social mobilization. In addition, GHAIN will intensify advocacy, communication and social mobilization activities through strategic behavior communication (SBC) activities.

GHAIN will continue to maintain its membership in the National TB/HIV working group and the MDR-TB committee and will continue to be actively involved in national TB/HIV planning, implementation, monitoring and supervision. GHAIN will also have a particular emphasis on provision of technical assistance to the national working groups to ensure that the MDR-TB laboratory supports are appropriate for the Nigerian context. GHAIN will also support routine MDR-TB surveillance through the TB culture and DST facility at the Dr. Lawrence Henshaw Hospital Calabar, which will be partially supported through other leveraged funds.

GHAIN will work with NTBLCP to strengthen monthly facility recording and reporting. Similarly individual TB/HIV patient data will be captured in the LAMIS in selected facilities. All National TB/HIV accomplishments can be claimed as indirect targets, while GHAIN will also put systems in place to track the United States Government (USG)/Nigeria custom indicators for TB/HIV services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute towards the overall goal of reducing TB/HIV associated morbidity and mortality by ensuring that all persons evaluated for TB disease will receive HIV counseling and testing as part of "routine care." Those identified as HIV-infected will receive HIV care and treatment, including co-trimoxazole and, if eligible, antiretroviral therapy (ART). All HIV-infected patients receiving HIV services will be routinely screened for TB disease, while ensuring that all HIV positive TB suspects access TB diagnostic services and receive uninterrupted treatment for TB disease according to national guidelines.

LINKS TO OTHER ACTIVITIES

Activity Narrative: Appropriate linkage will be made with available services under the Global Fund when approved through collaboration with NTBLCP, NASCP and other partners and resources will be harnessed through partnership with key TB initiatives and donors in Nigeria such as United States Agency for International Development (USAID)/TB-direct funds (non-Emergency Plan), International Federation of Anti-Leprosy Associations (ILEP), Canadian International Development Association (CIDA) and TBCAP.

GHAIN will assist the NTBLCP, states and local government areas (LGAs) with implementation of TB/HIV collaborative activities at the national, state, LGA and facility levels with adequate linkages to other services such as ART, prevention of mother to child transmission (PMTCT) and community home-based care (CHBC). Referral networks will be strengthened to further achieve TB/HIV collaborative activities. In addition, GHAIN will support the strengthening of an integrated logistic system at the LGA level through capacity building on Logistics Management Information System (LMIS)

New/Continuing Activity: Continuing Activity

Continuing Activity: 13039

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13039	3228.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$2,938,654
6700	3228.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$2,283,000
3228	3228.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$1,352,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 632.09

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3254.25243.09

Planned Funds: \$1,722,795

Activity System ID: 25243

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTION will continue to support 92 sites and implement services at an additional 8 secondary health facilities for a total of 100 facilities. References to LGA coverage strategy will be removed. References to PHEs have been removed. TB laboratory diagnostics section is updated.

ACTIVITY DESCRIPTION:

In COP08, ACTION supported integrated TB/HIV services at 92 sites and will continue to support these sites in COP09 and implement services at 8 additional secondary health facilities sites for a total of 100 sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross River, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto).

ACTION will support TB/HIV management using the global strategy of the 3-Is. Intensified TB case findings among HIV positive patients will be carried out through TB screening of all 123,500 HIV positive clients. The integrated management of HIV/TB co-infected patients at ACTION points of service (POS) will remain a major focus. TB screening and diagnosis follows the national algorithm and is in line with national guidelines. At ARV POS, patient record forms have been modified to prompt for TB screening indicators and site level training of health workers is on utilization of symptom history including chronic cough, fever, weight loss, or night sweats to prompt referral for TB evaluation. Chest x-ray is supported for sputum negative patients and for candidates for INH prophylaxis. ACTION has collaborated extensively with the National TB and Leprosy Control Programme (NTBLCP) to conduct a feasibility pilot of INH prophylaxis for HIV-infected patients. Eligible TB/HIV patients will also receive Cotrimoxazole Preventive Therapy (CPT) according to National Guidelines. ACTION will support IPT for all eligible patients in the ART program. The TB DOTS sites will be supported to provide holistic patient care according to national guidelines. In addition, HIVQUAL will be utilized as a clinical quality indicator and improvement strategy at sites. ACTION M&E staff support the national surveillance program by ensuring that sites properly report incident TB cases to Federal Ministry of Health (FMOH)

Under COP09, ACTION will support HIV counseling and testing (HCT) for 5,500 clients being evaluated for TB at 100 DOTS points of service. Of these, it is expected that 2,000 of those getting HCT will have TB. It is expected that 20% of HIV-infected adults and children initiating ART will be coinfected with TB and that all HIV-infected patients in care will be screened for TB at least yearly. Thus, ACTION will reach at least 2,000 TB/HIV co-infected patients with TB treatment. Infection control at health centers is a priority to limit nosocomial transmission of TB to HIV+ patients. Basic hygiene, proper sputum disposal, and good cross ventilation at clinics will be promoted. Facility co-location of TB/HIV services is preferred to clinic co-location. National guidelines on infection control for co-located sites will be implemented at all sites.

ACTION has previously supported the GON in carrying out preparatory HCT trainings for DOTS staff at the National TB and Leprosy Training Centre (NTBLTC) in Zaria. In COP09, DOTS staff at targeted centers will be trained on the National testing algorithm using the National HCT training curriculum. Training will be conducted by ACTION HCT program staff or ACTION regional HCT master trainers. Two staff per site will be trained for a direct training target of 220. All clients presenting to DOTS centers will receive HIV pre- and posttest counseling with rapid testing carried out using an opt-out approach to provide same day results. Those testing HIV+ will be referred for further evaluation and care to an ARV POS within the network. Regionally based ACTION HCT program officers will ensure referral linkage for DOTS stand alone sites.

TB culture capacity has been developed at an ACTION supported NTBLTC in Zaria using the Bactec system. ACTION will support the National MDR TB management program. ACTION will continue to maintain its membership in the National TB/HIV working group and the MDR-TB committee and will continue to be actively involved in national TB/HIV planning, implementation, monitoring and supervision. ACTION will also have a particular emphasis on provision of technical assistance to the national working groups to ensure that the MDR-TB laboratory supports are appropriate for the Nigerian context. Due to the safety concerns for the microscopic observation drug susceptibility (MODS) assay by CDC and WHO, ACTION will work with CDC Nigeria to pilot the PCR based HAINS Assay, a molecular method for rapid diagnosis of TB and INH/Rifampicin drug resistance at Zaria and some selected PCR facilities. ACTION has already established the superiority of the LED based microscopes on auramin stained direct sputum smears. For COP09, ACTION will roll out this technology at its sites, DOTS centers within its sites and mobile labs following adequate training in the technology at the NTBLTC Zaria. ACTION will also coordinate with Global Fund supported initiatives in the roll out of TB culture capacity in Nigeria to maximize regional availability. An additional 50 staff will be trained in the use of LED microscopy to enhance sputum smear TB detection for a total of 270 trained laboratorians.

ACTION will also work with SCMS in country to procure equipment and supplies, and \$127,500 was allocated to SCMS for this support. Commodity management of HIV test kits and supplies will be provided by ACTION using the current regional distribution system. ACTION will upgrade facilities through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables. ACTION will strengthen the pharmacy services at supported TB DOTS sites to improve forecasting and avoid stock outs and will work with sites to recognize if stock outs are due to facility level or government level TB logistics issues.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Training and support to improve the quality and integration of TB/HIV services are consistent with FMOH and emergency plan priorities. Activities will be carried out collaboratively with FMOH and state MOH to promote sustainability through capacity development and integration into the health sector system. COP09 activities will focus on sustainability of the national training program and the national model facility for laboratory diagnosis and clinical care with a decreasing dependence upon ACTION technical expertise and a focus on the training of a cadre of Master Trainers.

LINKS TO OTHER ACTIVITIES:

HCT targets in this section are not included in the testing target in the HCT narrative and those in the HCT narrative do not overlap with these targets. This activity is linked to HCT, BC&S, OVC and ARV services,

Activity Narrative: Lab , and SI. ACTION will expand HIV treatment access to community venues including DOTS centers, an approach that will also strengthen treatment adherence for both TB and HIV and articulate TB and ARV services to promote seamless transition from TB to HIV treatment and care. The collaboration with the NTBLTC will also include training to ensure that HCT is available at all DOTS POS. Linkages to TB diagnosis and treatment is an important component of adult BC&S and OVC services. Linkage to ARV services and proper management of patients requiring ARV and TB medications is a focus.

TARGET POPULATIONS:

Persons at risk, including household members, people who have documented TB, OVC, pregnant women and PLWHA are targeted. Screening of close household members for both HIV and TB will promote a public health strategy reaching populations at risk with diagnosis and services. ARV services are offered to HIV+ infants/children and adults with TB. Doctors, nurses, laboratory workers community outreach workers, GON staff, and DOTS staff are targeted for training in both the public and private sectors.

EMPHASIS AREAS:

Emphasis areas include construction and renovation, human capacity development, local organization capacity building, and TB related wraparound programs. This activity focuses on the issue of wraparound as the activity relies upon non-PEPFAR TB funding and promotes linkages with HIV-specific programs to ensure that comprehensive services are available to TB/HIV co-infected persons.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13111

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13111	3254.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$2,243,680
6765	3254.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$3,260,300
3254	3254.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$920,020

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$54,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 16939.25208.09

Planned Funds: \$83,930

Activity System ID: 25208

Activity Narrative: ACTIVITY DESCRIPTION

This activity represents funding for a full-time contracted Nigerian program officer (physician) for TB/HIV activities as well as external technical support of TB/HIV. This new request for funding responds to the needs identified in TA Visit Reports to focus additional efforts in the area of TB/HIV. The budget includes one FSN salary, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for one week of in-country support by a TB physician who will provide TA, continuing medical education and mentorship. TA assistance may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

The TB/HIV program officer will work as a member of the USG Clinical and TB/HIV Technical Working Groups, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Clinical Working Group. The TB/HIV program officer's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site TB/HIV programs. All DOD-NMOD sites are also established as TB DOTS centers. The TB/HIV program officer will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and with the GON national guidelines. The program officer will spend 100% of his/her time in this program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16939

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16939	16939.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$70,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 544.09

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3222.25219.09

Planned Funds: \$1,274,659

Activity System ID: 25219

Activity Narrative: ACTIVITY DESCRIPTION:

APIN Plus/Harvard sites will identify HIV infected patients through PMTCT, HCT centers and ART centers and hospitals. These sites constitute a network of delivery points in nine states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe) and include tertiary teaching hospitals (11) and secondary hospitals (24), for a total of 36 TB/HIV service delivery sites in COP08. APIN+, with other implementing partners, will execute the PEPFAR-Nigeria LGA coverage strategy in Plateau and Lagos, ensuring the provision of TB/HIV services in at least one health facility in every local government area (LGA) of these states. This is an essential step toward universal access to TB/HIV services, and will focus on developing programming at the secondary and primary level. All HIV-infected individuals are clinically pre-assessed for eligibility for ART treatment; it is expected that 33,350 HIV positive clients will be screened for TB in COP08. TB screening by sputum examination is conducted according to national guidelines. The 48,500 maintenance patients already on ART will also be monitored for TB. All HIV infected women (5,475) from our 36 PMTCT sites will be assessed for ART eligibility and screened for TB. The TB clinics at 9 of our sites are National TB centers offering the government DOTS program. At all of our associated DOTS clinics, we will implement HCT for 10,000 clients presenting to the DOTS center; it is expected that 5,000 of these will have TB. In all, it is expected that 16,550 TB/HIV HIV/TB co-infected patients will be identified and will receive treatment for TB and be linked to APIN+ ART clinics for evaluation of eligibility for ART and provision of treatment and palliative care.

NIMR is the National Tuberculosis Reference Laboratory and will provide an important resource to other APIN+ sites in strengthening their capacity for TB diagnosis and cross-training of health care workers in TB/HIV. TB services provided at these clinics will be integrated with ART services and HCT in order to promote the development of a comprehensive system of care for individuals with HIV/TB co-infection. This will be part of the 500 health care workers in both HIV and TB clinical and laboratory settings to be trained in COP08. APIN+ TB/HIV program officers and facility staff will be provided with formal TB/HIV training to enhance their productivity, including retraining on x-ray diagnostic skills for clinicians and retraining on good sputum specimen collection and laboratory AFB sputum smear diagnosis for laboratorians. A dedicated TB program officer provides TB expertise to all APIN+ sites and is responsible for training efforts and reporting of TB patients to the NTPLCP.

APIN+ will prevent nosocomial transmission of TB to HIV+ patients through such measures and principles such as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on TB infection control on co-located sites will be implemented in all sites. Patient and staff education on infection control measures will be routinely carried out to ensure program success. APIN+ will upgrade facilities as needed through infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables (e.g. sputum containers).

To date, more than 30% of APIN+ clinic attendees present with pulmonary tuberculosis. Depending on clinical status, many patients will be treated for TB prior to receiving ART, following the NTBLCP Guidelines. Concurrent ART and TB treatment follows the National guidelines of d4T+3TC+EFV (800mg). All co-infected patients with CD4 values <200 cells/mm will receive cotrimoxazole. INH prophylaxis therapy will only be provided on a case by case basis following the NTBLCP guidelines. Five hundred HIV+ patients are estimated to be given IPT. The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines.

APIN will also continue to work with GON in providing support for the Federal Public Health Laboratory, which was developed into a national reference lab in COP07. TB diagnostic capacity will include culture, PCR, and sequencing for resistance testing. At NIMR, APIN will provide technical assistance in the implementation of MDR-TB and XDR-TB surveillance activities in Nigeria.

Pursuant to the State LGA coverage plan, APIN+ will work with secondary sites in 17 LGAs of Plateau and Lagos states. Secondary sites will be linked with two tertiary care sites for specialty care and are fed by patient referrals from primary health care centers. To ensure continuous availability of drugs and commodities in supported sites, APIN will partner with the USG PEPFAR team to strengthen logistics management within the states where it works.

CONTRIBUTION TO OVERALL PROGRAM:

The provision of TB diagnostics and treatment within participating ART facilities is consistent with the PEPFAR goal of ensuring that all facilities offering ART develop the ability to diagnose TB and provide nationally accepted DOTS sites within their facility. There will a deliberate attempt to locate HCT in DOTS centers so as to increase detection of co-infected TB/HIV patients. At these facilities, APIN estimates that it will provide clinical treatment for TB to 16,550 patients with HIV/TB co-infection either prior to or during their ART therapy, thus contributing significantly to the 2008 PEPFAR goals. At all APIN+ sites referral to TB DOTS sites that are either co-located or within short proximity will be provided. The provision of TB diagnosis and treatment, infrastructure building and health care personnel training under this program will work towards building and maintaining Nigerian National tuberculosis treatment capacity, which is consistent with the PEPFAR 5-year strategy.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in HCT (5424.08), Care & Support (5369.08), ART Services (6715.08), PMTCT (3227.08) and OVC (5415.08). Through this activity linkages between participating treatment sites and the National Tuberculosis Reference Laboratory will be provided. Additionally, linkages to potential patient populations through outreach initiatives, HCT activities, and ART services will improve utilization of care opportunities created through PEPFAR funding. This activity is linked to care and support and ART services because TB diagnosis and treatment are provided as a part of patient palliative care and support at sites which also provide ART. A high TB co-infection rate has a major impact on ART management.

POPULATIONS BEING TARGETED:

This activity targets adults and children with HIV and TB co-infection by providing a mechanism for critically

Activity Narrative: important TB diagnosis and treatment both prior to the initiation of ART and also during the course of ART therapy. Newly enrolling ART patients will be prescreened for TB in COP08 and TB that develops in patients that are currently on ART therapy will be diagnosed and treated. All HIV infected pregnant women participating in APIN+ PMTCT programs will also be eligible for TB diagnosis and treatment under this program.

EMPHASIS AREAS:

Emphasis areas include local organization capacity building, and health-related wrap around activities.

This activity will increase gender equity by focusing on strategies which seek to reach an equitable number of co-infected men and women. Furthermore, it seeks to provide additional focus on support for pregnant women who have TB/HIV. Through data collection and patient surveillance from this activity, APIN will be able to show the breakdown of men and women who are accessing TB diagnostics and treatment services. Outreach activities and patient counseling also seek to address stigma and discrimination and increase access to information, education and TB diagnosis and treatment for women and girls with HIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13056

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13056	3222.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$2,175,000
6713	3222.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$1,903,000
3222	3222.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$764,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 554.09

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3240.25195.09

Activity System ID: 25195

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$200,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

- Targets revised

ACTIVITY DESCRIPTION:

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP09, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defense (NMOD) HIV Program will continue to extend free access to tuberculosis (TB) diagnosis and treatment services in 20 military facilities and communities. All 20 sites also provide comprehensive HIV prevention, care and treatment services.

Approximately 20 to 30% of TB patients are HIV-infected and, conversely, it is estimated that roughly 30 to 40% of HIV-infected patients develop clinically-overt TB. Aggressive detection and treatment of TB is important in order to reduce morbidity and mortality associated with HIV infection. In addition, aggressive HIV counseling and testing of TB patients represents an important public health strategy to further identify and treat HIV-infected individuals.

The DOD-NMOD partnership will extend free HIV services to include screening for TB among all HIV+ identified at 20 military hospitals. All HIV+ clients are routinely screened by questionnaire for TB. If clinically indicated, AFB sputum smears examination (light or fluorescent microscopy) is conducted and radiography or culture (nationally accepted algorithm) if indicated are carried out. In addition, to improve detection of military, dependents and civilians who are co-infected with TB/HIV, providers will initiate (opt-out) voluntary counseling and testing. In these integrated sites, counseling and testing recommendations are provided at each TB setting, but due to manpower and physical structure limitation, formal "one on one" CT is provided in a single location within each site. Providers will encourage and discuss the importance of HCT and provide referrals to the site's HCT center. Volunteers (e.g., Officers Wives Clubs or People living with HIV/AIDS (PLWHA) Support Group members) will be provided to escort patients to the CT center to facilitate access and uptake of CT services.

During COP09, of 19,538 receiving HIV services, 100% will receive routine screening for TB at least once. It is anticipated that at least 3,907 (20% of the estimated 19,538 HIV+s screened for TB) will be diagnosed with active TB and will require TB treatment; the same percentage will be provided with preventive therapy. Patients co-infected with HIV/TB will be provided TB treatment at the diagnosing military site since each site has been designated as a Directly Observed Treatment Short course (DOTS) site. The DOD-NMOD Program is closely coordinated with the MOH for TB control. At military facilities, TB prophylaxis (INH), provided through the National DOTS program, will be offered to HIV+ patients according to individual clinical need and according to national guidelines. The DOD-NMOD partnership will utilize proven adherence strategies for patients on ARV and TB treatment. Community health workers, community support groups and volunteers, including PLWHA and the Society of People Affected by TB, (SOPAT), will continue to be trained by clinical staff and supported to assist with patient adherence to ART and TB drugs through a buddy system.

TB infection prevention and control will be implemented using work practice, administrative and environmental measures. Patient and staff education will be routinely carried out to ensure program success. Prophylaxis and treatment will be provided to eligible TB/HIV patients as appropriate. This will involve the principles of basic hygiene, proper disposal of sputum and good cross ventilation at the clinics. Refurbishments and remodeling of facilities, such as open air/ventilated waiting areas will be provided. Monitoring and evaluation of service quality, together with a formal quality improvement mechanism including quarterly site visits by DOD-NMOD and appropriate partner personnel, are essential components of this program. To ensure continuous availability of drugs and commodities in the sites, the Program will strengthen the logistic management of the states and LGA in the areas of operation.

Funding will support training of 40 additional health care staff in TB and HIV diagnosis and clinical management to increase detection and referral of TB cases to the TB Unit among their HIV+ patients. Clinicians and laboratory technologists at each HIV clinic and TB Unit of each military hospital will undergo training organized in collaboration with the Federal Ministry of Health (FMOH), the national TB program and other stakeholders. A TB/HIV focal officer will be appointed to the program. The TB Officer will ensure that activities conducted provide holistic patient care according to Integrated Management of Adolescent and Adult Illness (IMAI) guidelines.

Funding will also support improvement in laboratory capacity for TB diagnosis. Staff will be trained in TB screening and diagnosis of patients infected with HIV. Laboratory infrastructure and equipment will be upgraded, via provision of biologic hoods, microscopes, staining material and safety equipment for staff, which will complement overall HIV lab improvement under PEPFAR. The DOD-NMOD will link with government and other Implementing Partners' reference laboratories, such as ACTION (UMD) and the TB reference facility in Zaria for laboratory training, development of SOPs and quality improvement activities ensuring continuity of PEPFAR supported programs. Support to other National programs, such as the NIAID supported program at the National Institute of Pharmaceutical Research and Development, will be provided in the form of clinical samples.

This activity fully adheres to USG policies and acquisition regulations and minimizes indirect costs to accomplish the capacity building described. International and local organizations synergize with the NMOD to identify best practices and implement evidence based interventions in a sustainable manner. The program ensures continued USG visibility and accountability at all levels of implementation.

A total of \$100,000 from this program area has been allocated to SCMS for the procurement of TB/HIV commodities, and is reflected in the SCMS TB/HIV program area narrative.

By the end of COP09, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, and Anambra (15 states and FCT).

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREAS:

The provision of DOTS centers on 20 NMOD sites will expand access to quality TB services. The improved access will result in higher TB case detection and improved treatment outcomes. Through the provision of services to 3,907 TB/HIV patients, the DOD will contribute to the Emergency Plan treatment goals for TB/HIV care in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity will also be linked to all appropriate Basic Health Care and Support, Laboratory Infrastructure and HCT activities. The TB/HIV sites will be provided with all necessary facilities to ensure holistic patient care according to IMAI guidelines. Activities will be linked to SI systems to improve surveillance and monitoring information, and to inform policy and system strengthening activities.

POPULATIONS BEING TARGETED:

This activity targets military/civilian personnel, dependents and the general population surrounding the military sites including those who are affected by TB/HIV, including OVC, PLWHAs and their families. Women, in particular within the age range of 25-44, will be targeted, as there is a higher incidence of TB among this group.

EMPHASIS AREAS:

This activity has an emphasis on military populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13154

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13154	3240.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$188,094
6795	3240.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$396,600
3240	3240.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$650,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3688.09

Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Activity ID: 5399.25272.09

Activity System ID: 25272

Program Budget Code: 12

Planned Funds: \$450,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AIDS Relief's (AR) strategy for TB/HIV is to ensure that all HIV positive clients in Local Partners Treatment Facilities (LPTFs) are routinely screened for TB while TB patients have access to HIV counseling and testing (HCT). Dually infected clients are offered appropriate care within and outside the LPTF. In COP08, AR is supporting TB DOTS centers at 31 LPTFs and HCT at 31 stand alone TB DOTS centers in 16 states (Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau, Taraba Abia and Imo). In COP09, AR will continue these services and expand services to 3 LPTFs and 12 satellites in the same states. In setting and achieving COP09 targets, consideration has been given to modulating AR's rapid COP08 scale up plans in order to concomitantly work towards quality improvement program and decentralizing services.

AR will continue to implement HCT in existing TB DOTS centers to provide HCT to all TB patients and suspects and will also ensure facility co-location of TB DOTS centers in all supported LPTFs. Ten of the current TB DOT Centers will have expanded satellite services to care and follow up patients on treatment. Referral mechanisms will ensure TB/HIV co-infected clients access AIDSRelief (or other) supported HIV care and treatment services. AR, with other IPs, will continue to implement the PEPFAR-Nigeria LGA coverage strategy in Anambra, ensuring the provision of TB/HIV services in the existing identified AR supported health facilities at the local government area (LGA). This is a critical step towards the provision of universal access for TB/HIV services.

AR will implement the global 3 "I"s program of TB/HIV management strategy. In total, 20,000 HIV positive patients in care at all AR supported sites will be rescreened for signs of TB clinically with symptom driven follow up laboratory screening. From these 5%, or 1,000, are expected to be diagnosed with active disease and will be treated for TB while 1%, or 200, without active TB will be placed on Isonizide Preventive Therapy (IPT) as a pilot program. The TB/HIV program will be in collaboration with State and National Tuberculosis and Leprosy control programs (STBLCP and NTBLCP). A total of 1500 clients offered HIV counseling and testing services from the TB DOTS centers will receive their results; it is expected that 10%, or 150, will be diagnosed with HIV. Laboratory infrastructure will be upgraded and human capacity developed to ensure adequate TB diagnosis for HIV positive patients. AR will continue to strengthen the pharmacy services at supported TB DOTS sites to improve forecasting and avoid stock outs. AR will work with sites and State Government to recognize and eliminate stock outs due to facility level or government level TB logistic weaknesses, as an aspect of health systems capacity strengthening.

Through basic care and support services all TB/HIV patients will be put on co-trimoxazole prophylaxis therapy (CPT) according to the national guidelines. Community health care providers will trace family members of PLWHA accessing TB/HIV services and facilitate their TB screening and appropriate care. This activity will be linked to activities in basic care and support through community and faith based organizations (CBOs/FBOs) and home based care programs. TB/HIV treatment and care will be provided in a comprehensive approach consistent with GON treatment guidelines and IMAI guidelines.

AR will ensure proper patient triage, specimen collection and processing, waste disposal, proper ventilation and administrative control activities such as active identification of those with TB symptoms and patient segregation. TB infection prevention and control will be accomplished using these workplace practices, administrative and environmental measures. Patient and staff education will be routinely conducted to ensure program success. AR will continue to use the joint adherence strategies for patients on ARVs and TB DOTS and strengthen the facilities' capacity to meet special needs of PLWHA on both ART and anti-TB treatment. Nosocomial transmission of TB to HIV+ patients as well as facility staff will be prevented through measures and principles such as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on TB infection control on co-located sites will be implemented in all AR supported sites. Patients screened and treated for TB and TB/HIV will be entered into the updated reporting tool provided by the NTBLCP with appropriate linkages of medical records between TB and HIV points of service. In support of the NTBLCP and STBLCP, AR will provide TB consumables, reporting & recording tools, ACSM materials in places where these are not available.

AR will train 77 healthcare workers in the TB/HIV program. Medical records staff will be trained on data collection for suspected and diagnosed TB cases. Healthcare providers will be trained on x-ray diagnosis, clinical management, and care of TB/HIV co-infected patients which will be complemented by onsite preceptorships and mentoring to enhance case finding. Community health workers, treatment support specialists (including PLWHA), and members of Society of People Affected by TB (SOPAT) will be trained to assist with patient adherence to ART and anti-TB drugs. AR will deploy 2 TB/HIV focal nurses and 1 TB laboratory specialist to support the current 3 TB/HIV focal physicians and 1 TB laboratory specialist for the management of this program especially in areas of community TB care (CBTC), DOTS Expansion MDR surveillance, operational research and PPM DOTS. All AR TB staff will be trained/ retrained to enhance TB diagnostic and management skills.

In COP09, AR will use its Quality Improvement Program (QIP) to improve and institutionalize quality interventions. The existing 4 CQI specialists will continue to spearhead QIP activities in their respective regions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. AR TB/HIV activities that will be addressed include program level reporting to enhance the effectiveness and efficiency of both paper based and computer based Patient Monitoring and Management (PMM) systems assuring data quality across all LPTFs. Using in-country networks and available technology, AR will strengthen PMM system with added emphasis on harmonization with the Government of Nigeria's (GoN) emerging National PMM system. AR's TB/HIV team will continue to work with the AR QIP specialists to conduct formalized site visits at least quarterly during which there will be evaluations of TB/HIV clinic services, TB laboratory services, infection control practices, utilization of National PMM tools and guidelines, proper medical record keeping, patient follow-up and referral coordination. On-site TA/supportive supervision with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Each of these activities

Activity Narrative: will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program. AIDSRelief will continue the Sustainability Plan developed in Year 4 focusing on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR will increase access to quality care and treatment, while simultaneously strengthening health facility systems. All activities will continue to be implemented in close collaboration with the Government of Nigeria (GON) at both the State and Federal levels, to ensure coordination and information sharing, thus promoting long-term sustainability. AR will continue to strengthen the health systems of LPTFs. This will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems. In collaboration with the CRS SUN project, AR will focus on institutional capacity building for indigenous umbrella organizations such as the Catholic Secretariat of Nigeria (CSN). These strategies will enable AR to transfer knowledge, skills and responsibilities to in-country service providers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

TB/HIV care through collaborative activities with NTBLCP will contribute to the GON's goal for appropriate TB/HIV care. The co-location of TB DOTS centers in all AR supported LPTFs and HCT services in all AR supported TB DOT sites will expand access to both quality TB services for HIV infected clients and HIV services for TB Patients. This improved access will result in higher TB case detection and improved clinical outcomes. The setting up of two state reference laboratories in collaboration with the respective state governments will improve TB diagnosis among PLWHAs, increase access to TB culture in the country and support the country program in MDR TB surveillance, diagnosis and management. The systematic implementation of TB/HIV collaborative activities by AIDSRelief will contribute to Nigeria's 5-Year plan which is expected to result in synergies to decrease TB prevalence rates.

LINK TO OTHER ACTIVITIES:

AR activities in TB/HIV are linked to HCT ARV services, ARV drugs, laboratory, care and support, PMTCT, OVC, AB, and SI to ensure that TB/HIV patients have a continuum of services. This will be in collaboration with the 7-Diocese program of CRS and other FBOs and CBOs. It will be linked to PMTCT to ensure that HIV positive pregnant women are screened for TB, so that those dually infected are treated to reduce the risk of transmission to the baby postpartum and to the community. This will also reduce the mother's morbidity and mortality.

POPULATION BEING TARGETED:

The target population is all PLWHAs enrolled into the care and support program at LPTFs. In addition, TB patients and suspects in supported DOTS centers are targeted. Household members of TB/HIV co-infected patients will also be targeted as they are at increased risk of acquiring TB.

EMPHASIS AREAS

This activity has an emphasis on human capacity development through training to meet immediate workforce requirements. Emphasis areas also include wraparound TB programs, renovations, quality assurance, and development of linkages/referral and networks in collaboration with the STBLCP in support of TB/HIV and TB DOTS programs. In addition, this activity will increase gender and age equity by ensuring access to TB/HIV services for young women who account for 41% of TB cases in Nigeria and are about 60% of the PLWHAs screened for TB at LPTFs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12998

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12998	5399.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$870,000
6677	5399.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,033,750
5399	5399.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$331,184

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$40,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening**Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 9404.09**Mechanism:** HHS/CDC Track 2.0 URC**Prime Partner:** University Research Corporation, LLC**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 21705.25349.09**Planned Funds:** \$92,500**Activity System ID:** 25349

Activity Narrative: ACTIVITY DESCRIPTION

In COP 08, URC is providing HCT in TB settings to 2,500 clients and providing TB treatment to 250 clients at 10 sites. URC is supporting enhancement of laboratory and x-ray services for HIV/TB cross-testing at these 12 health facilities. URC is working to ensure that every ART site has a DOTS site and all DOTS sites are being expanded to include HCT services. URC is also assisting in provision of anti-TB drugs, laboratory commodities and reagent procurement and distribution.

In COP 09, URC will continue to support all TB/HIV activities from COP 08 and will expand HCT services in three additional DOTS sites in line with the National TB and Leprosy Control Program (NTBLCP) to focus on strengthening the integration of high quality TB and HIV care delivery. URC will counsel, test and provide HIV test results to 350 clients in TB settings, treat 225 HIV+ individuals for TB disease and screen 300 HIV+ individuals for TB. Over the course of the year, URC will train 15 health workers at HIV counseling and testing outlets to provide TB treatment. DOTS site personnel will be trained in HIV diagnosis using HIV rapid kits and be educated in referring HIV+ individuals to comprehensive care for assessment including for ARV treatment eligibility. URC will assist facilities to effect strengthening of internal and external referrals and linkages in order to promote access and further screening of both HIV and TB clients. Not all service providers or facilities will be able to offer HIV testing within their facilities. In such cases, URC will work with the State Ministries of Health to develop referral linkages to ensure that clients have easy access to services. Linkages between counseling and testing sites and sites offering ART treatment will also be developed and improved.

URC will also provide the necessary training and infrastructure upgrades for laboratories to ensure that TB diagnosis is performed correctly including training on x-ray diagnostics and sputum microscopy training.

URC will implement the three I's which involve increased TB case finding among HIV positive patients, isoniazide preventive therapy (IPT) in ART centers, and TB infection control in all our facilities according to the national guidelines. URC will also support MDR TB management and prevention and basic infrastructure renovations at DOTS sites and TB laboratories.

URC will continue to partner with PEPFAR IPs specializing in laboratory programs to facilitate Quality Assurance programs in ensuring quality services. TB-supported lab staff will be trained using the national AFB microscopy training manual and QA guidelines will be incorporated. The external quality assessment program will be implemented through on-site visitation of all supported sites, slide re-reading through blinded re-checking and proficiency testing using five stained and five unstained panel slides. The capacity of laboratory will be strengthened through additional commodity support (e.g. staining reagents and equipment) to Government of Nigeria sites. URC placed \$12,500 into the SCMS mechanism for commodity and logistical support in this area. Facilities will be upgraded to permit easy workflow and safe working practices. Adequate attention will be provided to the disposal of laboratory waste and other effluents.

National guidelines on infection control on co-located sites will be implemented in all 13 supported sites and URC will also provide necessary training to ensure that the National TB treatment algorithm is followed at all participating sites. URC will provide palliative care to TB/HIV co-infected patients including other opportunistic infections and will refer appropriately for ART. Cotrimoxazole Preventive Therapy (CPT) will be provided to eligible TB/HIV patients as a component of basic care and support. HCT in DOTS sites will be established at the secondary and primary health center levels with linkages to tertiary centers to provide accessibility of services to patients.

POPULATIONS BEING TARGETED

TB suspects, TB patients, PLWHA and their family members. Healthcare workers will be targeted on TB infection control.

CONTRIBUTIONS TO OVERALL PROGRAM

Training and support to improve the quality and integration of TB/HIV services is consistent with FMOH and PEPFAR priorities. The focus of the URC TB/HIV program is on the provision of HCT in DOTS centers, referral of TB/HIV patients to TB treatment and ART services. Focus on improved referral systems, technical capacity development and improved health services in facilities will ensure sustainability and will greatly improve all services across the health sector.

EMPHASIS AREAS

LINKS TO OTHER ACTIVITIES

This activity is also linked to Counseling and Testing, ART care and treatment, OVC, PMTCT and Strategic Information

New/Continuing Activity: Continuing Activity

Continuing Activity: 21705

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21705	21705.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$150,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 555.09

Prime Partner: International Foundation for
Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 15665.25231.09

Activity System ID: 25231

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$45,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION:

Under COP08 HCT programming, IFESH reached 10 TB DOTS sites. In COP09, IFESH will maintain TB DOTS points of service in its current 10 sites in two states (Rivers and Imo). In COP09 IFESH will strengthen HCT services in DOTS centers and collaborate with the National TB and Leprosy Control Program (NTBLCP) to provide TB screening for HIV positive clients. 352 HIV positive clients from the HCT program will be screened for TB in collaboration with the NTLCP.

A total of 5,000 newly presenting TB suspect patients developing symptoms will be screened for HIV and provided appropriate counseling based on results. Of these, it is expected that 500 will have TB and, of those, 150 (30%) will have TB/HIV co-infection. DOTS site personnel will also be trained in HIV diagnosis using HIV rapid test kits and educated in referring HIV+ individuals to comprehensive care for assessment including for antiretroviral treatment eligibility. The focus of the IFESH TB/HIV program is on ensuring adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services, to ensure that all HIV patients are screened for TB, and to enable all HIV-infected patients with TB to access services at DOTS clinics.

IFESH will partner with PEPFAR implementing partners specializing in lab programs to facilitate QA programs to ensure quality of services. IFESH master trainers will train and work with TB DOTS staff to ensure that HIV testing provided within the TB DOTS context is of high quality by incorporating TB DOTS sites into the laboratory QA program. A TB diagnostics QA program will be conducted including: joint site visits with the FMOH or relevant State MOH for observation/retraining, selective review of completed smear examinations, and proficiency testing with "unknown" slides provided by the QA team. Regarding quality of TB treatment being provided, IFESH will work in close collaboration with the German Leprosy and TB Relief Association (GLRA) to ensure that TB DOTS staffs are following the National TB treatment algorithm. IFESH will support training, including refresher on x-ray diagnostics and sputum microscopy training, for a total of 15 staff in TB treatment.

IFESH will support facilities in procuring supplies, laboratory reagents and consumables. Microscopes will be provided to sites where deficiencies are noted. IFESH will collaborate with other IPs and the NTLCP to ensure that the principle of the 3 "I"s of intensive case finding amongst HIVpositive clients, INH preventive therapy (IPT) and TB infection control at health facilities are implemented in all our sites. Nosocomial transmission of TB will be prevented through such measures and principles as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. The national guidelines on infection control on co-located sites will be implemented in all IFESH-supported sites.

The IFESH M&E staff will work with sites to ensure that incident TB cases are properly reported to the FMOH. IFESH will network with Global Fund in implementing these plans to avoid duplication of services to be developed under Global Fund. IFESH will provide palliative care to TB/HIV co-infected patients including other opportunistic infections and will refer appropriately for ART. Cotrimoxazole Preventive Therapy (CPT) will be provided to eligible TB/HIV patients as a component of basic care and support. HCT in DOTS sites will be established at the secondary and primary health center levels with linkages to tertiary centers to provide accessibility of services to patients. The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines. Sites will be assisted to put in place and/or improve defaulter tracking mechanisms.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Training and support to improve the quality and integration of TB/HIV services are consistent with FMOH and PEPFAR priorities. The aims are co-location of HCT services in the TB DOTS setting, an increased number of TB suspect patients screened for HIV, appropriate provision of care and support for HIV+ clients, and improvement of overall TB services (i.e., diagnostics and treatment) at supported sites. An overarching focus on technical capacity development will ensure sustainability. Smear microscopy QA will be carried out collaboratively with the FMOH or the relevant state MOH to promote sustainability through capacity development and integration into the health sector system.

LINKS TO OTHER ACTIVITIES:

This activity is also linked to Counseling and Testing, Basic Care and Support, OVC, Abstinence and Be Faithful, PMTCT, Strategic Information, and Condoms & Other Prevention. Linkage to TB diagnosis and treatment is an important component of adult Care and Support and OVC services.

POPULATIONS BEING TARGETED:

TB suspect patients, PLWHA, OVC, pregnant women and their family members are targeted in this activity.

EMPHASIS AREAS:

The emphasis areas are human capacity development, local organizational strengthening and SI.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15665

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15665	15665.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$100,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$2,000

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1532.09	Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 5401.24940.09	Planned Funds: \$324,627
Activity System ID: 24940	

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the fully-loaded costs of USAID's TB/HIV team, which includes the TB/HIV Advisor, a TB/HIV Program Officer, and a program assistant. The range of programming in this area is diversifying in terms of geographic coverage and provision of services throughout all levels of the health care system, which requires a well-rounded USG technical team. Oversight, supervision, mentoring, and capacity-building needs are intense, and the entire TB/HIV team contributes to meeting these needs by making regular supervision visits to the field. In addition, the team works closely with the logistics, laboratory, and HCT technical teams, as these supports will also be required for the appropriate level of service delivery and program implementation for the TB/HIV activities. New in COP09 will be the emphasis on the provision of the Three Is and an increasing focus on MDR TB response.

The TB/HIV team, working with the wider PEPFAR TB/HIV team and with Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the TB/HIV interventions and services. The team will also be participating in some resistance monitoring evaluation/surveillance activities and a PHE. The team's responsibilities include: 1) representing the USG in technical discussions with the GON, particularly with the National TB program 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) interfacing with the USG TB/HIV Technical Working Group headed by CDC.

These three positions are all local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13125

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13125	5401.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$245,922
6781	5401.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$117,000
5401	5401.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$0

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7215.09

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 16932.24952.09

Planned Funds: \$9,180

Activity System ID: 24952

Activity Narrative: ACTIVITY DESCRIPTION:

The USAID Agency TB/HIV ICASS budget for FY09 is to provide necessary ICASS support for three USAID employees under the TB/HIV program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16932

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16932	16932.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$4,919

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9399.09	Mechanism: HHS/CDC Track 2.0 Vanderbilt
Prime Partner: Vanderbilt University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 21674.25314.09	Planned Funds: \$202,500
Activity System ID: 25314	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP08, Vanderbilt provided HCT services to 5,000 individuals in TB-DOTS centers and is improving TB diagnosis in TB laboratories and in radiological services. Vanderbilt also supported procurement and distribution of anti-TB drug and laboratory commodity/reagents. In COP09, Vanderbilt will build on the successes achieved in COP08 by providing HCT to an additional 675 new clients and continuing to provide high quality TB-HIV care to eligible clients. Vanderbilt will implement the world strategy of three I's which involves: isoniazid preventive therapy (IPT); intensified case finding for active TB; and TB infection control, especially in ART settings according to national guidelines. Vanderbilt will also be involved in MDR TB management and prevention, TB laboratory and chest x-ray strengthening, and basic infrastructure renovations at DOTS and TB laboratory sites. In COP 09, Vanderbilt will continue to provide a comprehensive range of TB-HIV services including: 1) supporting TB-DOTS centers located within our comprehensive care sites with TB related trainings, renovations and TB laboratory set-up costs; 2) providing clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings (including pharmaceuticals); and 3) providing HCT in TB-DOTS centers in our catchment area including provision of co-trimoxazole prophylaxis (CPT) to HIV-TB co-infected clients at these centers.

All HIV positive patients receiving care and support at Vanderbilt comprehensive sites will be symptomatically screened for TB and confirmed with laboratory and radiological diagnostics as indicated. By the end of COP09, 2500 HIV-infected clients will be receiving care and treatment at Vanderbilt sites. An estimated 750 (30% of 2500) of these patients will require treatment for TB. Health care staff at the comprehensive care centers will be trained to screen patients for TB according to national guidelines and start patients on isoniazid prophylaxis (IPT) once active TB infection has been excluded. Laboratory services will be upgraded (if needed) to perform smear microscopy for acid fast bacilli (AFB) using fluorescent microscopes or fluorescent adaptors.

TB diagnosis and treatment will be provided to all patients via facility co-location of DOTS centers (where feasible) and/or referral of HIV+ patients into ART from DOTS sites. Vanderbilt will support the development of TB-DOTS centers at our comprehensive care sites, in terms of TB related trainings, renovations and TB laboratory set-up costs, if such centers do not exist (site selection pending). Vanderbilt will ensure that on-site TB treatment providers are well versed in TB-HIV drug interactions, toxicities and side effects. By upgrading the onsite laboratory and DOTS services, provider capabilities to diagnose, treat, and monitor TB among HIV-infected individuals will be improved and Vanderbilt will avoid referring most patients to tertiary level facilities. This approach to coordinating TB-HIV care is critical to optimizing treatment success and avoiding multi-drug resistant cases of TB. Vanderbilt will utilize zonal TB culture diagnostic facilities as needed. This will involve assisting MDR TB suspects to access culture facilities and treatment facilities within the zone as needed.

Vanderbilt will implement HCT in TB-DOTS centers in the catchment areas of our sites (to be identified) and provide CPT to all eligible patients in these TB-DOTS centers. HIV-infected patients identified in the TB-DOTS centers will be referred to a comprehensive care center for HIV care and treatment. All HIV-infected clients identified at the TB-DOTS centers will receive Prevention with Positive (PWP) services including risk assessment and behavioral counseling to achieve risk reduction.

HCT will be provided to 675 new clients with unknown HIV in TB venues. Vanderbilt will train 14 staff members to perform HCT in TB venues. Clinical staff will be provided regular updates and training in line with contemporary developments in the field of TB-HIV care. Vanderbilt will train 10 healthcare workers and lab scientists working at Vanderbilt supported sites in the diagnosis and management of TB.

Vanderbilt will continue to partner with PEPFAR IPs specializing in lab programming to facilitate a QA program that ensures quality services. The TB supported laboratory site staff will be trained on TB microscopy using the national AFB microscopy training manual. The national QA guidelines will be incorporated. The external quality assessment will focus on on-site assessment, slide re-reading with blinded rechecking of examined smears, and proficiency testing through reading of blinded panel slides (5 stained and 5 unstained slides). Laboratory capacity will be strengthened by providing additional reagents for TB microscopy and microscopes for new sites. The supported facility will be upgraded to permit easy workloads and safe conditions. Emphasis will be placed on disposal of laboratory waste and other TB lab effluents.

Nosocomial TB infection of HIV-infected patients will be prevented by implementation of TB infection control in all facilities which will involve: work place policy; administrative control; environmental control; and personal protective equipment (PPE) as may be required. Vanderbilt will ensure the setting-up of a TB infection control work plan in all facilities.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of providing clinical prophylaxis and/or treatment for tuberculosis to HIV-infected individuals (diagnosed or presumed) in a care and treatment setting. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC and Pediatric ART Care and Treatment for pediatric care, Lab to provide ART diagnostics, HCT as an entry point to ART, and SI will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens.

POPULATIONS BEING TARGETED

The care and treatment components of these activities target HIV-infected adults in TB settings for clinical monitoring and ART treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program

Activity Narrative: managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of DOTS services to satellite rural health facilities will increase access to necessary services in underserved communities.

EMPHASIS AREAS

This program emphasizes TB diagnosis and treatment among TB-HIV co-infected patients. It emphasizes human capacity development through training in TB diagnostic and clinical care of TB-HIV co-infection.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21674

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21674	21674.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$525,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9692.09

Mechanism: HHS/CDC Track 2.0 APIN

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 22514.25338.09

Planned Funds: \$502,905

Activity System ID: 25338

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over 4 of its PEPFAR supported sites to APIN Ltd. (APIN). The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Women's Hospital, and Mushin General Hospital. The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University.

ACTIVITY DESCRIPTION:

In COP09, APIN sites will identify HIV infected patients through PMTCT, HCT centers and ART centers and hospitals and outreaches. These sites constitute a network of delivery points in 3 states (Lagos, Ogun and Oyo) and include 2 tertiary hospitals, 3 secondary hospitals, 1 PHC and 43 DOTS centers. In COP9, APIN plans to execute a universal coverage strategy in Oyo state, by providing support for TB-HIV services in all state government supported DOTS centers throughout the state. This is an essential step toward universal access to TB/HIV services, and will focus on developing programming at the secondary and primary level. All HIV-infected individuals are clinically pre-assessed for eligibility for ART treatment; it is expected that 700 HIV positive clients will be screened for TB in COP09. TB screening by sputum examination is conducted according to national guidelines. The 13,100 new and maintenance patients already on ART will also be monitored for TB. All 852 HIV infected women from our 5 treatment sites will be assessed for ART eligibility and screened for TB. The TB clinics at 2 of our sites are National TB centers offering the government DOTS program. At all of our associated DOTS clinics, we will implement HCT for 9,700 clients presenting to the DOTS center. In all, it is expected that 2,825 TB/HIV co-infected patients will be identified and will receive treatment for TB and be linked to Harvard and APIN ART clinics for evaluation of eligibility for ART and provision of care and treatment.

The National Tuberculosis Reference Laboratory (NTRL) will provide an important resource to APIN sites in strengthening their capacity for TB diagnosis and cross-training of health care workers in TB/HIV. The NTRL will provide screening for MDR-TB. TB services provided at these clinics will be integrated with ART services and HCT in order to promote the development of a comprehensive system of care for individuals with HIV/TB co-infection. This will be part of the 148 health care workers in both HIV and TB clinical and laboratory settings to be trained in COP09. APIN TB/HIV program officers and facility staff will be provided with formal TB/HIV training to enhance their productivity, including retraining on x-ray diagnostic skills and co-management of TB/HIV for clinicians; and retraining on good sputum specimen collection and laboratory AFB sputum smear diagnosis for laboratory technicians. There will also be training on TB infection control and HCT. A dedicated TB program officer provides TB expertise to all Harvard and APIN sites and is responsible for training efforts and reporting of TB patients to the NTP/LCP.

APIN will implement the global 3 "I"s strategy in COP09 through intensive TB/HIV case finding amongst HIV positive patients, TB infection control in all ART sites and INH Prophylaxis Therapy (IPT). APIN will prevent nosocomial transmission of TB to HIV+ patients through such measures and principles such as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on TB infection control on co-located sites will be implemented in all sites. Patient and staff education on infection control measures will be routinely carried out to ensure program success. APIN will upgrade facilities as needed through infrastructure support such as basic renovations and space modification to ensure effective infection control, upgrading equipment and procuring supplies and consumables (e.g. sputum containers).

To date, more than 30% of APIN+ clinic attendees present with pulmonary tuberculosis. Depending on clinical status, many patients will be treated for TB prior to receiving ART, following the NTBLCP Guidelines. Concurrent ART and TB treatment follows the National guidelines. All co-infected patients will receive co-trimoxazole according to national guidelines. IPT will be provided through the ART clinics following the global 3 "I"s principle and the national guidelines. The TB DOTS sites will be supported to provide holistic patient care according to National and IMAI guidelines. Cross-referrals and linkages between TB and HIV programs will be strengthened.

APIN home-based care providers will track family members and contacts of TB patients who are at risk of developing TB and get them screened for TB, as well as HIV. This will result in higher TB case detection and increased HCT uptake. They will also provide adherence support for TB and ARV drug treatment. Site support groups will be involved in community mobilization and will include TB education in their outreach messages.

At NIMR, APIN will provide technical assistance in the implementation of MDR-TB and XDR-TB surveillance activities in Nigeria. TB diagnostic capacity will include culture, PCR, and sequencing for resistance testing.

In COP09, APIN will work with 43 DOTS centers at secondary sites in all LGAs of Oyo state. These DOTS centers will be linked with two tertiary care sites for specialty care. At each DOTS center, we will provide HCT for TB patients and support the provision of broad HIV/TB services for all patients served, including referrals to ART centers for patients identified as HIV infected. To ensure continuous availability of drugs and commodities in supported sites, APIN will partner with Harvard and other USG PEPFAR team members to strengthen logistics management within the states where it works.

EMPHASIS AREAS:

Emphasis areas include gender and health-related wrap around activities. This activity will increase gender equity by focusing on strategies which seek to reach an equitable number of co-infected men and women. Furthermore, it seeks to provide additional focus on support for pregnant women who have TB/HIV. Through data collection and patient surveillance from this activity, APIN will be able to show the breakdown of men and women who are accessing TB diagnostics and treatment services. Outreach activities and patient counseling also seek to address stigma and discrimination and increase access to information, education and TB diagnosis and treatment for women and girls with HIV. In addition, APIN will focus on providing linkages to wrap around services for TB, which will focus on MDR-TB detection and treatment. Focus will also be placed on intensified case detection through developing linkages with community based

Activity Narrative: health care facilities to build capacity for TB screening.

POPULATIONS BEING TARGETED:

This activity targets adults and children with HIV and TB co-infection by providing a mechanism for critically important TB diagnosis and treatment both prior to the initiation of ART and also during the course of ART therapy. Newly enrolling ART patients will be prescreened for TB in COP09 and TB that develops in patients who are currently on ART therapy will be diagnosed and treated. All HIV infected pregnant women participating in APIN PMTCT programs will also be eligible for TB diagnosis and treatment under this program. TB patients at DOTS clinics will be screened for HIV. Their family members and contacts will also be targeted for TB and HIV screening.

CONTRIBUTION TO OVERALL PROGRAM:

The provision of TB diagnostics and treatment within participating ART facilities is consistent with the PEPFAR goal of ensuring that all facilities offering ART develop the ability to diagnose TB and provide nationally accepted DOTS sites within their facility. There will a deliberate attempt to locate HCT in DOTS centers so as to increase detection of co-infected TB/HIV patients. At these facilities, APIN estimates that it will provide clinical treatment for TB to 2825 patients with HIV/TB co-infection either prior to or during their ART therapy, thus contributing significantly to the 2009 PEPFAR goals. At all APIN sites referral to TB DOTS sites that are co-located will be provided. The provision of TB diagnosis and treatment, infrastructure building and health care personnel training under this program will work towards building and maintaining Nigerian National tuberculosis treatment capacity.

Additionally, as part of the sustainability building efforts, APIN will receive technical assistance and support from Harvard to assume program management responsibility for the TB/HIV Activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in HCT, Adult Care and Treatment, Pediatric Care and Treatment, PMTCT and OVC. Through this activity linkages between participating treatment sites and the National Tuberculosis Reference Laboratory will be provided. Additionally, linkages to potential patient populations through outreach initiatives, HCT activities, and ART services will improve utilization of care opportunities created through PEPFAR funding. This activity is linked to care and support and ART services because TB diagnosis and treatment are provided as a part of patient palliative care and support at sites which also provide ART. A high TB co-infection rate has a major impact on ART management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22514

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22514	22514.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$510,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7144.09

Mechanism: USAID Track 2.0 LMS Associate

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 15643.24909.09

Planned Funds: \$160,000

Activity System ID: 24909

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This activity relates to the TB/HIV, Adult Care and Support, Pediatric Care and Support and Counselling and Testing. In COP09, the LMS project will continue the activities initiated in COP08 supporting 17 existing TB/HIV sites in Kogi, Niger, Adamawa, Taraba, Kebbi and Kwara States, adding 2 new TB/HIV treatment sites and further decentralizing TB/HIV services at selected linked primary healthcare centers (PHC) in existing states. The project will therefore operate a total of 19 TB/HIV sites in COP09.

In COP09 LMS will build on established TB diagnostic and treatment services and ensure integration of TB control in HIV service points and integration of HIV services into TB clinics. At service points, LMS will continue to focus on intensified case detection of TB/HIV co-infected cases through the use of a symptom checklist to screen HIV Positive clients for possible TB infection. Provider initiated counseling and testing (PICT) will be introduced in all TB DOTS clinics in the facilities in which LMS is currently working as well as within the local government DOTS centers. The project will strengthen laboratory capacity for TB smear microscopy. Given the difficulties of diagnosing pediatric TB, special training will be conducted for TB diagnosis in children to raise the index of suspicion among health workers. Treatment for TB will be integrated with other adult and pediatric care and support, pain relief as well as end of life care. LMS will ensure that referral mechanisms are in place to facilitate TB/HIV collaborative activities within the facilities and the communities.

The project will establish good infection control measures and provide infection control SOPs for all comprehensive sites and PHCs with TB DOTS centers. Infection control measures will be established especially in the laboratory and clinic waiting areas as well as in-patient wards. This will be part of the TB/HIV training for health workers and will also be included in the routine site supervisory visits to ensure compliance. LMS will establish prevention with positives in all facilities. To this effect, the project will provide posters and distribute condoms to patients and educate them on its proper usage.

There will be continuous training and retraining of health staff and supervision of TB/HIV activities at the medical, pediatric outpatients and inpatient wards and TB and DOTS clinics. This on the job training (OJT) will include PICT, clinical examination, appropriate laboratory testing and use of drugs as per the national clinical guidelines for TB/HIV co-infection. Training will be based on the national clinical guidelines and the Federal Ministry of Health (FMOH) TB/HIV training modules. These activities will provide quality of service that meets national and international standards. LMS will continue to work with the National TB and Leprosy Control Program (NTBLCP) in the FMOH to strengthen management information systems at all sites.

In COP09, LMS will forge links with local NGOs, FBOs associations of people living with HIV, and CBOs. These links will provide opportunities for case finding and screening and adherence to treatment. These linkages will also build and strengthen referral networks in the community. The CBOs will facilitate in identification and selection of community volunteers for community TB care. This will increase TB case detection and treatment in the communities. The volunteers who must be residents of the community will be responsible for community TB education and control, and will assist in identification of treatment supporters as well as tracking treatment defaulters. These volunteers as well as health workers will be trained in DOTS using national guidelines.

In COP09, LMS will activate 2 new TB/HIV treatment sites. Activities for the activation of sites include minor renovations, staff trainings, establishment of efficient systems and processes for forecasting, inventory management and control, establishment of management information systems and monitoring and evaluation to ensure collection of quality data.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Given that over 50% of patients with TB also have HIV infection, activities in this program area are critical for successful management of AIDS. As TB is known to significantly increase mortality among HIV infected individuals, so addressing both conditions will improve survival of HIV positive clients. Activities will strengthen the capacity of health facilities to deliver TB palliative care to HIV-infected individuals. The number of diagnostic and clinical service entry points will be increased by emphasizing the need to check for co-infection in patients presenting at TB and/or HIV/AIDS service delivery points.

LINKS TO OTHER ACTIVITIES:

This activity links to Adult Care and Support, Pediatric Care and Support, Laboratory, Counseling & Testing, and Adult and Pediatric ART Treatment. In addition, MSH/LMS, through its Capacity Building project, will strengthen the leadership and management skills of health facility managers to assist them in the integration of health facility TB and HIV services.

POPULATIONS BEING TARGETED:

This activity targets adults and children presenting at TB clinics or health facilities who are at increased risk for HIV and TB co-infection. Conversely, HIV infected persons (diagnosed or presumed) are targeted for determination of possible TB co-infection. Contacts of index TB clients are also targeted. Number of HIV-infected clients: 800; Number of individuals trained: 35; Number of registered TB patients: 850.

EMPHASIS AREAS:

This activity emphasizes human capacity development. The capacity of health workers to manage TB/AIDS co-morbidity will be strengthened. In addition, the capacity of community health workers, CBOs and NGO will be strengthened for joint TB/ART drug monitoring and adherence counselling in communities. Health wrap around activities will include child survival activities for children with TB/HIV, nutritional assessment and therapeutic food support for malnourished children, and prevention of malaria through use of ITNs. The project will undertake a gender analysis of the TB/HIV services and institute activities that promote equitable access and quality of care services offered.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15643	15643.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$207,250

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3809.09	Mechanism: HHS/CDC Track 2.0 ECEWS
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 15658.25284.09	Planned Funds: \$45,000
Activity System ID: 25284	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP09 ECEWS will continue TB/HIV services, maintaining its HCT services to DOTS sites in line with the National TB and Leprosy Control Program (NTBLCP) to focus on strengthening the integration of high quality TB and HIV care delivery. At four TB DOTS points of service supported by ECEWS, 150 newly presenting TB suspects and patients developing symptoms will be screened for HIV and provided appropriate counseling based on results. It is estimated that approximately 20 of these TB suspects will have TB, and that 5 will be identified as TB/HIV co-infected. ECEWS' programmatic goals are to ensure adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services, to ensure that all HIV patients are screened for TB, and to enable all HIV-infected patients with TB to access services at DOTS and ART clinics. In addition, ECEWS will continue to support TB DOTS sites to provide holistic patient care according to National and IMAI guidelines. States where activities will be conducted include Akwa Ibom and Cross River.

DOTS site personnel will be trained in HIV diagnosis using HIV rapid test kits and educated in referring HIV+ individuals to comprehensive care for assessment including for antiretroviral treatment eligibility. Provider-initiated HIV counseling and opt-out testing will be employed with TB patients and suspects, respectively. ECEWS will provide active referral for all diagnosed HIV+ TB patients.

ECEWS will implement the global strategy of 3 "I"s of intensive TB case finding among HIV+ patients, TB infection control, and isoniazid preventive therapy (IPT) where necessary.

Nosocomial transmission of TB will be mitigated through attention to principles of TB infection control, including administrative and environmental control measures such as clinic design, good ventilation, appropriate patient triage, staff training, and enforcement of basic hygiene and proper sputum disposal. Patient and staff education on infection control measures will be routinely carried out to ensure program success. The national guidelines on TB infection control will be implemented in all ECEWS supported sites. ECEWS will bear in mind these principles for any facility upgrades that may be needed, such as basic renovations. ECEWS will also provide support to the sites through upgrading equipment such as microscopes and procuring supplies and consumables (e.g. sputum containers) where deficiencies are noted.

ECEWS will continue to partner with PEPFAR IPs specializing in lab programs to facilitate quality assurance (QA) programs to ensure quality of services. ECEWS master trainers will train and work with TB DOTS staff to ensure that HIV testing provided within the TB DOTS context is of high quality by incorporating TB DOTS sites into the laboratory QA program. An ongoing TB diagnostics QA program will be conducted including: joint site visits with the Federal Ministry of Health (FMOH) or relevant state MOH for observation/retraining, selective review of completed smear examinations, training on X-ray diagnosis / TB treatment and proficiency testing with "unknown" slides provided by the QA team. Refresher/retraining of clinical staff on x-ray diagnostics where appropriate will also be done. Regarding quality of TB treatment being provided, ECEWS will work in close collaboration with the German Leprosy and TB Relief Association (GLRA) to ensure that TB DOTS staff are following the National TB treatment algorithm. ECEWS will support training for 4 staff in COP09, including refresher training, for a total of 8 staff (4 staff in COP 08 and 4 staff in COP 09) trained in TB treatment. ECEWS will implement prevention with positives (PwP) in all our TB/HIV sites.

The ECEWS M&E staff will work with sites to ensure that incident TB cases are properly reported to the State Ministry of Health (SMOH) and FMOH. ECEWS will collaborate with Global Fund in implementing these plans to avoid duplication of services. TB/HIV co-infected patients will be referred for appropriate clinical management of their HIV and other opportunistic infections within the network of care and treatment. Cotrimoxazole Preventive Therapy (CPT) will be provided to eligible TB/HIV patients as a component of the ECEWS basic care and support program. HCT in DOTS sites will be established at the secondary and primary health center levels with linkages to tertiary centers to provide accessibility of services to patients.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Training and support to improve the quality and integration of TB/HIV services are consistent with FMOH and PEPFAR priorities. Goals are co-location of HCT services in the TB DOTS setting, an increased number of TB suspect patients screened for HIV, appropriate referral for care and support of HIV+ clients, and improvement of overall TB services (i.e., diagnostics and treatments) at supported sites. An overarching focus on technical capacity development will ensure sustainability. Smear microscopy QA will be carried out collaboratively with the FMOH or the relevant State MOH to promote sustainability through capacity development and integration into the health sector system.

LINKS TO OTHER ACTIVITIES

This activity is also linked to Counseling and Testing, Basic Care and Support OVC, Abstinence and Be Faithful, and Condoms & Other Prevention. Linkage to TB diagnosis and treatment is an important component of adult Care and Support and OVC services.

POPULATIONS BEING TARGETED

TB suspects and patients, PLWHA, and their families and household members who may be at greater risk for TB.

Coverage Areas (Focus Countries Only)

- Akwa Ibom
- Cross River

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 15658

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15658	15658.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$50,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,891

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$38,558,244

Program Area Narrative:

Nigeria still has an estimated 8,600,000 million orphans due to all causes, 4.5 million highly vulnerable children and 1.2 million orphans as a result of death due to HIV/AIDS (UNICEF 2008, UNAIDS 2008). Data from the recently released UNAIDS (2008) report estimates that the number of children (0-14) living with HIV/AIDS in Nigeria is 220,000. Vulnerability as a result of poverty and other causes, including neglect of the rights of the child, continue to impact on the magnitude of the burden. Preliminary data from the recently concluded Orphans and Vulnerable Children (OVC) National Survey & Situational Analysis (NSSA) supported by USG and UNICEF suggest that 25 % of children in Nigerian households qualify as orphans and vulnerable children as outlined in Nigeria's OVC Plan of Action. It is hoped that the 2008 National Demographic Health Survey (NDHS) will also provide data more indicative of HIV affected OVC with the inclusion of the OVC module.

The national OVC response has continued to gain momentum, with the Government of Nigeria (GON), Global Fund for AIDS, TB & Malaria program, now reaching 1,241 OVC and supporting skills development in psychosocial support (PSS) for 591 civil society organizations implementing OVC activities in 12 focal states. Within this period, there has been consistent political commitment at the highest level of GON, demonstrated by the restructuring of the OVC Unit within the Federal Ministry of Women's Affairs (FMWA) to a Division for better coordination and oversight of the national response. In addition, the National Agency for Control of AIDS (NACA), the Presidency and the FMWA are concluding plans to inaugurate an Orphan Scholarship

Fund that will seek support from the private sector and Nigerians in the diaspora.

The most recent data from the Annual Program Results (APR) for 2008 indicates that 91,065 OVC received services. USG/Nigeria has significantly increased the number of OVC on our rosters and has surpassed COP07 targets. In COP09, USG/Nigeria partners will provide primary services to 219,645 OVC (54.9% PEPFAR goal of 400,000 OVC reached). 129,606 OVC will receive direct services, while 90,039 will receive supplementary services in 35 states and the Federal Capital Territory (FCT). In addition to the USG, other bilateral partners and donors, such as UK Department for International Development (DFID), supported the establishment of State level OVC steering committees in their 6 focal states. UNICEF has facilitated the passage of the Child's Right Act in 20 states in Nigeria (rising from 12 in COP07) and through capacity building in PSS for 2,579 care givers, have reached 25,420 OVC nationwide. Collaboration with the Clinton Foundation by most USG IPs has provided further wraparound opportunities in therapeutic nutritional supplementation for HIV-infected and affected malnourished children.

In COP08, USG/Nigeria focused on intensive scale-up and scale-out of services to OVC by increasing the number of partners providing services from 21 to 31; supporting strategic interventions such as block grants to schools by CRS-SUN; and increased advocacy to State governments by the OVC technical working group (TWG) for waivers of school fees and other support for OVC. Other accomplishments in the past year include the publication of the OVC NGO directory and the National Child Policy (NCP).

The implementing partners (IP) have increased their efforts in reaching regions of the country that have high HIV prevalence without commensurate OVC services and increasing referrals and linkages between Prevention of Mother to Child Transmission (PMTCT), Pediatric Care and Treatment, HIV Counseling and Testing (HCT), Care and Support and Prevention program areas. Additional strategies to link OVC services to other program areas will include the provision of a newly developed Continuum of Care Package. This package consists of services and commodities that will act as incentives for pregnant women and their families enrolled in PMTCT to transition through the continuum of care from PMTCT, Pediatric Care and Support to OVC services. Quality improvement efforts have started with improved oversight of partner activities by the joint agency TWG through site visits, quarterly partner meetings and establishing communities of practice amongst IPs and implementing agencies (IAs) working at the State level. IPs, such as Christian AID, CEDPA, and Hope Worldwide Nigeria, have been assigned the roles of acting as case manager organizations to serve as the networks coordinating agencies amongst USG IPs. In this capacity, they will be hosting quarterly meetings of OVC USG IPs to share best practices, address issues, and provide technical assistance to the State Ministries of Women Affairs OVC unit. Gender dimensions of OVC programming was addressed by ensuring equity to educational access for female OVC, increasing income and productive resources for female caregivers and HIV positive women with young children through the Winrock AIM Project and the SLA associations of Christian AIDS CBCO and CCN activities.

Technical and management capacity within the USG team has been enhanced with the addition of an OVC Care and Support Manager within USAID and a Medical Social Worker joining CDC. The capacity of the GON has been strengthened through targeted support for the FMWA via a number of IPs. One such partner is the American International Health Alliance (AIHA) who is working with the FMWA School of Social Work and the University of Nigeria, Nsukka to build the capacity and knowledge base of social workers and their educators. With the embedding of a long-term advisor on M&E in the OVC Division of the FMWA, the GON's M&E capacity and overall managerial structure has been reinforced to better plan for and support the National OVC program. MEASURE Evaluation and LMS has worked and will continue to work with the GON to develop systems in monitoring, evaluation and documentation of OVC programs. Also, the OVC TWG organized a very successful study tour to Uganda and South Africa with the senior management of the FMWA including the Permanent Secretary, State Directors of Child Development from Zamfara and Benue states, and the National Coordinator from the Association of OVC NGOs of Nigeria. This effort is helping the USG to better define strategies and advocacy efforts with the GON.

In COP08 improved strategies for community outreach included wraparound activities, such as educational programming including with the Northern Educational Initiative and Sesame Street Workshop program, community farming with MARKETS; positive deviant approaches for improved nutritional status for under-fives through COMPASS and market driven vocational training for out-of-school OVC. Meaningful child and youth participation has been integrated in to our OVC programs by training all OVC IP focal staff on techniques for child participation and child protection policy development and conducting a media dialogue on child participation.

PEPFAR still remains the largest donor supporting Nigeria's OVC programs. COP 09 will expand upon successful program models, such as Savings and Loan Associations, integrating appropriate prevention messages into youth and kids club activities, food supplementation for needy OVC through targeting, and market driven vocational training for out of school youth.

USG/Nigeria will also work with IPs to ensure that mechanisms are established to decrease the likelihood of double counting OVC across other program areas such as Pediatric Care and Support. In order to maximize the funds available, we will ensure that services to OVC served in COP08 will be maintained in addition to increasing geographical coverage and reach to especially vulnerable children.

The USG OVC strategy developed to support Nigeria's National OVC response which commenced in COP 08 will continue to guide OVC programming. This strategy is will be informed by data from the NSSA on other causes of vulnerability such as out-of-school children, street children, and child headed households, Data from the NSSA will also guide programming to ensure coverage to states with high burden and minimal USG presence through Community REACH sub granting to CBOs. Recommendations from the in-depth technical assistance during COP08 will also help to guide the National OVC response.

The GECHAAN New Tomorrow's program will be providing foster care to children who have been made orphans as a result of HIV/AIDS and conflict in hard to reach communities in Northern Nigeria. In addition, partners will ensure protection of children by facilitating birth registration for all eligible children, and establishing and supporting community care forums for OVC in project communities

In COP09 PEPFAR will ensure the usage of the Child Status Index (CSI) to assess the needs of the individual child and ensure that every child receives the appropriate services they require and for monitoring and evaluating of OVC programming. The USG OVC TWG will continue to conduct supervisory and mentoring site visits, and advocate to State and Local Governments for continued support to OVC. At the USG quarterly IPs meeting partners will continue to share best practices at State levels with IPs and their IAs will be strengthened. Quality improvement efforts to be championed by the GON in COP 08 will continue to be facilitated in COP 09.

All partners will continue to provide at least three core services, as well as link all OVC to services not provided by the primary IP, thereby ensuring comprehensive quality services. Facility based IPs will be required to provide health services as one of their three core services; community based partners will provide at least three of the 6+1 services. In COP09 all partners will focus on providing life skills and appropriate prevention and sexual reproductive health programs for adolescents, with a focus on adolescent girls. Providing sustainable exit strategies for OVC turning 18 and caregivers will be achieved through vocational training for the older OVC and income generating activities for the care givers. Partnerships involving the private sector (e.g. MTN foundation and Sesame Workshop) will boost our programming and enhance sustainability.

Efforts at addressing stigma and discrimination through dissemination of IEC materials and media messages will be sustained. Linkages with other program areas such as Adult Care and Treatment Pediatric Care and Treatment PMT and HCT will be ensured through Family Centered Care Models promoted by most partners with comprehensive services. In COP09, the number of IPs playing the case manager role of providing and strengthening referrals and linkages of OVC between IPs and backstopping the FMWA to build capacity of State and local Governments will increase.

Challenges of bureaucratic bottlenecks in release of funds from GON coffers, poor infrastructure in the educational and health systems, limited capacity for large scale programming by indigenous NGOs and CBOs as well limited capacity by Muslim faith based organization to implement programs continue to plague the OVC program.

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3809.09	Mechanism: HHS/CDC Track 2.0 ECEWS
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 15659.25286.09	Planned Funds: \$470,000
Activity System ID: 25286	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP09 ECEWS will continue its OVC activities by providing preventive care packages to OVC and their caregivers. ECEWS will provide the full spectrum of OVC services to 2,300 OVC, equally distributed among males and females. We will enroll OVC clients in a minimum of 10 community-based sites in Akwa Ibom and Cross River states. In its OVC programming, ECEWS will focus on providing health services, nutrition, psychosocial support, and education to OVC that it serves. ECEWS will refer OVC and their caregivers to providers of other services such as protection, shelter and care, vocational training, and/or Economic Empowerment activities. 1,300 OVCs will receive primary direct services while an additional 1,000 will receive supplemental direct OVC services.

The package of health services which will be available to OVC and eligible caregivers receiving services includes: provision of preventive and promotive healthcare, such as safe water, long lasting insecticide treated bednets (LLITN), deworming, health education, HIV prevention including child counseling and testing (HCT), growth monitoring, immunization services, and treatment for common infections and ailments including malaria and diarrhea. Access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs will also be available to OVC and their caregivers. Preventive care packages, which include LLITN, water guard, ORS, water vessel, and footwear will be procured through a central mechanism and distributed to all enrolled OVC.

Access to food and nutrition support is a significant need for OVC. ECEWS will provide comprehensive nutritional support for 400 OVC, especially those that are clearly malnourished, including assessment, counseling, food and multivitamins/minerals, supplementation, with referral for therapeutic nutritional services. Linkages with community NGOs and faith based organizations (FBOs) as well as traditional community OVC providers will also be established for ongoing food and nutrition resource support. In addition, ECEWS will continue to network with other PEPFAR IPs and through the USG with Clinton Foundation on developing a community therapeutic care program for nutrition services. In addition, through such partnerships, ECEWS will deliver local nutritional supplements, and support vulnerable households to undertake gardening by providing garden tools.

In COP 09, ECEWS will continue to provide direct educational support for 600 OVC including: school uniforms, shoes, books and supplies. ECEWS will monitor school performance and any behavioral issues through relationships that will be formed with the school administration and teachers. This will allow early recognition of problems that need to be addressed.

Psychosocial support including disclosure management, grief and loss, and stigma and discrimination issues, will be provided to all identified OVC. Kids club for OVC will be facilitated by CBOs/FBOs for peer support and recreational activities. ECEWS will develop in COP09 capacity to strengthen psychosocial support for children by improving the quality of counseling available for children at points of service through conducting training on counseling of children which will cover such topics as child development, disclosure, grief and loss. Forty (40) community/home based care providers will be trained through this activity. The trained providers will conduct one-on-one step down training to the caregivers in the households they serve.

The Child Status Index (CSI) will be utilized to ensure that each child has a full assessment of their needs and access to the key core program services. Quality of services will be ensured through supportive supervision, feedback from families of OVC, and monitoring improvement of the child's status.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity provides services which are a high priority for the global PEPFAR strategy and targets by providing a basic package of services for all identified OVC. The services are consistent with the National Plan of Action for OVC in Nigeria and Standard Operational Guideline for OVC services. Capacity development at the site level and consistency with national guidelines will ensure sustainability. ECEWS staff will contribute to the development of a National OVC training curriculum, identified as a priority by the FMOH.

LINKS TO OTHER ACTIVITIES

This activity is linked to Counseling and Testing, TB/HIV, AB, other prevention, and Strategic Information. HCT services will be available to OVC in HIV-affected families. All HIV-positive OVC are monitored and linked to ARV therapy when indicated. Data reporting services supported by ECEWS will be available at sites. Home based care programs will be implemented by a number of indigenous NGOs, CBOs, and FBOs under the guidance of ECEWS.

POPULATIONS BEING TARGETED

OVC and their caregivers and health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBOs will be targeted for training, linkages and identifying OVC.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses the key legislative area of wraparounds as activities will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources. The activity also addresses the key legislative area of stigma and discrimination as training of health care workers and community volunteers will reduce stigma.

Coverage Areas (Focus Countries Only)

Akwa Ibom
Cross River

Activity Narrative:
New/Continuing Activity: Continuing Activity

Continuing Activity: 15659

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15659	15659.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$24,255

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$21,818

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$25,455

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$43,636

Water

Estimated amount of funding that is planned for Water \$16,364

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 558.09

Mechanism: USAID Track 2.0 Measure III

Prime Partner: University of North Carolina

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 12394.24919.09

Planned Funds: \$300,000

Activity System ID: 24919

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

MEASURE Evaluation has provided the Federal Ministry of Women's Affairs and Social Development (FMoWASD) with technical assistance through its Department for Child Development to improve information on OVC outcomes and strengthen the collection, management, utilization, and dissemination of data relevant to Orphans and Vulnerable Children (OVC) programs. The National Agency for the Control of AIDS (NACA) and FMoWASD are responsible for planning, coordination, and monitoring and evaluation of the national multi-sectoral response to OVC. The Ministry of Health (MOH), through its HIV/AIDS Division (HAD) (formerly the National AIDS and STIs Control Program (NASCP)) and the Federal Ministry of Education are responsible for sector-specific OVC programs and data collection and use. Activities in COP09 will build on previous work in continuing to support the NACA and FMoWASD with the objective of building capacity at the national, regional, and district levels and improving the quality of data and the use of information for decision-making.

With COP08 funds, the following activities will have been undertaken with TA from MEASURE Evaluation:

- Data demand workshops and meetings to agree on data needs following the publication of primary results of the OVC Situation Analysis and NDHS.
- Secondary analysis of the OVC Situation Analysis and of OVC data from the NDHS
- Piloting and adaptation of Child Status Index in collaboration with GoN and other OVC stakeholders
- A mapping of key indicators used by GON agencies and select IPs
- An OVC indicator and reporting harmonization workshop, including the harmonization of tools for tracking OVC activities
- Capacity building at the national level of OVC staff in the Federal Ministry of Women's Affairs and Social Development

With COP09 funds, MEASURE Evaluation will continue the process of building and strengthening a unified national monitoring and evaluation system for OVC programming. MEASURE Evaluation will particularly emphasize the usage of the CSI as a tool to improve the quality of services directed at children affected by HIV/AIDS and other vulnerable children. MEASURE Evaluation will further assist the government in developing a scale-up plan for rolling out both the CSI and routine data collection tools for tracking OVC and evaluating OVC-related services, and integrating this process into the national HIV/AIDS M&E data collection system, which will constitute important milestones in creating a national OVC data repository. In COP09, the following activities will be undertaken with TA from MEASURE Evaluation:

1. Implementation of the revised OVC M&E Framework and agreed reporting tools (e.g. the CSI) in selected states
2. Quarterly HQ strategic information coordination meetings (for information sharing, harmonization and validation of national data, exchange of experiences on data-collection tools use, exchange of best practices), to assist the OVC unit of the Department for Child Development to consolidate all OVC partners' SI action plans to strengthen information transmission and sharing through all levels of the FMoWASD, to avoid duplication of effort and resources, and to ensure continued use of agreed/harmonized OVC indicators, data-collection tools, and processes.
3. Facilitating the development of a national database in FMWA&SD of OVC receiving services
4. Training to FMoWASD Department of Child Health staff and OVC desk officers on how to analyze, present and use programmatic data

CONTRIBUTIONS TO OVERALL PROGRAM AREA. The technical assistance and training proposed by MEASURE Evaluation will build on existing work by other implementing partners and stakeholders. The proposed activity will contribute to effective and efficient execution of OVC program interventions by the GoN (FMoWASD and NACA), USG IPs and other development partners, like United Nations International Children Fund (UNICEF), World Bank and British Department for International Development (DfID). Availability of accurate and timely data on the OVC situation will inform key strategies for program managers and policy makers in designing activities for addressing OVC needs. In addition, information from further analysis will guide in the design and formulation of policy guidelines and other standard operating procedures for quality service delivery. About 45 people will be trained as part of this process.

LINKS TO OTHER ACTIVITIES. MEASURE Evaluation TA to FMoWASD and PEPFAR partners is directly linked to system strengthening and policy development. Linkages between TA in data collection, analysis and utilization of information will strengthen the capacity of the organizations and personnel to generate reliable, timely and accurate information that improves ability of health managers, care-givers and providers at all levels to plan activities, set priorities, and allocate human and financial resources in response to needs. The implementing partner will collaborate with stakeholders at all levels to improve data collection, reporting and use, forming linkages as appropriate, especially with other SI capacity building activities.

POPULATIONS BEING TARGETED Children affected by HIV/AIDS are the ultimate beneficiaries of improved programs that benefit from better information. Others include policy makers, program managers, community health workers, volunteers, guardians and caregivers, and M&E staff, particularly from FMoWASD and NACA, who will participate in the design of OVC assessment tools and the CSI training, to enhance their skills in systematically monitoring the outcomes of OVC programs. Current PEPFAR IPs, including NGOs/PVOs will also benefit from training, and indirectly, the results of the OVC situation analysis and secondary data analysis will enhance their ability to make sound program management decisions. Training and TA will extend to state, LGA and other OVC service providers at lower levels through step-down training activities and supportive supervision, to enable staff in such organizations to apply the CSI and other routine data collection tools in monitoring OVC program performance.

KEY LEGISLATIVE ISSUES ADDRESSED Not Applicable

EMPHASIS AREAS: The major area of emphasis for these MEASURE Evaluation activities is building the

Activity Narrative: capacity of the FMoWASD in monitoring and evaluation of OVC programs. This TA will also provide program managers, policy makers, beneficiaries and implementing partners with information to support the development of strategies and activities to address the needs of OVC, and subsequently improve their overall well being. As part of this effort, MEASURE Evaluation will enhance the capacity of FMoWASD and other stakeholders in the application of the Child Status Index and other routine data collection tools for monitoring OVC program performance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13119	12394.08	U.S. Agency for International Development	University of North Carolina	6395	558.08	USAID Track 2.0 FS Measure TBD	\$300,000
12394	12394.07	U.S. Agency for International Development	University of North Carolina	4185	558.07	Measure Evaluation	\$200,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7405.09	Mechanism: USAID Track 2.0 FS AIDSTAR
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 16302.24925.09	Planned Funds: \$3,000,000
Activity System ID: 24925	

Activity Narrative: In COP09 AIDSTAR will maintain services to the 14,400 OVC reached in COP 08 and train an additional 2,000 Caregivers in Enugu, Imo, Delta, Akwa Ibom, Rivers, Bayelsa, Gombe and Taraba States.

COP 08 Narrative

ACTIVITY DESCRIPTION:

This is a new activity and it links to AIDSTAR activities in AB prevention to ensure that all OVC get age-appropriate prevention messaging integrated into their general health care. An analysis of the current USG Nigeria OVC portfolio, conducted by the USG Nigeria's Orphans and Vulnerable Children (OVC) TWG and reinforced by recommendations from previous technical assistance (TA) assessments, identified a number of key programmatic gaps: current paucity of indigenous partners to take programs to scale; poor understanding of OVC definitions by implementing partners; inadequate monitoring and supervision; weak referral networks between facility-based and community-based partners; lack of coverage in high prevalence states; few programs addressing the needs of adolescent OVC, particularly females; and little programming for young married girls in Northern Nigeria who have increased vulnerability. In addition to these programmatic gaps, the analysis identified a number of contracting constraints, as the current in-country capacity for making awards to new partners is limited by the current capacity of indigenous, civil society organizations (CSOs) to respond to the USG solicitation and award standards. The analysis also showed that to achieve community-level service provision and comprehensive services, a partner is needed with the technical expertise and implementation capacity to not only envision, but also have the ability to rapidly develop a large-scale effort in a country as large, complex and challenging as Nigeria. Finally, the analysis noted that implementing partners should have the mandate and capacity to engage local partners to ensure that the program is implemented comprehensively at the grassroots level.

Based on these recommendations, the AIDS Support and Technical Resources (AIDSTAR) Indefinite Quantity Contract (IQC) mechanism has been selected as a new partner under COP08, due to the fact that AIDSTAR contractors have demonstrated technical capacity in a range of technical areas related to care and support addressing multifaceted needs of OVC and palliative care. These include pediatric home-based care, gender, stigma and discrimination, and program-related data collection and analysis. This partner will work closely with the inter-agency OVC TWG and will be overseen by the PEPFAR Nigeria Senior Management team to ensure that it is integrated within the broader USG OVC portfolio. The scope of work will be developed in conjunction with the OVC TWG, and targets and specific activities will be shared with O/GAC prior to award, as is USG/Nigeria's practice for TBD activities.

The Nigeria OVC task order will use AIDSTAR to provide:

1. Long-term in-country support for coordination and scale-up of HIV/AIDS activities in support of USG/Nigeria OVC strategies.
2. Service delivery focusing on the multifaceted needs of OVC, including home-based care for infected children, gender issues related to the vulnerability of female OVC and heads of household, stigma and discrimination. Specifically AIDSTAR contractors will:
 - a) Identify OVC: Activities will be designed to build provider understanding of who is eligible for OVC services, and work with communities and clinical service providers to identify all children that are eligible for services. The geographic area of focus for AIDSTAR activities will be in areas of Nigeria with HIV prevalence at or above the national average that are underserved, particularly in the Southeast, South-South, North East and North West regions. Community-based and faith-based organizations in particular will be targeted as sub-partners.
 - b) Develop a holistic OVC service model: AIDSTAR contractors will understand and establish the standard level of care for each of the 6+1 services using standards and practices that have been developed with USG support and GON collaboration. All OVC will receive at least 3 of these services, one of which must be psychosocial support. These services will be delivered through a family-centered and community-based model that reaches out to all children in a family infected/affected by HIV/AIDS.
 - c) Ensure a multi-program and multi-sectoral referral system: AIDSTAR contractors will collaborate and form linkages/referrals between existing clinical and community-based partners within the geographical area of focus. In some states, AIDSTAR contractors will serve as case managers that coordinate referrals for OVC to ensure comprehensiveness of services. Wherever possible, community partners will engage with and link to clinical service providers; refer clients for HCT, care, and treatment; accept client referrals; and use this as a starting point to engage families in order to assist all children infected with or affected by HIV/AIDS.
 - d) Address girls vulnerability issues: AIDSTAR contractors will focus activities in key Northern and Southern states where increased vulnerabilities of female girls are common, and provide support for girls' continuation in, or return to, school as well as improve outreach and linkages with HIV-related health services, particularly outreach efforts by USG projects (ACQUIRE, ACCESS, and Pop Council).
3. Increase the technical capacity of Nigerian decision-makers and personnel to design and implement effective, evidence-based HIV/AIDS interventions. Specifically, AIDSTAR contractors will: a) link with State Ministries of Women's Affairs (SMOWA) in focus states to build technical capacity so that they can roll out national-level policies, strategies, guidelines, quality assurance, and data collection systems; b) provide technical support to FMOWAs to plan, manage, monitor and evaluate OVC service provision; and c) contribute to OVC program M&E in collaboration with the USG SI team and PEPFAR IPs tasked with overall M&E and SI capacity building.
4. Document and disseminate successful innovative approaches and sustainable models, evidence-based best practices and lessons learned, and new approaches, tools and methodologies in HIV/AIDS OVC programming.

Activity Narrative: This activity substantively contributes to the overall USG Nigeria's Five-Year Strategy and to the implementation of Nigeria's National Plan of Action on OVC by developing and strengthening the community based service delivery for affected children. The suggested targets are determined based on the current estimated cost per targets for a minimum package of OVC interventions. As this is an IQC mechanism, the prime partner and final targets will be vetted with O/GAC and uploaded into COPRS after final award negotiations. The programs and activities implemented will increase the reach of OVC underserved populations and geographic areas with fairly high HIV/AIDS prevalence in comparison with the national average.

LINKS TO OTHER ACTIVITIES:

The activities implemented under the AIDSTAR IQC will achieve set targets for OVC served and caregivers trained while also providing clear linkages between their own activities and the wider OVC portfolio as implemented by other IPs. Strong linkages with the LMS project will be developed as LMS focuses on institutional capacity building in the FMOWA, while AIDSTAR focuses on increasing technical capacity. The emphasis on dissemination of best practices will also help develop the sustainability and efficacy of the program.

POPULATIONS BEING TARGETED:

Populations targeted in these activities will include all OVC, with particular focus on the female adolescent OVC in the Northern and Southern parts of Nigeria. Also targeted are community members, traditional leaders, religious leaders, men and women who act as caregivers for OVC.

EMPHASIS AREAS:

Emphasis areas will include human capacity development. The service delivery component of this award will have a key focus on community mobilization/participation and local organization capacity development. Other emphasis areas are development of network/linkages/referral system; information, education and communication and linkages with other sectors and initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16302

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16302	16302.08	U.S. Agency for International Development	John Snow, Inc.	7405	7405.08	USAID Track 2.0 FS AIDSTAR	\$3,000,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$100,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$300,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$500,000

Education

Estimated amount of funding that is planned for Education \$900,000

Water

Estimated amount of funding that is planned for Water \$50,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7144.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15644.24911.09

Activity System ID: 24911

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$432,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

This activity relates to ART (15646.08) program, Adult and Pediatric Care and Support (15642.08) and PMTCT (15641.08) program areas. In COP 08, LMS Assoc is providing orphans and vulnerable children (OVC) services to 6,400 clients in Kogi, Niger, Adamawa, Taraba, Kwara and Kebbi States. An additional 1,800 OVCs will be served in COP09 making a cumulative total of 7,200 OVCs by the end of COP09. During COP09, LMS Assoc will train 70 OVC providers in the communities who will reach out to the OVCs. The project will continue with the activities initiated in COP08 and build a network of linked health facility and community-based HIV/AIDS services in which the health facility staffs, reputable CBOs and FBOs, teachers, LGA leaders and traditional leaders meet monthly to discuss HIV/AIDS control efforts in the catchment area of a Comprehensive AIDS Care and Treatment site. This network forum will be used to map OVC and eliminate selection bias. The forum will also be used to identify which resources are available in the LGA and what needs to be leveraged from without. LMS Assoc OVC activities aimed at improving the lives of orphans and other vulnerable children (OVC) 0-17 years affected by HIV/AIDS will be implemented in communities in the catchment of 19 comprehensive care and treatment (CCT) sites in 6 states. Services offered will be based on the actual needs of the children as determined by OVC-care givers and guardians closely related with the communities to avoid serving children of influential community leaders who are not orphans themselves. The project will implement household-centered approaches that strengthen the capacity of the family unit to cope and mobilize collective community responsibility for care of OVCs. OVC services will be linked with HIV-affected families through the PMTCT, palliative care, and ART services. Various community OVC care structures like adoption of OVC in the extended family system or guardians, foster parents and child-headed families supervised by caring neighboring families will be supported depending on the circumstances. Although these community OVC structures promote healthy child development, additional project support will be provided to minimize stretching this traditional coping mechanism.

The LMS Assoc will support provision of key OVC services including ensuring access to basic education, broader health care services, targeted food and nutrition support, including support for safe infant feeding and weaning practices, child protection and legal aid, economic strengthening and training of caregivers in HIV prevention and home-based care. The project will enroll all HIV+ children into Pediatric Care and Support, support treatment of opportunistic infections, offer nutritional education and support, psychosocial support, child education and child protection. To allow children and parents to learn from one another and improve the quality of their lives, kids support groups and recreation centers will be established to provide experiential learning activities. The project will support OVC education by assisting OVC care-givers, foster parents, guardians, PLWHA, CBOS, FBOS, teachers and schools to understand the holistic needs of growing children with emphasis on OVC and define what individuals, communities and leaders must do to support OVC remain in school. The project will support community dialogue on OVC to identify community resources (care and love, shelter, food and clothing) and what needs to be leveraged from outside. The project may support selected homes and schools caring for OVCs with small grants. In addition, the LMS Assoc will identify potential partners and link them with communities to support OVCs. Trained OVC care-givers and community service providers will carry out community group counseling, home visits, and distribution of water guard and ITNs to selected OVC families. Older OVCs will join adolescent-friendly health clubs and other community health promotion activities at which life-skills education will be provided. Orphans and vulnerable children care-givers, community service providers and teachers will be trained in psychosocial skills to enable them counsel OVCs and their guardians on prevention of HIV/STIs, living positively with HIV/AIDS and reduction of stigma and discrimination. Child counselling and guidance will build OVC to develop self-esteem and appreciate that being an OVC is not a limitation to their achievement of full potential in life. Care givers will also identify and refer families of sick people to the Health Facility Care Coordinators (HFCC) for HCT and comprehensive care and treatment. Potential vulnerable children will be identified early in this process and supported even when their parents are still alive. The HFCC with consent of persons who are diagnosed as HIV positive at the facility will refer their children to the appropriate providers of OVC services in their local network for follow-up and support.

The LMS Assoc OVC activities will also include prevention of malaria through use of ITNs, provision of safe water by use of water guard, education on food security, proper sanitation and nutrition counseling. Community welfare clinics will be conducted through outreach programs to promote early health-seeking behavior. Food and nutritional support services will include nutritional assessment, counseling and micronutrient supplementation when indicated. Linkages for food supplementation will be fostered with the USG supported wrap-around initiatives in States where they are co-located with the ACT project. The project will partner with the Clinton Foundation and other local private companies like MTN to leverage food support for OVCs and ready-to-use therapeutic foods for the malnourished HIV infected children. An anticipated 540 OVC will receive food and nutritional supplementation through the program. LMS Assoc will train and provide small grants to NGOS, FBOs, CBOs and associations of people living with HIV/AIDS for delivery of OVC services in the community. Based on their comparative advantages, the CSOs will provide varied OVC services and will refer OVCs among themselves and to the health facility through their network. The linked facility-community network will provide a forum for monthly sharing of issues arising from provision of OVC services and for ensuring the quality of services offered. Health workers will be trained in provision of quality clinical care based on SOPs while CSOs and teachers will be trained to always undertake a comprehensive assessment of OVC needs and ensure holistic provision of education, shelter, medical, psychosocial and nutritional support services. They will also be trained to detect OVC abuse using a standard checklist and initiate remedial action.

LMS Assoc working with the OVC TWG will train and roll out use of OVC monitoring tools to all supported CSOs and health facilities to capture OVC service utilization. OVC data will be reported monthly by the health facility and the CSOs. The project will as much as possible avoid hybrid sites and services to minimize double counting of OVCs. Facility-based clinical services provided to OVCs, EID and Pediatric ART will not be counted under OVC services. Monitoring of the wellbeing of these children and data collection will be conducted utilizing the Child Status Index and the existing GoN tools.

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREA:

In providing services to 1,800 OVC and building the capacity of 70 care providers, the ACT Project will contribute to PEFAR Nigeria meeting its five-year emergency plan targets of providing care and support to 400,000 OVC. It will add to the implementation of Nigeria's National Plan on OVC. Activities will strengthen the capacity of facility and community based resources to provide support aimed at improving the lives of children and families directly affected by AIDS-related morbidity and/or mortality.

LINKS TO OTHER ACTIVITIES:

This activity links to Prevention, HCT and HTXD, HTXS activities. Activities will improve the health and education of individuals made vulnerable by HIV/AIDS and create a supportive social environment that will support prevention activities in this group and in their peers. Linkages with other USG PEPFAR activities and Global Fund activities existing in the same states will be initiated and strengthened. In addition, the LMS comprehensive AIDS Services project is linked to the LMS capacity project that will continue to develop leadership and management skills of the National OVC Coordinating unit in the Federal Ministry of Women's Affairs as well its counterparts in the State Ministries of Women Affairs. This support will also include strengthening organizational and programs management capacity to efficiently and effectively address the National OVC response.

POPULATIONS BEING TARGETED:

This activity targets OVC 0-17 years old in the catchment areas of the secondary and primary facilities supported by the project. OVC of index clients attending HIV/AIDS services at the health facilities and other OVC living in the community have been targeted regardless of cause and HIV sero-status.

EMPHASIS AREAS:

This activity includes an emphasis on local organization capacity development and human capacity development. LMS, working with Local NGOs and CBO in the communities, will strengthen the care and coping capacities of families and communities. The primary strategy will be the identification of children most in need, and filling the gap in the safety net traditionally provided by the extended family. This will be an efficient, cost effective and sustainable way of caring for orphans and vulnerable children.

This activity will support health staff and local community organizations (NGOs, FBOs) in helping to care for and re-integrate orphans and vulnerable children, contributing to social stability and improving future economic well-being. ACT will work with state government, local government, NGO, and CSOs in ensuring that appropriate policies are put in place to protect orphans and other vulnerable children and their families. These policies will contain clauses to prohibit discrimination in access to medical services, education, employment, and housing, and protect the inheritance rights of widows and orphans.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15644

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15644	15644.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$0

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$54,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$45,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$20,000

Education

Estimated amount of funding that is planned for Education \$60,000

Water**Table 3.3.13: Activities by Funding Mechanism**

Mechanism ID: 9399.09	Mechanism: HHS/CDC Track 2.0 Vanderbilt
Prime Partner: Vanderbilt University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 21675.25316.09	Planned Funds: \$75,000
Activity System ID: 25316	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008.

ACTIVITY NARRATIVE

In COP08 Vanderbilt University provided OVC services in Nigeria. In COP09, Vanderbilt will establish family centered, facility and community based OVC services targeting 350 children (175 boys and 175 girls). These children will be linked to 5 of the Vanderbilt-affiliated sites (2 comprehensive and 3 satellites). In COP09, Vanderbilt's OVC program will focus on providing support in the following OVC programmatic areas: 1) healthcare; 2) nutrition; 3) psychosocial; and 4) education. All children will receive at least 3 of these core OVC services. In addition, Vanderbilt will provide OVC related training to 20 workers from partner CBOs and our clinic facilities to enhance OVC program understanding and implementation skills and to monitor and evaluate program activities. It will also provide 200 OVC with food and nutritional supplements.

Children will be identified for enrollment at both the clinic and community levels. At the clinic level, children will be identified through HCT, well baby visits, immunization visits and attendance at the ART clinic whether or not they are on ART. In addition, we will target children of PMTCT clients (both the index pregnancy and other siblings); children of patients presenting with HIV and TB/HIV, and siblings of children with HIV. Children may also be identified through partnerships at the community level and linked to the healthcare facility. Eligibility will be confirmed using the OGAC Child Status Index (CSI).

Vanderbilt will partner with local community based organizations (CBOs) to fully implement OVC services to eligible children. We will pursue this goal largely through support of community-based interventions in Kwara state. We will identify and partner with CBOs which are skilled in working with orphans and other children made vulnerable by HIV and AIDS to ensure that mechanisms are in place to effectively respond to the needs of OVCs in our project area. We are exploring a partnership with The Wellbeing Foundation in Ilorin, founded by the Kwara State First Lady, which works in conjunction with hospitals to provide social support, health care, nutritional assistance and scholarships to HIV orphans. We will target HIV- related gender concerns such as early marriage, sexual exploitation and violence against women, cross generational sex and sexual coercion through education and support of community-based interventions.

Vanderbilt will strengthen the capacity of selected community institutions to provide quality interventions targeting the healthcare, nutrition, psychosocial and educational needs of OVCs. This program will promote access to preventive and curative health care. We will collaborate with NPI to ensure that OVC <5 are immunized according to national guidelines. We will provide deworming and treatment for common childhood illnesses such as malaria, diarrhea and acute respiratory infections. All OVC households will receive a preventive care package containing ITN, water guard, water vessel, soap, ORS, and IEC materials on self care and prevention of common infections according to GoN guidelines. Children will receive nutritional assessments and micronutrient supplementation, and they, along with their caregivers, will receive nutrition counseling. We will solicit support from the Clinton Foundation for provision of food supplementation and will seek out other collaborative partnerships with programs providing food support to children. Psychosocial support for OVCs and their caregivers will address emotional issues faced by OVCs and their parents/guardians including: disclosure issues, grief and loss, and living with HIV. Educational support of OVCs will be provided in the form of block granting for identified children.

In COP 09, the national OVC training curriculum will be used to train 20 OVC care providers at the clinic and CBO levels. Use of this curriculum ensures standard and quality trainings for all providers. Vanderbilt will use the Child Status Index (CSI) to assess vulnerability among children receiving care, as well as the children of HIV-infected adults receiving care, at our sites. Trainings will include proper implementation of the CSI and monitoring of program activities using the CSI along with GoN tools. Clinical care of HIV-infected children will also be monitored using the national PMM forms. The project will develop a cadre of specialists (implementing team staff as well as clinical site staff who become trainers/mentors) who can continue roll out comprehensive OVC programs in new sites. Vanderbilt will work with our CBO partners to establish an OVC monitoring and evaluation system. Vanderbilt will orchestrate routine quality control visits to evaluate OVC program performance, proper record keeping, referral linkages, and compliance with standard operating procedures.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of supporting community-based actions for orphans and other children made vulnerable by HIV and AIDS (OVCs). The program will also contribute to strengthening human capacity through training of health workers, community workers, institutions and organizations in programs targeted to OVCs.

LINKS TO OTHER ACTIVITIES

This activity is linked to Pediatric ART Care and Treatment for pediatric care, PMTCT, HCT as an entry point to ART, Adult Care & Support for HIV infected adults and their children and TB/HIV.

POPULATIONS BEING TARGETED

The service components of these activities target orphans and other children made vulnerable by HIV and AIDS. The operational elements of these activities target CBOs, public and private program managers, doctors, and nurses in our activity area.

EMPHASIS AREAS

This program will work with CBOs to enhance community mobilization and sensitization of OVC related issues such as educational opportunities; health care services including malaria treatment and child survival activities; psychosocial support; and nutritional support. It emphasizes human capacity development (HCD) through training and program implementation and monitoring. This program also seeks to increase gender equity in programming for OVCs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21675

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21675	21675.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$5,000

Water

Estimated amount of funding that is planned for Water \$2,500

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4133.09

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15666.25295.09

Activity System ID: 25295

Mechanism: HHS/CDC Track 2.0 Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$450,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION:

In COP09 Africare will continue to provide relevant services to 2,500 Orphans and Vulnerable Children (OVC).

In continuation of the Africare COP08 strategy to provide care and ensure maximal impact by saturation of services in local government areas (LGA), Africare will in COP09 continue its OVC activities by expanding coverage within each local government area. In COP 09, Africare will continue to provide services at 15 OVC sites actively linked into a central "medical home" (primary health center) in 6 local government areas in 3 states - Rivers, Bayelsa (South-South zone) and Lagos (South West zone) States - where a comprehensive package of HIV support services existed. Local Government staff, health care workers and service corps (community based) volunteers were trained and supported in the provision of these services.

Accomplishments from last year include the establishment of community child forums, with capacity building at the level of LGAs working closely with community development associations to strengthen the ability of the communities to support OVC services, and support the response to OVC. Project support was provided through a Service Corps Volunteer to establish patterns of OVC need identification, work planning and policy development, and the development of an OVC community servicing plan.

Direct assistance to OVC was provided, with the establishment of kids support groups (kids clubs) providing homework assistance, skills in writing and caring for others, and psychosocial support as appropriate for the age and culture of the OVC. The kids clubs were established with project support and designed in conjunction with the Local government area and the Community Development Associations. 50 OVC received full educational support (payment of school fees, uniforms, books and school supplies) with training in life skills as appropriate. Peer educators and peer counselors were trained in the communities to support children and youth attending kids clubs. Health care access was integrated into OVC services for children under the age of two. Africare will continue to support two youth friendly centers that provide appropriate HIV prevention services to adolescents.

Currently Africare provides nutritional assessment and counseling (with supplementation to approximately 50 OVC), educational and psychosocial support, and clinical services. Clinical services include referrals for early infant diagnosis, appropriate counseling and testing for at-risk children and adolescents, prevention and treatment of common infections including malaria, diarrhea and TB, and provision of the basic care kit for OVC. Existing service corps volunteers in conjunction with CBOs will provide home-based care as well as referral/escort services for OVC to ensure that growth monitoring, immunizations, management of common illnesses, and nutritional needs are addressed. Caregiver education will also be provided during home-based visits.

In COP 09 Africare will further incorporate specific age-appropriate life-building skills into the Kids' clubs such as life goal planning, personal empowerment, caring for others, public speaking, writing skills and homework support. Workshops will be held to jointly establish roles, functions, and the service complement of Child Forums and Kids' Clubs. Under guidance from the State Ministry of Women Affairs, support will focus on the communities through a phased-in mechanism.

In COP 09 Africare will address continuing challenges that include the provision of legal aid, provision of support for child-headed households, and the need for food supplements to households- especially when caregivers are still quite sick- by supporting capacity building for Africare staff and members of child care fora.

Child headed households and older OVC will be specifically targeted for educational support, wrap-around services, and training in vocational and livelihood skills through vocational training centers and training organizations. Africare will provide Kids Club leaders with educational support in HIV and AIDS and care and support of OVC. Peer Educators and Peer Counselors will be trained to support children and youth attending Kids' Clubs in the community. Altogether 50 care providers will be trained, including direct providers and supervisors at local and state government levels to provide the various aspects of OVC care services.

Capacity of OVC managers and focal persons at State and Local government will be built in conjunction with the State Ministries of Women's Affairs. OVC managers/focal persons will be trained to provide supportive supervision in areas of psychosocial counseling and mentoring. This training will employ nationally approved standards for training of supervisors, in addition to on-site support and mentoring to ensure sustainability.

Relationships will be developed with two local organizations to which clients can be referred for support for economic empowerment, and OVC and caregivers will be assisted in securing funding for economic empowerment activities. At the level of the primary health facility, three nurses will be trained to provide youth friendly adolescent health services for out of school OVC.

Africare will use GoN approved curriculum to train providers of psychosocial support for children. Through FIDA (International Federation of Female Lawyers), local legal aid services will be engaged to train child forum members and volunteers in basic legal aid support for OVC and families, such as wills, succession planning, and identity documents including birth registration. The project will facilitate the development of a referral system between the community, LGA, CDAs and legal aid for common legal needs.

Linkages between the OVC activities will be strengthened with PMTCT services which would also be starting up in the same funding year. In addition OVC services will be linked to HCT, TB/HIV, Basic care and support, as well as to adult and pediatric treatment services. Africare will refer eligible caregivers to

Activity Narrative: Winrock International's AIDS Impact Mitigation Project to support economic empowerment activities. All referrals will be recorded, actively followed up and reported to ensure accurate data compilation. Network referral meetings will also be established around these partners' services to ensure completion of referrals, and that OVC and caregivers are receiving comprehensive services as needed.

OVC households will be linked to ongoing and expanding food garden projects, soup kitchens and locally available food parcels distributed by churches and CBOs. Schools and Kids' Clubs will be aware of children and youth needing referrals for health care and HIV treatment, linking them through the structures above to ensure that clinic or hospital level care is provided. Child Forums, Kids' Clubs, and community caregivers will link OVC and child heads of households to social services for necessary support.

Monitoring and evaluation of the support services being provided will be carried out. To further support the identification and tracking of support to OVC, community stakeholders' meetings will be convened for community leaders, development partners and local leaders, similar to the M&E meetings that hold monthly at the state level. The Child Status Index will be used for the monitoring and evaluation of the Africare OVC program.

Africare will support the printing and dissemination of registers and other tools for data and information capture. The Project will support the State's Ministry of Women's Affairs in refining and further developing an OVC registration system and other tools for identifying vulnerable households. Volunteers, health sector community care-givers, and Child Forum members will be trained to identify OVC and vulnerable households, and ongoing household needs assessments will be initiated and made routine.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 strategy by providing a range of services for all identified HIV-positive children, families with an HIV infected parent/caregiver or children orphaned by HIV/AIDS. The services are consistent with the National Plan of Action for OVC in Nigeria and Standard Operational Guideline for OVC services.

LINKS TO OTHER ACTIVITIES: This activity is linked to Counseling and Testing, TB/HIV, AB, OP, Pediatric Basic Care & Support, Strategic Information, PMTCT, prevention and palliative care. HCT services will be available to OVC in HIV affected families. All HIV-positive children will be monitored and referred for treatment if HAART eligible. Where services are co-located with TB DOTS centers, Africare staff will work with sites to ensure integrated systems are in place. Data reporting services supported by Africare will be available at all sites. Home based care programs will be implemented by indigenous CBOs and FBOs under Africare's guidance and supervision.

POPULATIONS BEING TARGETED: OVC and their caregivers will be targeted for services. Health care workers, volunteers CBOs and FBOs will be targeted for training.

KEY LEGISLATIVE ISSUES ADDRESSED: This activity addresses the key legislative area of "Wrap Around services" as activities will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources, legal support and educational services. The activity also addresses the key legislative area of "Stigma and Discrimination" as training of personnel and dissemination of knowledge to the community level will reduce stigma.

EMPHASIS AREAS: Major emphasis will be on linkages for health related wrap around programs in form of nutrition and education services for children, encouraging referrals and strengthening linkages with other partners including Sesame Street, MARKETS and COMPASS to ensure access to community based- psychosocial support, agricultural, economic empowerment, nutritional support for caregivers and educational support for children respectively. Other areas include community mobilization with identification and birth registration of OVC, emphasizing human capacity development for sustainability by training local government and CDA officials, gender equity (increasing women's access to income, productive resources, and legal rights) by providing linkages to the legal and income generating activities that other partners provide.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15666

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15666	15666.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$500,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$43,831

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$4,696

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$35,478

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5230.09	Mechanism: HHS/CDC RFA TBD
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 14087.25300.09	Planned Funds: ██████████
Activity System ID: 25300	

Activity Narrative: These funds are to be used by the award recipients of the FY09 HHS/CDC RFA, with emphasis on local implementing partners, to implement HIV Orphans and Vulnerable Children (OVC) programs in new underserved areas of Nigeria. Through this HHS/CDC RFA, an estimated 1,800 Orphans and Vulnerable Children will receive services while appropriate community and facility based staff and volunteers will be trained to provide these services. The staff to be trained will include counselors, laboratorians, and nutritionists, as well as master trainers in community/home based care and vocational skills. OVCs will receive age-appropriate psychosocial counseling and peer support groups. Components of the OVC package that will be provided include: symptomatic management of ailments and provision of pediatric drug formulations like analgesics, anti-malarials, anti-diarrheals, and anti-helminthics. They will also have access to tuberculosis diagnostics, treatment and prophylactic services as appropriate. All these will be done in close collaboration and linkages with the Government of Nigeria (GON) and other partners. Other services to be provided under this intervention include safe water (by promoting the use of Water Guard) and malarial prevention through the use of Long-lasting Insecticide Treated Nets (LLITNs). Nutritional and educational support will be provided either directly or through linkages to other USG partners providing such services as appropriate. OVC care providers may have access to income-generating skill-building through these awards, and community members will be recruited to serve as mentors to aid OVC receiving services. These activities will be achieved in line with the National Guidelines and Standard Operating Procedures (SOPs).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity is a high priority intervention area for the President's Emergency Plan by providing a comprehensive package of services to children orphaned or rendered vulnerable by HIV/AIDS, including those infected with HIV. It is also a priority for the GON. Its components, especially the human resource capacity development aspect, will enhance sustainability and the development of health care systems in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity will be linked with Counseling & Testing, antiretroviral (ARV) Services, prevention of mother to child transmission (PMTCT), TB/HIV Services, Other Prevention, Strategic Information, and Laboratory Services. HIV Counseling and Testing services will be accessible to all family members and relations of the HIV-infected children as necessary. Children who qualify for either ART or TB treatment will be linked to the most proximal outlets for these services. Since some of the services will be implemented by local indigenous Non Governmental Organizations (NGO), Community-Based Organizations (CBO) and Faith-Based Organizations (FBO), sub-agreements will be coordinated with relevant Implementing Partners (IP) to ensure there is no overlap of funding, services and reporting. The OVC services will be implemented in coordination with the GON, other relevant IPs and the Global Fund to fight AIDS, Tuberculosis, and Malaria.

POPULATIONS BEING TARGETED:

OVC services are primarily targeted at care givers, OVC/People living with HIV/AIDS and their affected families. The capacity development activities cover the facility-based staff such as doctors, nurses, and other health care workers. In the community, training is targeted at NGOs, CBOs, FBOs and volunteers. However, the direct beneficiaries of the services are HIV-positive infants and children, as well as children orphaned or made vulnerable by HIV/AIDS.

EMPHASIS AREAS:

The major area for this intervention is training and human resources development in order to ensure the delivery of comprehensive services to Orphans and Vulnerable Children.

COVERAGE AREAS: Underserved expansion states to be decided upon award.

***The USG Nigeria team is proposing estimated targets in the narratives and not in the target tables in the COPRS for open solicitations for USAID APS and CDC RFAs. These solicitations have not been awarded at this time and targets and other specifics will only be finalized and reflected in the activities in COPRS after negotiations have been concluded and the award has been made.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14087

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14087	14087.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6354	5230.08	HHS/CDC RFA TBD	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7215.09

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 16933.24953.09

Planned Funds: \$15,300

Activity System ID: 24953

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency OVC ICASS budget for FY09 is to provide necessary ICASS support for five USAID employees under the OVC program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16933

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16933	16933.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$9,839

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1532.09

Mechanism: USAID Agency Funding

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5408.24941.09

Planned Funds: \$480,910

Activity System ID: 24941

Activity Narrative: ACTIVITY DESCRIPTION: This activity represents the “fully-loaded” costs of USAID’s OVC team, which includes the OVC Advisor, an OVC Program Officer, a Program Officer for Nutrition, one program assistant and an administrative assistant. One position approved in COP08 (for a second program assistant) was eliminated due to cost concerns. The dollar amounts to be programmed and the number of partners providing programming in this area have increased dramatically over the past year and are anticipated to continue to increase as the APS and other solicitation mechanisms identify additional local faith-based and community-based partners. Oversight, supervision, mentoring, and capacity-building needs are very intense for the broad range of partners and activities under this important program area and the entire OVC team contributes to meeting these needs by making regular supervision visits to the field. In addition, there is a significant emphasis on multisectoral coordination (education, nutrition, income generation, etc.) required for quality interventions for the OVC portfolio, which demands a team capable of substantive coordination with many stakeholders. The new emergence of a pediatric care and treatment program area will also create new opportunities and responsibilities for the OVC team during COP09.

The OVC team, working with the wider PEPFAR OVC team and with Government of Nigeria and Implementing Partner counterparts, provides oversight, supervision, capacity-building and technical assistance and leadership for the OVC interventions and services. The team will also be managing several new mechanisms and providing oversight to a wider geographic range of service delivery points. The team’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality, accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG OVC Technical Working Group. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent and relevant technical approach across USG Agencies and amongst all partners implementing OVC activities, in line with national guidelines.

These five positions are all local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13126

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13126	5408.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$432,387
6782	5408.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$255,000
5408	5408.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$133,335

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10897.09

Mechanism: USAID Track 2.0 Sesame

Prime Partner: Sesame Street Workshop

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 25918.09

Planned Funds: \$400,000

Activity System ID: 25918

Activity Narrative: This activity was described in COP 07 as a PPP.

The goal of the Sesame Street Nigeria project is to work with local partners (educators, producers, broadcasters, government organizations and NGOs) to create a locally produced Sesame Street Nigeria that will address the developmental, educational and health needs of young children and their caregivers using mass media (television, community outreach and other platforms). The project is being conducted in phases. Initial funding from PEPFAR/USAID is being used to execute the first of these phases, a pilot program employing an innovative approach to addressing three separate, yet complementary sectors: education, HIV/AIDS and public/private partnership. During the course of this phase of the project we anticipate reaching a total of 21,000 children who are OVC with specifically designed HIV/AIDS messaging that incorporates basic literacy and math concepts within the context of the material. We will be working in 4 states: Kano State (11,875 children); Ebonyi State (6,000 children), Lagos State (11,875 children) and Abuja FCT (250 children). Of these 30,000 children we will plan to reach, 21,000 will be OVC. Roughly half of the children served will be boys. We will train 487 providers to use the materials we develop and to conduct community viewings. The number of trainers in each region is projected to be as follows: 198 in Kano State; 99 in Ebonyi State; 192 in Lagos State and 5 in Abuja FCT. A key aspect of the community education project will be the production and distribution of 21,000 copies of printed materials for children and 487 training guides for caregivers. We will achieve our goals by building partnerships with Nigerian government and non-government organizations that will help develop materials and support our training of individuals in their execution. We will be working with the Universal Basic Education Board and the Ministry for Social Welfare. Forging key private sector partners to sustain the project into its next phase is another key goal of phase one. In particular, during this phase we aim to secure partnerships within the broadcasting sector and with organizations that can fund the project's second phase.

Beyond the initial phase of this project, we propose to sustain these activities by broadening the reach within the four current states as well as extending our reach to one additional state where there is a high prevalence of HIV/AIDS. We will aim to increase the number of community viewing sessions to extend the educational depth and appeal of the messaging, especially to those children and providers who have the least access. In addition, Sesame Workshop proposes to enhance its activities by including more material from the Workshop's library of preschool television programming. This material will constitute an in-kind contribution from Sesame Workshop since we will waive all normally associated fees.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	\$400,000
Water	

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7213.09	Mechanism: HHS/HRSA Track 2.0 AIHA
Prime Partner: American International Health Alliance Twinning Center	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 15663.25305.09	Planned Funds: \$400,000
Activity System ID: 25305	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

UNICEF reports that the number of orphans affected by HIV/AIDS is expected to increase rapidly in Nigeria to 1.57 million by 2010. Unfortunately the systems that currently exist to address OVC related issues are overwhelmed. There is an acute need for trained personnel at national and local levels to provide care and support for OVC. Furthermore, the social work pre-service training required to provide social work graduates with adequate preparation to support OVC is scant. Therefore, assuring that social workers, or those working in this capacity, provide quality comprehensive services to OVC will require a dual-pronged approach; one that addresses both in-service and pre-service training, particularly in the areas of HIV/AIDS and OVC.

The AIHA Twinning Center proposes a twinning partnership between a TBD Nigerian partner and a TBD US recognized institution with experience of supporting social work training in developing countries to strengthen the institutional capacity of Nigeria's social work institutions to equip social workers and community workers with knowledge and skills necessary to ensure comprehensive social services to OVC in Nigeria. This partnership aims to strengthen the institutional capacity of Nigeria's social work institutions to equip social workers and others with knowledge and skills necessary to ensure comprehensive social services to OVC affected by HIV/AIDS in Nigeria.

It is important to note that AIHA-Twinning Center currently manages a very successful social work twinning partnership with a focus on OVC in Tanzania; a similar partnership is in its developmental phase in Ethiopia. AIHA will build on these experiences to ensure that a twinning social work partnership with sustainable results is developed in Nigeria.

The Twinning Center will work with USG, GON's Ministry of Women's Affairs and other relevant stakeholders to select the lead and local partners for this partnership. AIHA partnerships are volunteer-based peer-to-peer programs, with an emphasis on professional exchanges, voluntary contributions, and leveraging private sector resources in order to create sustainability. Once both partners have been identified, Twinning Center staff will work with the partnership to organize an initial assessment exchange and develop a partnership work plan with specific goals and objectives, a partnership communication plan, and monitoring and evaluation plan. The partnering institutions will identify partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. The Twinning Center will be responsible for day-to-day project administration including budget monitoring and logistical support and can provide training to the individual organizations on financial administration and subgrant management.

The following objectives are proposed; the specific measurable program objectives will be developed jointly by the partners, AIHA's Twinning Center, and USG/Nigeria, consistent with AIHA's partnership methodology, which emphasizes a highly participatory approach to work plan development. This partnership is aimed at improving the institutional capacity of Nigeria's Schools of Social Work to deliver pre-service quality social work education, particularly in the areas of HIV/AIDS and OVC; and strengthening the capacity of Nigeria social work institutions to provide in-service quality education to community workers and volunteers providing services to OVC.

This partnership will address both the short-term and long-term needs of OVC. To address immediate needs, the partnership will: 1) develop a short refresher course (approximately 1 week in duration) for current practitioners who have not received continuing education and may not have ever received training on the needs of OVC; and 2) develop a short-term training certification program to train para-social workers (approximately 2 weeks in duration) who can provide direct services to children and families at the local village level. This training for para-social workers will involve the identification and training of laypersons to serve as "social referents" to provide an immediate response in the care of OVC. AIHA will ensure that the selection process for trainees for each program prioritizes nominees from other USG IPs and equitably distributes trainee slots among these other IPs, thereby directly improving the quality of OVC services being provided in the PEPFAR program. In addition, AIHA will ensure that the training is in line with USG scale-up plans and highlights USG geographic priority areas. These two activities will train 500 social workers and para-social workers through in-service training.

To address the long-term needs of OVC, the partnership will also: 1) strengthen the training and mentoring of social work students to respond to the needs of OVC through improving the curriculum and student fieldwork experiences; and 2) expose faculty at the schools of social work to different models and delivery of community social work training. These two activities will train 200 social work students and faculty through pre-service strengthening of the social work curriculum and faculty training skills.

Although partners will jointly develop work plan activities, potential activities might include: 1) conducting assessments of pre-service training curricula; 2) reviewing and updating pre-service social work curricula to include HIV/AIDS and OVC related needs; 3) liaising with the Government of Nigeria to integrate pre-service curricula nationwide; 4) developing OVC in-service (short-term and para-social worker) training curricula; 5) piloting the OVC in-service training curricula; 6) conducting TOT for OVC in-service training curricula; and 7) rolling out OVC in-service training nationwide.

CONTRIBUTION TO OVERALL PROGRAM AREA:

This partnership is aimed at improving the institutional capacity of Nigeria's Schools of Social Work to deliver pre-service quality social work education, particularly in the areas of HIV/AIDS and OVC and strengthening the capacity of Nigeria social work institutions to provide in-service quality education to community workers and volunteers providing services to OVC. In line with this goal and its objectives, in the first year, this partnership will provide comprehensive training to ensure that 700 social workers and para-social workers will have the capacity to provide quality OVC case management services by equipping them with the knowledge and skills to adequately perform tasks. This target includes 500 in-service social workers and para-social workers, and 200 social work students and faculty. This will be in line with the Nigerian National OVC Action Plan and will ensure that mechanisms for the protection, care and support for orphans and vulnerable children are in place and that the provision of basic services is facilitated within a

Activity Narrative: supportive environment. Basic services include education, health and nutrition, protection and social care. Additionally, it is anticipated that each social worker or para-social worker will provide services to a significant number of OVC thus contributing to USG five-year target of providing support and/or care to 1,750,000 in Nigeria and the overall 2-7-10 PEPFAR targets.

LINKS TO OTHER ACTIVITIES:

This twinning program will train pre-service and in-service social workers and para-social workers to provide quality services to OVC and their families. Therefore the partnership will work closely with the GON, the USG, USG IPs and other stakeholders in developing training materials to ensure that the training is comprehensive and culturally appropriate. Furthermore, AIHA and the partnership organizations will collaborate with all USG IPs engaged in OVC activities to identify participants for the in-service training. The partnership will engage relevant Nigerian civil society organizations, other PEPFAR implementers and international stakeholders during the various phases of this twinning program.

TARGET POPULATION:

In-service trainees will be social workers and para-social workers (laypersons) identified by GON, USG, and other USG IPs and who are currently providing OVC services. Students and faculty in schools of social work will be targeted for the pre-service partnership activities.

EMPHASIS AREAS:

The objectives of this twinning program are to strengthen the capacity of in-service and pre-service social work programs to provide quality OVC services. Through trainings, workshops and professional exchanges, partners will work at producing training products for these different groups so as to ensure that participants acquire adequate skills to provide quality OVC case management services.

Emphasis areas include pre-service, OVC, and retention strategies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15663

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15663	15663.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7213	7213.08	HHS/HRSA Track 2.0 AIHA	\$437,500

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10893.09

Mechanism: USAID Track 2.0 CSN

Prime Partner: Catholic Secretariat of Nigeria

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Activity ID: 25887.09

Activity System ID: 25887

Program Budget Code: 13

Planned Funds: \$720,000

Activity Narrative: Activity description.

As this activity was TBD under COP 08, this is the first full narrative.

The SUCCOR Project is designed to increase information on HIV prevention through Abstinence and Be Faithful messages, provide quality care and support services for HIV-infected individuals and their families, and provide support for orphans and vulnerable children in 13 dioceses spread over 10 states in Nigeria (Anambra, Bauchi, Cross River, Ebonyi, Enugu, Kano, Taraba, Kogi, Ogun and Lagos). These services will be provided alongside capacity building and strengthening activities for a sustainable community-based response to HIV and AIDS. The goal of the project is to provide integrated high-quality HIV/AIDS prevention, care and support services in communities. The goal will be achieved through the following strategic objectives: 1) Increase the capacity of CSN and partners to implement HIV/AIDS prevention, care and support programs in target communities and 2) Provide integrated HIV/AIDS prevention, care and support interventions to individuals and households

CSN will provide both leadership and overall coordination at the national level. The implementation structures of this activity evolve around Diocesan Action Committee on AIDS –(DACA) and Parish Action Committee on AIDS (PACA). DACA is primarily responsible for daily program management while PACA is entrenched in the community, responsible for social mobilization and service delivery. All OVC within a household will be enrolled in the program. Services to be provided are vocational support, health care, psychosocial support, OVC protection and economic strengthening. All children requiring legal aid or support especially in matters of denial of rights will be referred to the JDPC/Caritas units of the Church. In COP09, linkages will be sought for nutritional and educational support with USG supported wrap-around activities in sites where these co-exist with SUCCOUR Project. The primary direct targets for this project are 4,500 individuals receiving OVC services and 1,300 caregivers trained. Referral systems will be established with other IPs and GON to ensure that OVC beneficiaries are receiving services in all 6 core service areas.

The following project activities will be implemented during COP 09: Community Mobilization, Capacity Building of partner dioceses and caregivers, and Care and support for OVC (Provision of Nutritional support, Access to basic healthcare services, Access to education, Legal support, Income Generating Activities and Life skill training).

COMMUNITY MOBILIZATION: CSN will support the dioceses and provinces to mobilize the community using the institutional mapping exercise to identify stake holders involved in OVC activities or those with potential to become involved. Subsequently community stakeholders meetings will be held and that will facilitate the formation of the community care coalition.

CAPACITY BUILDING: The first component of this program is to strengthen institutional capacity of CSN, Provincial and diocesan capacity for effective and improved HIV/AIDS and OVC service delivery. 180 individuals will be trained within CSN, 5 provinces, 13 focal dioceses, however, seven dioceses will benefit from the initial start up while others will join in the second year of the program. This tripartite structure forms the pivot of SUCCOUR sustainability framework. Provincial and diocesan project staff/officers will receive training of trainers (TOT) in Advocacy, OVC protection, Nutrition and home based care and step down these trainings at the different dioceses to volunteers and care givers. Additional trainings will be organized for CSN, Diocesan and provincial staff on Project Management, Monitoring and Evaluation, Financial, Administration, and Management of Small Grants. Parent Child Communication Training will also be organized for 1,300 Parish Action Volunteers (PAV) in all 13 dioceses.

CARE AND SUPPORT

This component is to provide care and support to orphans and vulnerable children. A total of 100 Parish Action Volunteers (PAV) in each diocese who have been trained in nutrition and OVC care and support will carry out monthly visits to the identified OVC in their homes to provide psychosocial and spiritual support to the OVC and their caregivers. They will also monitor physical well-being of the orphans. The PAV will be provided with incentives in the form of training opportunities, annual award for best PACA/PAV, and items such as T-shirts and bags. OVC and caregivers will also be provided with food supplements on the project.

Nutritional support: As a follow up on step-down nutrition training to the OVC caregivers, CSN will support the dioceses and provinces to raise community awareness about good nutrition and advocate against cultural beliefs and practices that promote poor nutrition. There will be nutritional counseling session on locally available foods grown that are rich in nutrients for HIV-positive and OVC born to HIV positive mothers. There will also be monthly growth monitoring for OVC under 5 years in the dioceses; severely malnourished OVC will have access to ready-to-use therapeutic supplement known as PlumpyNut.

Health Care Services: Volunteer health workers within the dioceses will provide basic healthcare services to OVCs. This includes access to subsidized drugs, treatment of minor/common ailments, monthly health talks and growth monitoring. OVC will be provided with insecticide treated nets, safe water supplies, anthelmintics, multivitamins and worm expellers. There will be appropriate referral to clinical sites for immunization and growth monitoring for those less than 5 years of age. Linkages will be established with Catholic and non-Catholic health facilities and the diocesan teams will be provided with a fund for medical expenses incurred by OVC. All suspected pediatric HIV cases will be referred to AIDS Relief (AR) or other IPs.

Education Support: CSN will work with dioceses and provinces to raise awareness about HIV/AIDS and disabilities in order to stop stigma and discrimination that often prevent OVCs from attending school. There will be provision of block grants to identified schools ready to accommodate OVC. Uniforms and writing materials will be provided.

Legal support: OVC sometimes becomes entangled in complicated legal issues due to lack of succession planning by their late parents or guardians This often results in them being dispossessed of their inheritance by relatives or neighbors. CSN proposes to refer such legal issues to the Justice Peace and Development

Activity Narrative: Commission (JDPC), a unit in CSN that specializes in handling such social legal matters.

Income Generating Activities and life skills training: Income generating activities will be provided for heads of child headed households. Life skill training will be provided for out of school children.

Monitoring and Evaluation Plan

CSN will ensure regular monitoring of project activities throughout the project period. A special emphasis will be placed on using tools developed by the CRS/SUN project for monitoring services provided to OVC per PEPFAR reporting requirements for OVC. Monitoring and Evaluation training data will be channeled from the PAV and PACA to the Diocesan Teams on a monthly and quarterly basis, while the diocesan teams will also report quarterly to the Provincial Program Managers (PPMs). The diocesan HIV/AIDS and Referral coordinators have the responsibility of aggregating the data collected from diocesan, PACA and PAV activities and transmitting it to the Provincial Program Managers (PPMs). They will be guided by the PPMs and the M&E coordinator who will provide on-the-job mentoring for this function. The diocesan teams will also be encouraged to carry out basic analysis of the data and use the output to improve their planning. From the PPMs, the data will be channeled to the Monitoring and Evaluation Coordinator who has the ultimate responsibility for collating and analyzing it and preparing quarterly, semi-annual and annual reports of activities desegregated according to various criteria such as program area, level of implementation, and expenditure item, and for the submission of quarterly monitoring reports to USAID.

Priority will be given to the harmonization of monitoring and evaluation approaches to allow for aggregation of SUCCOUR project data with data from other sources. Reports will also be sent to GON in Project areas.

Linkages and Synergies with Other Agencies and Sectors:

The CSN Health Unit will work to strengthen relationships with other NGOs, FBOs and CSOs, including those already partnering with the Church on HIV and Health programs at various levels. CSN and its partners will build the capacity of Catholic health institutions by facilitating and fostering linkages between Dioceses and Catholic health institutions and government health facilities. It will also link the Church with other community based service providers, enhancing collaboration between facility-based providers and community programs. Partner dioceses will be encouraged to form partnerships with governmental and non-governmental agencies working within their catchments including SACAs, LACAs and government health facilities, so as to increase service delivery and avoid duplication of efforts. All suspected cases of pediatric HIV will be referred to AIDS Relief (AR) or other IPs. Referral systems will be established with other IPs, and GON to ensure that OVC beneficiaries are receiving services in all 6 core service areas.

Linkages between SUCCOUR project dioceses and other Catholic and non-Catholic FBOs already working on related projects, including the existing CRS/NG supported 7D Community Based Care and Support project and the SUN project, will maximize reach while avoiding duplication of efforts.

Efforts will be made both at national level and state levels to establish linkages of diocesan community responses to public sector programs such as poverty reduction programs, the universal basic education program, and youth employment schemes in the National Directorate of Employment, as well as increased large-scale private sector involvement in Church programs.

Target Population: The chief target groups will be orphans and vulnerable children. A secondary target will be families of those affected by HIV/AIDS and care givers, with a focus on support to family members, particularly in child-headed households.

In COP 09 the CSN/SUCCOUR project will serve 4,200 OVC, train 1,300 caregivers to provide services to OVC, and train 13 organizations in programmatic and institutional capacity building. This will contribute to the PEPFAR Nigeria target of a total of 400,000 OVC served over a 5-year period.

Capacity-building activities: Targets of these activities in the SUCCOUR project are national, provincial and diocesan staff, and parish volunteers. Ultimately, the beneficiaries of these capacity-building activities will include all persons of all faiths resident within the geographical coverage area of the project who access services from the PACA.

For Care and Support activities: OVC, care givers of OVC, and children and youth (OVC) of general population are the direct project targets while FBOs, religious/ community leaders, as well as community volunteers constitute indirect beneficiaries of SUCCOUR project activities. The general population of youth will benefit as a result of the life skills training that will be conducted in schools.

Key Legislative issues.

This program will strive to address gender issues, specifically increasing women's legal rights through the provision of support for legal fees and advice. Linkages with community efforts to provide assistance in protecting women and children's legal rights will also be strengthened. Also, efforts will be made to address issues related to HIV/AIDS prevention and stigma and discrimination that hamper care and support activities.

Emphasis areas.

The major emphasis area is local organization capacity development. Minor emphasis areas are: community mobilization/participation; development of network/linkages/referral systems; information, education and communication and linkages with other sectors and initiative.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$258,752

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$13,334

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$27,778

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10901.09

Prime Partner: Hope Worldwide Nigeria

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 25895.09

Activity System ID: 25895

Mechanism: USAID Track 2.0 Hope WW Nigeria

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$1,639,000

Activity Narrative: ACTIVITY DESCRIPTION

This activity has two components; which are to strengthen local NGO capacity to respond to HIV/AIDS in their communities and to provide quality comprehensive and compassionate care for Orphans and Vulnerable Children (OVC).

In COP08, the Assistance and Care for Children Orphaned and at Risk (ACCORD program) commenced a partnership to build the capacity of the following Civil Society Organizations/Faith Based Organizations through organizational service delivery to provide care and support to OVC in 6 states in Nigeria, which includes the following groups: Initiative for People's Good Health (IPG- Ugep Cross River State), Neighborhood Care Outreach (NCO- Calabar South, Cross River State), Integrated Development Initiative (IDI- Ikom, Cross River State), Counseling for Youths And Teenagers On HIV/AIDS in Nigeria (COYATOHAN or COY- Ojo Lagos), Living Hope Care (LIHOC- Ilesa, Osun state), Community of Women Living with HIV/AIDS (NCW+ Amuwo Odofin, Lagos), and Positive Life Organization of Nigeria (PLON-Yaba, Lagos). The International Church of Christ (ICOC) is also part of this program as a multiplier organization.

Building sustainable programs is essential to PEPFAR's success and continues to be a strong priority under PEPFAR II. In accordance with the guiding principle of PEPFAR of building local and host-nation capacity to provide quality services and sustain national programs, HWWN, under ACCORD, will build its own and its partner's Organizational Capacity (OC) and Service Delivery (SD) Capacity with support from Management Sciences for Health (MSH) and HOPE Worldwide Limited (HWW). In COP 08, MSH provided OCD on Financial Management, Small Grants Administration, Project Management, Procurement and Store Management. In COP 09 MSH will continue the OCD on Strategic and Sustainability Planning, Human Resource Management, Leadership and Governance and Volunteer Engagement and Management. In addition to these MSH will mentor, monitor and evaluate the IAs on their organizational development. HWW International will provide SD to HWWN and its partner organizations on core service delivery issues such as principles of child protection and child participation and will assist organizations in reviewing/developing child protection policies.

In order to provide quality, comprehensive and compassionate care for AIDS Orphans and Vulnerable Children (OVC), ICOC, the main multiplier organization, will be provided with specific training to provide services to OVC. ICOC's work in COP08 covered Lagos and Oyo states. These organizations have already received trainings on monitoring and evaluation and psychosocial support. In COP08, the ACCORD program will reach 3,997 OVC.

In COP09, the program will scale up activities to Delta and the FCT, and will provide services to a cumulative number of 6,832 OVC. Children will be identified within the church community with the help of church members and by local community members in the other communities where the program will be domiciled. All identified children will receive health and psychosocial support services. The three resource centers established in Lagos (Surulere, Agege) and Ibadan (Mokola) by ICOC in COP08 will continue to run and receive some level of strengthening from the AB program. Materials will be developed to teach children life skills. Staff and volunteers of ICOC and the IAs who are directly working with the children, will also be trained as trainer of trainers and will step down this training to all 10-18 year old OVC as peer health educators.

Newly identified parents/caregivers will be constituted into already existing caregiver's forums while additional ones will be established to accommodate new intakes. In COP09 a total of 1,312 caregivers will be trained on memory book, succession planning and will writing. These sessions will be taught by trained professionals from within and outside the organizations while training on parenting under the AB program will be done for all caregivers. To deal with the issue of gender violence, male caregivers will be included under the Men as Partners activities of the AB program as well.

In COP08 the ACCORD program established 7 kids clubs, this will continue operation while an additional 21 clubs will be established in the communities where ICOC/IAs operates namely- Shomolu/Mushin, Ikeja/ketu, Ogba/Agege, Lagos Island, Ojo/Apapa, Oshodi/Isolo, Bariga, Yaba, Surulere, Calabar South, Ugep, Ikom, the FCT and Delta state to accommodate new intakes. The clubs will serve as coordinating points where OVC can receive the other core services. ACCORD will through her partners increase OVC enrolment in school with the Universal Basic Education Scheme through partnerships with state ministries and local education authorities. Short term direct assistance to subsidize school related costs such as books, uniforms, exam registrations, school bags and sandals will be provided to 3,936 OVC based on a prior assessment using the child status index (CSI). Support will also be solicited from the Communities to provide Children heading household and/or older OVC with free vocational training. 256 OVC and 195 caregivers will receive training in trades such as hairdressing, computer and tailoring. Sequel to this, start up grant/materials based on assessments conducted will be provided to some of them and the rest will be referred for employment.

With support from the Society for Family Health (SFH), households with OVC less than 5 years old and HIV positive children under the program will receive basic prevention kits comprising a bucket with spigot, LLITN and water guard to assist in the prevention of malaria and diarrhoea. Children will also be referred to primary health care facilities in their communities where drugs to treat minor ailments will be provided. The resource centres established in COP 08 will retain the services of a volunteer doctor and counsellor so that children and their caregivers can also access free consultations and drugs. As most of the identified households are in rural communities, caregivers will receive training surrounding safe water storage, proper hand washing techniques and hygiene while HIV related cases for both children and their caregivers will be referred to the nearest ARV/PMCT treatment centre. The ACCORD program will also continue to provide assistance to families in critical need by paying their medical bills through the church benevolence committee.

According to UNICEF report, 38% of children under five years are suffering from stunting and 29% of

Activity Narrative: children under five years old are underweight in Nigeria . Therapeutic and supplementary feeding of malnourished children, based on assessments conducted following WHO guidelines, will be done in partnership with the primary health care facilities where food demonstrations classes will also hold. The feeding program will target 1968 children with priority given to infants of HIV positive mothers and under fives. Linkages will also be made with the MARKETS' Family Nutritional Support Program (FNSP) which will target the immediate nutritional needs of the most vulnerable children and address the long-term livelihood support needs of OVC and their caregivers. The IAs especially will embark on fund raising activities to access food stuffs from community members in other to provide vulnerable household food support.

The ability to prove age and nationality is vital to guaranteeing a child's rights. Article 7 of the Convention on the Rights of the Child establishes the right of every child to a name and nationality, stipulating that boys and girls should be registered immediately after birth. Yet in many countries, including in Nigeria, birth registration is neither accessible nor affordable to large portions of the population, especially to people in hard to reach areas. The program will pay advocacy visits to the National Population Commission, UNICEF, Federal and State Ministry for Women Affairs to access free birth certificates for all children under the program who have not been provided with one.

It is anticipated that 60% of the programs total beneficiaries will be girls and the remaining 40% boys.

As case manager organization, we will work closely with the state OVC desk officers and the OVC steering committee to review the OVC situation analysis, monitor and evaluate OVC programs in the state and help in the creation of a data base of all OVC serving organizations in Lagos and Cross River state. We will strengthen networking and referral linkages among OVC serving organization by facilitating a quarterly meeting of the representatives of the OVC serving organizations within the 2 states.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity contributes to the USG's PEPFAR 5 year strategy of providing care to 400,000 OVC and is consistent with the Nigerian National Plan of Action on OVC.

LINKS TO OTHER ACTIVITIES:

This activity leverages existing USAID funded Economic Growth programs to provide wrap-around nutritional and income generating support for OVC identified in PEPFAR programs. This is an activity that relates to other activities in the USG OVC portfolio. The program is also linked to the AB program as well.

POPULATION BEING TARGETED:

OVC and OVC caregivers are the direct targets, while the communities and support groups will indirectly benefit.

EMPHASIS AREAS:

This activity has a major focus on Wrap-Arounds that will primarily provide nutrition and IGA support for OVC. Local organization capacity development is another major emphasis area. Community mobilization and participation, development of network/linkages/referral system, and information, education and communication will also be addressed.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$100,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$30,000

Education

Estimated amount of funding that is planned for Education \$40,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10894.09

Prime Partner: Gembu Center for AIDS
Advocacy, Nigeria

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 25890.09

Activity System ID: 25890

Mechanism: USAID Track 2.0 GECHAAN

USG Agency: U.S. Agency for International
Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$900,000

Activity Narrative: Gembu Centre for HIV/AIDS Advocacy Nigeria in The New Tomorrow's Project (TNTP) is presently operating in Sardauna LGA in Taraba State. By the end of COP 08, TNTP would have conducted surveys and advocacy meetings in three additional sites: Gashaka, Kurmi and Bali in Taraba State. In COP 09, TNTP will expand to the three (3) LGAs.

The overall objective of the OVC program in The New Tomorrow's Project (TNTP) is to provide a comprehensive plan of care and support for Orphans and Vulnerable Children, ensuring their protection and the provision of their basic needs through a community based service delivery and TNTP foster care program.

In COP 09 GECHAAN will strengthen our Foster Care home program in Sardauna LGA, otherwise known as the Mambilla Plateau, and extend same to Kurmi, Gashaka and Bali LGAs of Taraba State. We will work closely with communities to keep orphans in those communities by establishing more caring and loving homes where married couples care for orphaned and vulnerable children. This is a complex issue and needs our continued careful and thorough attention to ensure that children have love, safe shelter, food, clothing, medical care, and educational opportunities. We will work with leaders in our target communities to identify orphans; and to select, recruit, and train suitable foster parents. We will also provide ongoing counseling and support to both foster parents and the OVC themselves. In each community, we will establish a committee of foster parents that will meet monthly to share and resolve problems and celebrate accomplishments.

GECHAAN will provide small quarterly grants to foster parents to cover school fees, uniforms and supplies; medical expenses; clothing; and augmentation of the family food budget. To ensure that the money is used appropriately, GECHAAN staff will visit every community monthly. They will visit the schools, observe and talk with the children, and interview teachers to see whether the children are wearing their uniforms and are clean and alert. They will also meet with each foster parent to review expenditures for the quarter, using a simple tracking card that each foster parent is expected to fill out, and checking receipts for purchases and medical services.

GECHAAN will also implement additional controls on the program to ensure that families are effectively utilizing the tools provided and that the OVC are receiving proper care. Specifically, these will include: training sessions for new foster parents; monthly visits to the foster care homes to assess the situation and ensure that OVC are receiving proper care; grant program (mini loan) to assist foster parents in receiving training for better jobs, thus making them less dependent on assistance from our program; and guidance counselors who will evaluate the children's educational needs and work with GECHAAN leadership team to determine what opportunities will be available for them.

GECHAAN will place 2,550 OVC in care to receive primary direct services.

TNTP OVC program in Sardauna LGA has recorded great achievements. The OVC in care who were not in school due to financial problems are now enrolled back in school. Foster parents can now provide food, clothing and medical expenses to OVC from the augmented quarterly allowance given them. Most importantly is that OVC in the foster parent care system stay within their own communities, are in touch with their languages, customs, and traditions as opposed to the system of institutionalized orphan care.

This activity is linked with AIDSRelief supported palliative care for OVC. We will continue the ongoing work with the AIDSRelief supported program for our OVC. Society for Family Health (SFH) support for providing the children with ITN will also continue.

Training in caring for OVC will be provided to 877 providers/caregivers. These trainings will include training for Foster Parents, Ward Managers and Regional Supervisors. 2,550 OVC will receive food and nutritional supplementation through the OVC program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$260,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9692.09

Mechanism: HHS/CDC Track 2.0 APIN

Prime Partner: AIDS Prevention Initiative, LTD

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 22515.25340.09

Planned Funds: \$192,476

Activity System ID: 25340

Activity Narrative: Several new CDC partners have recently been identified through a competitive funding opportunity announcement as approved under COP08. Many of these partners are new to the PEPFAR and/or CDC planning and implementation processes. The amounts awarded differ significantly from the original proposal amounts submitted by these new partners. The difference now requires the new partners, working in conjunction with the in-country CDC office and interagency technical working groups, to revise the action plans for FY08 and FY09. CDC is currently working closely with the new partners to assure their effective understanding of the PEPFAR planning process and that action plans for FY08 and FY09 COP submissions are in accordance with funding awards as well as PEPFAR goals and objectives. Detailed narrative changes will be submitted in the January 2009 reprogramming submission.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22515	22515.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$50,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 555.09	Mechanism: HHS/CDC Track 2.0 IFESH
Prime Partner: International Foundation for Education and Self-Help	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 15678.25233.09	Planned Funds: \$375,000
Activity System ID: 25233	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION:

In COP09 IFESH will serve 30 sites in Rivers and Imo States and will continue to provide preventive care and support packages to all categories of orphans and vulnerable children (OVC) and their caregivers. In addition, IFESH will provide economic empowerment activities to child headed households and to OVC caregivers based on a needs assessment using the Child Status Index. IFESH will continue to provide primary direct OVC services to 2000 OVC clients at all 30 of our sites which also offer HIV Counseling and Testing (HCT), TB/HIV, and prevention of mother to child transmission (PMTCT) services. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geographical distribution. In its OVC programming, IFESH will focus on providing health services, nutrition, psychosocial support, and educational support to OVC. IFESH will refer OVC and their caregivers to providers of other services such as protection, shelter and ART eligible OVC for treatment, and vocational training.

IFESH will provide OVC services in a family centered approach, identifying HIV infected women during pregnancy through its PMTCT program, and following the mother and the infant after birth with care and OVC services. The package of health services which will be available to all OVC and their eligible caregivers receiving services includes: referral to appropriate TB diagnostics and linkage with Government of Nigeria (GON)-sponsored DOTS programs described under TB/HIV; training for parents/caregivers in appropriate water purification and basic pediatric health, caregiver education of diarrhea management and oral rehydration salts preparation, provision of water guard, provision of insecticide-treated mosquito nets; insuring that OVC obtain childhood immunizations, growth monitoring and assistance with birth registration.

Access to food and nutrition support is a significant need for OVC. IFESH will provide comprehensive nutritional support for 1200 OVC, especially those that are clearly malnourished, including assessment, counseling, supplementation and multivitamins/minerals, with referral for therapeutic nutritional services. More linkages with community non-governmental organizations (NGOs) and faith-based organizations (FBOs) will be established for food and nutrition resource support. IFESH will network with other PEPFAR Implementing Partners (IPs), the Clinton Foundation, and other global donors to leverage funds for appropriate nutritional supplements for OVC.

In COP09, IFESH will provide Supplemental Direct services to 800 OVC out of which 100 OVC will receive educational support which will include school uniforms, books, shoes, and school fees. IFESH staff and trained volunteers will continue to provide supportive supervision for academic and psychosocial issues through existing relationships with the school administration and teachers. This will allow early recognition of problems that need to be addressed.

Psychosocial support including disclosure management, grief and loss, stigma and discrimination issues, etc. will be provided to all identified OVC. Support groups for OVC will be facilitated by CBOs/FBOs for peer support and recreational activities. In COP09, IFESH will provide trainings for community based home care providers to strengthen their capacity to provide psychosocial support for children, improve the quality of counseling available for children in the community. The trainings will include counseling of children, child development, disclosure of the diagnosis, grief and loss, legal and protection issues and adherence to medications. One hundred (100) community/home based care providers will be trained through this activity. The trained community based providers will conduct step down training to the caregivers in the households they serve. IFESH will work in COP09 with the GON, other IPs, FBOs and community resources to promote and advocate for OVC issues. In COP09 IFESH will continue to work with the Rivers State Sustainable Development Agency to address OVC issues.

The Child Status Index tracking form will be utilized to ensure that each child's needs have been assessed and children referred to appropriate services. Quality of services will be ensured through supportive supervision, feedback from families of OVC, and through regular monitoring of OVC.

COVERAGE AREA:

IFESH is working in Rivers and Imo States.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 PEPFAR strategy by providing services for all identified HIV-positive children, families with an HIV-infected parent/caregiver or children orphaned by HIV/AIDS. The services are consistent with the National Plan of Action for OVC in Nigeria and the Standard Operational Guideline for OVC services. Capacity development at the site level and consistency with national guidelines will ensure sustainability. IFESH staff will contribute to the development of a National OVC training curriculum, identified as a priority by the Federal Ministry of Health.

LINKS TO OTHER ACTIVITIES:

This activity is linked to PMTCT, Counseling and Testing, TB/HIV, sexual prevention and Strategic Information. HCT services will be available to OVC in HIV-affected families. OVC will be identified at birth through the PMTCT program. All HIV-positive OVC are monitored and referred to anti-retroviral (ARV) therapy when indicated. OVC services such as psychosocial support for families and symptom management promote ARV adherence. Services are co-located in facilities with TB DOTS centers, and IFESH staff work with sites to ensure coordination systems are in place for referral and diagnosis of TB in OVC. Data reporting services supported by IFESH will be available at sites. Home based care programs will be implemented under the guidance of IFESH.

POPULATIONS BEING TARGETED:

OVC services are offered to HIV-exposed infants, HIV-positive children, children orphaned by HIV, caregivers of OVC/PLWHAs, pregnant women and HIV/AIDS affected families. Health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBOs will be targeted for training, linkages and identifying OVC.

Activity Narrative: EMPHASIS AREAS:

Emphasis areas for this activity are human capacity development, local organization capacity building, child survival strategies, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15678

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15678	15678.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$500,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$65,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$40,000

Education

Estimated amount of funding that is planned for Education \$45,000

Water

Estimated amount of funding that is planned for Water \$11,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3688.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief

USG Agency: HHS/Health Resources Services Administration

Program Area: Care: OVC

Budget Code: HKID

Activity ID: 5416.25274.09

Activity System ID: 25274

Program Budget Code: 13

Planned Funds: \$750,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AIDSRelief (AR) has a family-centered approach for the care and treatment of people living with HIV/AIDS (PLHA) and those affected by the epidemic, especially orphans and vulnerable children (OVC). In COP08, AR reached 4,207 OVC through 31 Local Partner Treatment Facilities (LPTFs) and 10 satellite sites in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau and Taraba). In COP09, AR will work in a total of 34 LPTFs and 19 satellite sites in the same states.

During COP09, a full package of OVC services will be provided to 4,000 OVC. All 4,000 children will receive at least 3 core services from AR. In setting and achieving COP09 targets, consideration has been given to modulating AR's rapid COP08 scale-up plans in order to concomitantly work towards continuous quality improvement.

AR OVC programming has several key elements: proactively seeking children at risk through a multi pronged approach for increasing access to HIV Counseling and Testing (HCT); providing a holistic family-centered approach to care of OVC; providing nutritional assessment, nutritional demonstration activities and support; ensuring adequate primary health care for OVC; and providing enhanced psychosocial support at both the facility and community levels. AR will place significant emphasis on strengthening services to OVC beginning with building skills in LPTF staff and community/home based care providers to identify children who are vulnerable and providing them with appropriate services. Adequate health care will include strengthening linkages and referrals to other facility services (maternal/child health, inpatient and outpatient departments). Community based services will be strengthened to ensure referral to facilities for OVC households through a family-centered opt-out approach to HCT services for all children <18 years of age and their caregivers.

AR will adopt use of the Child Status Index to assess vulnerability and provide services. In collaboration with Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and other OVC programs, particularly the Catholic Relief Services (CRS) SUN project, AR will ensure that OVCs receive comprehensive care and support services with emphasis on decentralization of these services to the community and home levels. All OVC households will also receive a preventive care package containing ITN, water guard, water vessel, soap, ORS sachets, and Information Education and Communication materials on self care and prevention of common infections according to Government of Nigeria (GoN) guidelines. These services will be underpinned by providing good supportive counseling for children and adolescents. AR will intensify collaboration with GON and other stakeholders to ensure prompt diagnosis of tuberculosis (TB) in children and facilitate provision of pediatric TB formulations. To avoid double counting, AR carries out joint quarterly monitoring of these activities using GON tools and OGAC OVC CSI.

All OVC and their households reached by the AR program will be assessed for the identification of specific client/household needs and provided with psychosocial, nutritional, protection and health care supports where necessary. The psychosocial support provided to OVC, including their caregivers, is multifaceted and comprehensive and includes frequent home visits by facility trained community volunteer or volunteers from the LPTFs for assessment of health status, counseling on stigma and discrimination, disclosure, and grief. AR will strengthen existing structures to build kid support groups in all LPTFs and expand their activities to include periodic social/recreational and educational activities with the involvement of uninfected children to address issues of stigma and discrimination. AR will build capacity in the team and at the LPTF to establish adolescent programs for infected and affected children.

AR will provide nutritional services including nutritional assessment and micronutrient supplementation to approximately 1,000 OVC. AR will expand its central OVC team to include a nutritionist who will assist in building capacity of HCW in nutritional assessment, establishing nutritional corners in all LPTFs for culturally and regionally sensitive counseling rehabilitation. AR will strengthen collaboration with Clinton Foundation for provision of therapeutic food supplements and also with other PEPFAR-supported organizations offering food program for OVC such as the MARKETS activity and CRS 7 Dioceses (7D) in states where they are co-located. In addition, AR will collaborate with NPI to ensure delivery free and appropriate immunization to all OVC less than 5 years. AR will ensure birth registration for OVC and roll out of a child protection policy for all our LPTFs in collaboration with appropriate GoN agencies and other CBOs. AR will also participate in advocating the GoN at the state levels for welfare services for OVC (e.g., free primary education). Linkages to CRS SUN, 7D and other CBOs will ensure the full provision of community and HBC services to OVC clients.

AR will facilitate a summit for the review of and adoption of evidence based best practices in maternal and child health for IPs and stakeholders in collaboration with the University of Maryland School of Medicine.

60 health care workers will be trained in COP09 using national guidelines and OVC standards of practice. Specific training relevant to each level of HCW will be provided at each LPTF for at least one doctor, one nurse and one counselor. AR will sustain training in pediatric counseling using the curriculum developed by AR in partnership with the African Network for Children affected by HIV (ANECCA) to all LPTFs and other stakeholders in Nigeria. Increasing the skills of providers will help meet the special needs of children and their parents/caregivers and will provide the support needed at the family level by working with HBC programs under the 7D and SUN programs of CRS. This curriculum will also be shared with the GON to elicit endorsement of the materials and also the opportunity of the GoN to benefit from the materials.

In COP09, AR will strengthen its program for Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. This will include standardizing patient medical records to ensure proper record keeping and continuity of care between LPTFs and communities. Monitoring and evaluation of the AIDSRelief OVC program will be consistent with the national plan for patient monitoring. AR CQI specialists and OVC focal persons will conduct team site visits at least quarterly during which there will be evaluations of OVC services provided, the utilization of National PMM tools and guidelines, proper medical record keeping, referral coordination, and use of standard operating procedures by the HBC and facility providers. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when

Activity Narrative: identified during routine monitoring visits. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program, and is based on durable therapeutic programs and health systems strengthening. AR will focus on the transition of the management of care and treatment activities to indigenous organizations by actively using its extensive linkages with faith based groups and other key stakeholders to develop a transition plan that is appropriate to the Nigerian context. The plan will be designed to ensure the continuous delivery of quality HIV care and treatment, and all activities will continue to be implemented in close collaboration with the Government of Nigeria to ensure coordination, information sharing and long term sustainability. For the transition to be successful, sustainable institutional capacity must be present within the indigenous organizations and LPTFs they support; therefore, AR will strengthen the selected indigenous organizations according to their assessed needs, while continuing to strengthen the health systems of the LPTFs. This capacity strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Scaling-up OVC services will contribute to the USG/ PEPFAR target of providing comprehensive quality of care to 400,000 children infected and affected by HIV/AIDS in Nigeria. The OVC activity will contribute to the AR overall comprehensive package of care for PLWHAs by ensuring that children's specific needs are met. Training activities will contribute to overall program sustainability by building the knowledge and skill base across all supported sites.

LINKS TO OTHER ACTIVITIES:

AR activities in OVC are linked to HCT, ARV services, PMTCT, ARV drugs, laboratory, AB, TB/HIV, Pediatric care and treatment, and SI to ensure that OVC are provided a continuum of care. Linkages to CRS SUN, 7D and other CBOs will ensure the full provision of community and HBC services to OVC clients.

POPULATION BEING TARGETED:

This activity targets infants, young children, adolescents and other at-risk children in HIV infected and affected families. It also targets the households, including caregivers, of OVC. Health and allied care providers in clinical and community settings will be trained to provide services to OVC.

EMPHASIS AREAS:

The activity has an emphasis on human capacity development through training and commodity procurement. Other areas of emphasis include wraparound services (food, immunizations) and SI.

The activity will ensure gender and age equity in access to basic care and support and TB/HIV services to both male and female OVCs in AR-supported LPTFs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12999

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12999	5416.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$945,000
6679	5416.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$288,000
5416	5416.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$150,625

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$60,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$60,000

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5268.09

Prime Partner: Winrock International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9882.24963.09

Activity System ID: 24963

Mechanism: USAID Track 2.0 Winrock AIM

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$2,000,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Following feedback from the OVC team visit in 07, the Acada Learning Centers were redesigned in FY 2008 to minimize disparity in the higher quality obtained in the centers compared to existing public schools. Services will be provided in a manner that will reach more OVC to make the program more cost effective. Therefore, the target has been increased from 4,200 in 07 to 8,000. School teachers will be trained to implement current curriculum, students will be provided with existing materials and uniforms that their counterparts have in public schools. Greater community involvement will be encouraged. Partners will be made aware that food and nutrition services are an integral part of OVC programming and not separate. These changes implemented in 2008 will be continued in 2009 and are aimed at making the centers and the program more sustainable.

During COP09, Winrock International's Capacity Building for AIDS Impact Mitigation (AIM) Project will continue to engage in capacity building activities designed to strengthen ongoing OVC care and support services through its two primary partners RAPAC and Ummah in Lagos, Oyo, Anambra, Edo, Bauchi, Kano and FCT.

The AIM project will provide 8,000 OVC with direct care and support services in the following program areas: education, psychosocial support, child protection, general health care, food and nutrition and economic strengthening services. The OVC program will target school age and pre-school children.

School Based Support - AIM partners have demonstrated success in providing basic numeracy and literacy to the enrolled OVCs in the current Acada Learning Centers. AIM will continue to maintain the educational support activities provided to OVC. Adopted Acada Center schools will continue to receive block granting to provide additional educational activities to students. AIM and its partners will continue to engage in advocacy efforts that will include the State Universal Basic Education Boards, the primary schools, and any other appropriate agencies to address the identified priorities for improved learning conditions in the schools. The teachers in the Acada Learning centers will receive technical assistance from AIM and its partners based on government curriculum and guidelines to provide comprehensive care and support that will include basic health and hygiene, psychosocial, spiritual, life skills, child protection, and food and nutrition services to a minimum of 3,200 OVCs. 50 teachers, nutritionists and other service providers will be trained to provide adequate OVC care and support services.

Reintegration of the Acada Learning Center graduates into formal education has proven to be a best practice. In COP 09, the AIM project plans to reintegrate 1,600 OVCs that either graduated from Acada Centers or who are not in school into formal education.

The AIM project will continue to support the Kids' Clubs to play its strong role in providing psychosocial support to children from the Acada Centers and the neighborhood. First established in 2007, these Kids' Clubs are usually hosted at the local school under the supervision of the program manager or an adult volunteer, and will be strengthened to provide a variety of support activities to the neighborhood children. Age-appropriate activities including life-skills and self-esteem building will be encouraged. Other activities such as drama, debate, musical events and other community events will be hosted by the clubs. Educational topics covering nutrition, general hygiene and any other appropriate topics of interest to the OVC will also be encouraged.

Pre-school Support– The AIM project plans to reach 3,200 OVCs under 5 years with food and nutrition activities that were commenced in 2007. Monthly measurements and growth charting to assess the nutritional status as well as the growth and development of the child will continue. Caregivers will be given appropriate nutrition education including good feeding practices, adequate food selection, proper food storage, cooking methods and portion sizes.

Economic Strengthening – 500 Caregivers with children under 5 years old will be trained in income generation and the neediest will be selected for in-kind equipment grants to start-up income generating activities. Other trainees will be referred to local microfinance institutions to access available microfinance services. Caregivers will be encouraged to start rotating savings and credit schemes to provide easier access to extra cash.

Referrals: To ensure that the children receive comprehensive care services, AIM will strengthen its referral system to verify that OVCs referred to other USG programs receive the goods and services needed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13176	9882.08	U.S. Agency for International Development	Winrock International	6404	5268.08	USAID Track 2.0 Winrock AIM	\$2,000,000
9882	9882.07	U.S. Agency for International Development	Winrock International	5268	5268.07	APS	\$1,469,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$76,387

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$465,328

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$82,308

Education

Estimated amount of funding that is planned for Education \$551,712

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8295.09	Mechanism: USAID Track 2.0 MARKETS
Prime Partner: Chemonics International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 18902.24887.09	Planned Funds: \$3,000,000
Activity System ID: 24887	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In spite of the reduced amount allocated (US\$517,000k less than COP08) it is expected that the same target of 22,500 OVC will benefit from nutritional food supplements during COP09. As the economic strengthening activities of the FNSP kicks off it is expected that not all OVC who are provided food supplements will require it for a period of 6 months.

COP08 ACTIVITY DESCRIPTION

This is a new activity which relates to other activities in the USG OVC portfolio. As part of a renewed effort to improve comprehensive services offered to orphans and vulnerable children (OVC) in Nigeria, the USG is procuring services for a new wrap-around nutrition project and food-related income generation activity (IGA). Family Nutritional Support Program (FNSP) will target the immediate nutritional needs of the most vulnerable children being supported by USG IPs throughout Nigeria and address the long-term livelihood support needs of OVC and their caregivers in four states (Bauchi, Kano, Lagos and Cross River).

The Food Consumption and Nutrition Survey (FCNS) conducted by the International Institute of Tropical Agriculture (IITA), which looked at the nutritional status of women and children under 5 in rural and urban populations across Nigeria, showed a steep increase in the incidence of wasting between 6 and 12 months, which corresponds with an end to exclusive breastfeeding and the introduction of complementary foods for some children. Across the agro-ecological zones, 42% of children surveyed were stunted and 25% were underweight, with the largest proportions in the dry savanna. The onset of the three forms of malnutrition (stunting, wasting, and underweight) appears to occur most often between 6 and 24 months of age. Malnutrition causes reduced resistance to infectious diseases, diminished learning capacity, and ultimately leads to low productivity, incomes and national development

The PEPFAR Report on Food and Nutrition for People Living with HIV/AIDS (2006) notes that many parts of the world most severely affected by HIV have long been plagued by systemic and chronic food insecurity, and that there is a complex interrelationship between AIDS and food insecurity. Within this context, children orphaned or made vulnerable by HIV/AIDS are more likely to experience compromised nutrition with resulting negative impact on health. The FNSP will provide access to nutritional support services to all OVC who are in need as identified by the Child Status Index, with a particular focus on under-fives.

FNSP has two components. The objective of the first component, which addresses immediate nutritional needs, is to formulate, produce and distribute fortified, nutritious, locally available dietary supplements as ready-to-prepare packaged products to OVCs and their caregivers through PEPFAR IPs. Some examples of potential products are: cowpea flour with good shelf life and robust packaging; ready-to-cook, balanced porridge for morning meals; and nutritious, ready-to-eat energy bars, packaged to distribute or sell. The project will engage the services of a nutritionist with experience in food supplementation and fortification using locally available foods to develop different formulations based on CDC and WHO nutritional recommendations. In order to ensure sustainability and acceptability of the supplement used in the FNSP activity, locally available grains and legumes (e.g. cowpea and millet) will be used to formulate the nutritional supplement.

Once the products have been developed and tested, they will then be produced, packaged and branded in collaboration with selected processors in Kano and Lagos that are already partnering with MARKETS under other USAID funded projects. Packaging would contain essential nutritional content and preparation instructions, as well as expiration date. Shelf life will be at least 6 months. Marketing such products will be done under NAFDAC registration, which will ensure quality standards which are in compliance with WHO and CDC specifications for nutritional supplements.

The prepackaged nutritional supplement will be distributed to the OVC families by PEPFAR IPs (FHI/GHAIN, UMD/ACTION, Harvard/APIN+, CRS/AIDS-Relief, CU/ICAP, CEDPA-PL, CRS-SUN, Christian AID, CCN and AIM Projects, etc. and the US DOD), based on an average of 150 grams of supplement per recipient per day. The exact amount of supplement per day will be determined by the weight of the child and the nutritional recommendations for the particular supplement being distributed. This activity will target approximately 22,500 OVC recipients whom are considered to be the "most vulnerable" as determined by the frequency or number of days in which the OVC household does not have adequate food to provide meals.

The objective of the second component, Household Nutrition and Income, will address the longer-term household nutrition and income generation needs of 7,500 OVC households through a program to promote home gardening. Home gardens have several direct benefits: they 1) provide access to a diversity of nutritionally-rich foods; 2) increase purchasing power from savings on food bills and income from sales of garden products; and 3) provide fall-back food provision during seasonal lean periods. Three activities are proposed under the second component.

1. Establishment of demonstration sites: The main purpose will be to demonstrate improved home gardening techniques which will diversify the dietary intake of OVCs and their caregivers. Demonstrations will be conducted in central locations on best horticultural practices including use of improved seeds and seedlings, affordable irrigation equipment, agronomic practices, integrated pest management etc. The demonstrations will be managed by extension agents who will be engaged by the project on a sub-contract basis.

2. Training through Farmer Field Schools: The project will use a Farmer Field School approach, which is a community-based, practically-oriented, extension field strategy, that is usually time-bound (generally one agricultural production cycle), involving a group of about 25-30 farmers, facilitated by an extension agent. These activities will target already existing OVC support groups and will integrate agricultural production into the wider package of services provided for OVC and their caretakers.

3. Development of training brochures, manuals and pamphlets: The project intends to develop brochures in

Activity Narrative: the local languages on nutrition and home-based preparation of foods in rural areas. Additionally, training manuals will be developed on best horticultural practices to be handed to trainees in other settings.

To further enrich the IGA capacity of this component, the project will identify OVC families that have the capability to produce ingredients that are used in the packaged supplements to bolster family livelihood and income. OVC caregivers can also be involved as retailers in marketing the supplements thereby generating income to support the household. In urban settings, OVC care providers will be engaged in informal distribution networks (on bicycle or motorcycle), being paid a small margin depending on the number outlets served. Such an approach would create a new niche market for the processors, which could be expanded on a nation-wide basis in following years. Developing this activity on a commercial basis will provide a sustainable platform to continue the effort even in the absence of PEPFAR resources. Developing a highly nutritious, easily prepared quality food supplement could provide a nutritional safety net for a wide range of vulnerable social groups, including those with HIV/AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18902

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18902	18902.08	U.S. Agency for International Development	Chemonics International	8295	8295.08	USAID Track 2.0 MARKETS	\$3,517,881

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$1,800,599

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 632.09	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5417.25245.09	Planned Funds: \$1,975,345
Activity System ID: 25245	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to 10,500 HIV infected or exposed children served in the Pediatric Care and Support program area, ACTION will reach 14,000 (7,000 males and 7,000 females) HIV-infected and/or affected children under OVC. IHVN will train 600 providers/caregivers in COP09. The Narrative has been rewritten completely to focus on this scale up of OVC services.

ACTIVITY DESCRIPTION:

ACTION has previously focused its OVC services on linkage between medical points of care and community based OVC providers, providing three core services to over 10,000 HIV-infected, exposed, and affected children in COP08. In COP09, ACTION will utilize OVC funding to focus on rapid scale-up of OVC services across the country at the community level, ensuring comprehensiveness and a renewed emphasis on education and nutrition service components and improving quality of care. ACTION will provide OVC services to 14,000 HIV infected and affected children including adolescents in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). ACTION supports Pediatric HIV care and support in 30 networks at 90 medical points of service. ACTION will continue its collaboration with the State Ministry of Women Affairs (SMOWA) in the 23 states to build capacity of its focal person especially in advocacy for OVC services in each state. Through OVC programming, ACTION will support an OVC network coordinator in each of the 30 networks and engage a community OVC provider in each of the 30 networks to ensure that at least three core services are provided to all OVC in the network as well as linkage of all OVC to services not provided directly by ACTION ensuring comprehensive quality services. The focus of this OVC scale up will be HIV affected children living without adequate adult support, living outside of family care, or living in a situation where they are marginalized, stigmatized, or discriminated against.

The OVC Network Coordinator in each network will identify children in need of OVC services through contact with families at points of medical service and community engagement. The Coordinator will ensure that OVC are linked to needed medical care and services including health assessments, treatment of common childhood diseases like malaria, diarrhea, respiratory track infections, etc; provision of LLITNs, water guard, water cans, laboratory supports and multivitamin supplementation. The Coordinator will link medically vulnerable children to community OVC providers and ensure that at least two additional needed core services are provided. The Coordinator will also identify HIV affected children who are vulnerable due to inadequate adult support, family care, or are marginalized/stigmatized, and link these children to community OVC providers which will be supported in each of the 30 care networks by ACTION and ensure that needed services in at least 3 core areas are provided.

OVC providers will ensure that food and nutrition services are available to all OVC regardless of HIV status. Leveraging support from the Clinton Foundation, ACTION will provide comprehensive nutritional support for OVC through the provision of fortified cereals, Kwashi-pap and PlumpyNut, targeting any child meeting the definition of acute malnutrition. All children will receive nutritional assessment and counseling at intake and periodically. Those meeting the definition of acute malnutrition will receive food by prescription (either Plumpy Nut or the ACTION meal soy based Kwashi-pap formulations, both vitamin fortified ready to mix nutritional supplements approved by NAFDAC) provided by ACTION under an existing clinical care protocol for short term nutritional support. In the provision of nutritional supplements, ACTION will build the capacity of caregivers by providing raw materials and instructions so that affordable food supplements can be prepared by them at home. This caregiver instruction will be provided by medical points of service and community OVC providers using a training manual and demonstration materials provided by ACTION. For OVC with ongoing food insecurity, ACTION will prioritize partnering with USG-supported wraparound services in states where it is co-located with these activities to meet these needs through referral.

Community OVC providers supported by ACTION in each of the 30 care networks are expected to provide educational assistance through support of school fees, uniforms and educational supplies for OVC. In addition ACTION will provide educational grants to three identified educational institutions. They will provide residential shelter and care as a last resort for OVC who cannot be placed in family care. They will provide protection for those children at risk of physical or psychological abuse. Community OVC providers will be trained in psychosocial support through training focused on developmentally appropriate adherence counseling and support of children. The curriculum includes formal child development, socialization, limit setting, pediatric counseling, diagnosis disclosure, grief and loss, and adherence to medications.

Community home-based care (HBC) for children is described under Pediatric Care and Support and available in each of the 30 networks. In a number of networks, the HBC provider for children is also the Community OVC Provider. This is implemented by a supervising community HBC nurse, health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home-based approach to ensure that family members at risk including other children in the household are tested and counseled. This strategy supports family engagement in HBC and identifies family members in need of HIV care. In addition to HBC for those children requiring care and support services interventions, home based care staffs support parents with ART adherence for children in the home setting through education and addressing adherence barriers. Home based care staff focus on linkages to services, ensuring that clients in need of hospital care are able to access this care and linking family members to PMTCT, community immunization, family planning, and TB DOTS services. ACTION will continue to utilize different models depending upon the site preference including supplementing site staffing with dedicated home based care staff or developing agreements with local NGOs/CBOs/FBOs to provide this service. Extension workers will be preferentially recruited from the PLWHA support group membership. HBC will be linked to the child's medical care source, as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

Training of Community OVC providers will be conducted primarily at the site level to ensure maximum coverage in the most cost effective manner. 30 site-based trainings of 20 staff each will be conducted for a total training target of 600. Training in the issues of HIV for NGOs engaged in OVC services and for social workers will target improved understanding of the issues including stigma surrounding HIV positive children

Activity Narrative: and the need to integrate healthy HIV positive children into mainstream social and school settings without fear due to lack of understanding of risks surrounding HIV transmission in school-aged children.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 Emergency Program strategy by providing core OVC services to all HIV+ children. The services are consistent with the National OVC Standard of Practice and OVC National Plan of Action. Capacity development at the site level and consistency with national guidelines will ensure sustainability. Capacity development will be achieved through regional training and skills development.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT (5426.09), ARV services (3255.09), TB/HIV (3254.09), AB (15651.09), lab (3256.09), and SI (3253.09). HCT services will be available to HIV affected family members (PABAs) in need of HIV testing including in-home HCT through HBC services. Home based care programs will be implemented by a number of indigenous NGOs, CBOs and FBOs. Sub-agreements will be coordinated with other PEPFAR IPs to ensure non-overlap of funding and services. Some services are co-located with TB DOTS centers and ACTION staff work with sites to ensure coordination systems are in place. High quality laboratory services supported by an ACTION facilitated laboratory QA program are available at sites. This will include EID available in all catchment areas (see lab narrative).

POPULATIONS BEING TARGETED:

OVC services are offered to infants and children in HIV/AIDS infected and or affected families, children orphaned by HIV, and caregivers of OVC. Doctors, nurses, social workers, care givers, teachers, family members and other health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBOs will be targeted for training and system strengthening, linkages and identifying OVC.

EMPHASIS AREAS:

Emphasis is placed on training and human resources as capacity development for sustainability is a key focus and much of the community linkages are through partners. In addition, community mobilization and infrastructure development of CBOs/FBOs is critical for the identification and care of OVC.

This activity addresses the area of wraparounds as activities that will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources. The activity also addresses the key area of stigma and discrimination as training of health care workers and community volunteers will reduce stigma.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13112

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13112	5417.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$2,359,000
6771	5417.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,706,190
5417	5417.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$309,725

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$115,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$150,000

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 552.09	Mechanism: USAID Track 2.0 GHAIN
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 3229.24896.09	Planned Funds: \$2,415,000
Activity System ID: 24896	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP 08, the Global HIV/AIDS Initiative Nigeria's (GHAIN) OVC activities were primarily located in 60 comprehensive ART sites. A total of 14,922 children living with and affected by HIV had benefited from OVC services in the 60 supported sites, which included the provision of ART to the eligible children. The support groups and PLHA have been key entry points to OVC and the family-centred approach to service delivery, which was promoted to increase children's retention into care.

In COP 09, GHAIN will include a community-based component to enable GHAIN OVC activities engage closely with families and care givers. GHAIN will work with CBOs, home based care providers, PLWHA support groups, care givers and community leaders to support existing groups in the communities, ensuring proper integration of OVC services, thereby limiting stigma and discrimination. OVC services and activities will aim to support children's' needs at different age groups, including in-school and out-of school activities for both boys and girls. The services will be sensitive to local culture, age and sex differences. Mainstreaming topics will be: life skills, HIV/AIDS prevention and Adolescent Reproductive Health (ARH) and coping strategies for child headed households. This extended GHAIN OVC activities will be implemented in the decentralized and integrated framework of the local governance area's (LGA) HIV/AIDS, sexual and reproductive health and TB (HAST) model of service delivery.

One LGA will be chosen in each of the selected states (Lagos, Kano, Bauchi, Borno, Kaduna, Osun, Cross River, Edo, Anambra) and the FCT. In COP 09, the GHAIN OVC services will target 12,000 orphaned children and children affected by HIV/AIDS. GHAIN will ensure that OVC served in the selected states have access to the comprehensive services of good quality provided by its existing network of supported comprehensive sites and contracted CBOs. CBOs and community volunteers will identify OVC within the LGAs using the adapted OVC Child Status Index and other GoN tools. Appropriate referrals will be made and coordinated for those services not provided by GHAIN supported sites or implementing agencies (IAs) to ensure receipt of the 6+1 package of services needed for the children to achieve their full potentials. GHAIN will make use of its existing referral focal persons in each LGA to ensure that these linkages are effective. The program will collaborate with LGA authorities to map the primary and secondary health facilities, other partners, CBOs and communities to ensure that OVC access all 6 + 1 services closest to them and according to their needs. GHAIN will work closely with CEDPA and other organizations to identify areas of synergy in service delivery to OVC. Similarly, GHAIN will work with the USG-funded case manager organizations and other existing programs in the LGA.

GHAIN will support the provision of the following direct services: (1) Psychosocial support including at least three of the following: disclosure issues, grief and loss, kids support groups and recreation, group counseling, home visits, etc.; (2) Educational support activities including facilitation of the enrolment of female and male OVC in schools, provision of school uniform and books etc.; (3) Nutritional support for all OVC involving at least three of the following: assessment, counseling, supplementation, therapeutic nutrition, etc.; and (4) Facilitating access to health services (ART and non ART care for infected and affected children in GHAIN supported sites). Among prevention services, GHAIN will provide preventive kits to OVC (water guard, lidded bucket, long lasting insecticide treated nets).

GHAIN will contract IAs (CBOs and selected LGAs implementing the HAST model) to provide, as appropriate, the above services in line with the national plan of action for OVC and the national OVC guidance and standards of practice. The provision of educational support will be done through block granting mechanism. GHAIN will provide the required training to IAs. Once the OVC in the community and facility are identified, with their families, these beneficiaries are recruited in the program and the utilization of services monitored and evaluated by GHAIN's M&E system. GHAIN will explore funding opportunities for counseling and testing (CT), and leverage resources from the Global Fund and Clinton Foundation, and use its mobile CT strategy to provide services to all identified OVC and their caregivers. Infected children identified through this strategy will be referred (through the GHAIN referral coordination mechanism) to GHAIN supported care and support services including ART. Collaboration with Clinton Foundation currently provides therapeutic nutritional supplementation (Ready-to-Use Therapeutic Food [RUTF] and Plumpy'nut) for pediatric ART clients. An anticipated 6,000 OVC will receive food and nutritional supplementation through GHAIN's OVC program.

OVCs in GHAIN program will access other services indirectly, through referral of eligible children to the relevant organizations for: (5) Child protection activities including legal support, birth registration, abuse monitoring, and child meaningful participation, (6) shelter, and (7) household economic strengthening and some aspects of protection. This will be achieved through advocacy for OVC to access the services not provided by GHAIN.

The implementation of the OVC program in COP 09 will have a positive impact on the health system. GHAIN supported IAs will also carry out stigma reduction and discrimination prevention activities among the general public, health care workers, and other caregivers of children. Spiritual support will be provided through linkages to religious leaders. By so doing, GHAIN will contribute to strengthening the State, LGA and the primary health care system. The PHC health committees and community development committees in the selected LGAs for example will improve not just the health care services for children but also create a platform/mechanism in the LGA and communities to protect and support OVC and adults living with HIV/AIDS. As part of this effort, GHAIN will collaborate with partners such as UNICEF and the Ministries of Women Affairs and Education, to facilitate the establishment of networks for legal, advocacy support, child protection committees at the LGA and community levels to protect OVC from abuse.

Caregivers' fora will also be established. The difficult issues and complications that arise with caring for extra children of deceased relatives stretch the capacity of untrained caregivers/ remaining parent who also may not have sufficient material resources. These caregivers and remaining parents will be trained on home based care for OVC to enable them provide the best possible care for the children in the homes. Special attention will be given to the particular needs of these caregivers/parents who will also be trained on coping strategies. It is assumed that caring for caregivers will have an immediate spillover effect to the well-being

Activity Narrative: of all children in the affected household. The total target for number of providers/caregivers trained in caring for OVC is 600.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute towards reaching goal of the Nigeria National Plan of Action and the USG overall strategic five-year plan for Nigeria. It will also contribute to strengthening the national, state and local/facility level systems for implementing quality OVC programs.

This program will also contribute to Government, local CBO and communities' capacity building. Thus, GHAIN will continue to strengthen its exit/sustainability plan both at the country program level showing how it will work with the local CBOs/community volunteers implementing OVC programs and the PLWHA support groups, to build their capacity and to customize a specific plan and schedule for CBO. The plans will include an assessment phase, customized plan for building capacity, and a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

LINKS TO OTHER ACTIVITIES

GHAIN will concentrate its OVC activities in the communities providing, nutritional, psychosocial and educational support and linkages to protection and care. Educational support will be provided to OVC in schools using block grant mechanism by engaging block grant intermediaries. However GHAIN will establish strong linkages to health facilities providing comprehensive ART PMTCT and pediatric ART services including primary health centers providing child survival services to ensure that enrolled OVC receive counseling and testing/ pediatric care and treatment for those who are HIV positive as well as child survival services. GHAIN will also establish strong linkages with other organizations providing care for children such as UNICEF and Save the Children, the Federal and State MoWA and the LGA departments of Women Affairs to leverage resources for the benefit of the children. Using the support of the case manager organizations, GHAIN will leverage the resources of other USG and non-USG supported partners to ensure that enrolled OVC access all 6+1 services according to their needs including those not provided by GHAIN, such as such as shelter, and house hold economic strengthening.

POPULATIONS BEING TARGETED

GHAIN will provide OVC services to children living and affected by HIV/AIDS. The children will be identified from all the communities in the HAST LGAs using community volunteers to ensure that the most vulnerable and marginalized OVC are reached. OVC will also be identified through the PMTCT and care and treatment services provided at supported facilities, counseling and testing, and TB-HIV programs. GHAIN will ensure that community volunteers serving OVC are stationed in health facilities during service hours to facilitate identification and linkage of OVC to services.

KEY LEGISLATIVE ISSUES ADDRESSED

GHAIN will strengthen gender equity in HIV/AIDS care and support programs using a comprehensive approach, addressing the specific needs of children in this regard and emphasizing male involvement in care initiatives to ensure sustainability. GHAIN will collaborate with the Partners for Development to source for micro-credit facilities for the indigent care givers to be able to support the children, and with other USG implementing partners to wrap around good governance by securing services that protect the rights of the child, enhance food supply, improve sanitation in communities, provide clean water, insecticide treated nets (ITN) and strengthen non-HIV health services, including child health and nutrition.

EMPHASIS AREAS

This activity includes a major emphasis on child survival activities, family planning and prevention of infections among OVC and their care givers. GHAIN will ensure that OVC receive services that will enhance their well being and survival including but not limited to immunization against the child killer diseases as provided by the National program on immunization; growth monitoring, oral rehydration therapy, safe infant feeding, and education of the girl child. To safe guard the health of HIV infected and affected children, GHAIN will provide prevention services and commodities, including safe water, targeted at common endemic diseases. Commodities to be provided include long lasting insecticide treated nets, water reservoirs (lidded buckets with taps) and water guard for disinfecting water. Special attention will be paid to older children and adolescents, who will be provided with adolescent reproductive and sexual health services as well as leadership training. GHAIN will also facilitate access to income generating activities for out of school adolescents. GHAIN will strategically engage communities through advocacy and dialogue to discourage gender biases and cultural practices that adversely affect marginalized OVC such as forced marriage and female genital cutting. Access to family planning and safe delivery services will also be facilitated for the care givers and remaining parent of OVC. It is expected that this will translate to fewer children in the household with the attendant benefits to all household members.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13040	3229.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$2,865,000
6701	3229.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$1,115,000
3229	3229.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$1,758,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$25,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5271.09	Mechanism: USAID Track 2.0 FS LMS Leader
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 12414.24905.09	Planned Funds: \$500,000
Activity System ID: 24905	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This activity relates to OVC, TB/HIV, and Health Systems Strengthening Program Areas. In COP09 the Leadership, Management and Sustainability (LMS) program of Management Sciences for Health (MSH) will conclude some activities initiated in COP07 and continue with those initiated in COP08. By the end of the COP09, LMS would have extended its service beyond the OVC Division of the Federal Ministry of Women Affairs and Social Development to the OVC Coordinating Mechanisms in 10 additional states across the country.

The results of the National OVC Situational Assessment and Analyses conducted by the OVC Division of the Federal Ministry of Women Affairs and Social Development, formed the background on which the Division's strategic plan was developed with support from LMS in COP08. In this COP year, LMS will support the group in the implementation of the strategic plan through the development of annual work plans. LMS will continue its institutional capacity building of the OVC Division which already includes the training of staff of the Division in leadership and management. In addressing the areas listed under the gender emphasis, LMS will provide technical assistance to the Division in its annual workplan development by ensuring that activities addressing the issues of gender such as increasing gender equity in HIV/AIDS programs for OVC, increasing women and children's legal rights, and reducing violence and coercion of women and girls are incorporated and included in the budget.

In COP09 the LMS program will continue its institutional capacity building support to both the federal and selected state government OVC institutions to increase their abilities to provide nationwide coordination, thereby increasing synergies and effectiveness of the PEPFAR program. LMS will extend its leadership and management skills development program which it started in COP07 for the National OVC Division to state OVC program focal persons including focal persons from the Association of OVC NGOs of Nigeria (AONN).

Support to both tiers of government will include strengthening organizational and program management capacity to efficiently and effectively address the national OVC response. LMS will continue its COP08 support to the groups in the training of focal persons in project management and will also support them in their annual planning exercise.

With the database training for both national and state level focal persons carried out in COP08, these focal persons will be supported in performing more active roles in quality assurance issues related to data gathering and reporting for the Division as part of LMS' support to the Division in the roll out of its national OVC program reporting system.

In COP09, LMS will also develop and implement a system for monitoring and evaluating the web-based OVC training program for caregivers and service providers developed in COP08. The website developed for the Division will also be reviewed in COP09. The directory of OVC organizations will be updated to ensure that only genuine OVC organizations are listed.

The National OVC Division will also be supported in developing its own communications unit to enhance its coordination role, as well as to provide adequate IT infrastructure to enhance both its internal and external communications functions. LMS will train focal person in the Division on relevant communication skills including desktop publishing and website management with a view to enhancing the quality of content and format of the Division's publications and making the Division more visible. Working closely with other USG policy partners, LMS will support the Division to produce and distribute the necessary OVC SOPs nationally using both electronic and hardcopy formats.

Being a membership organization, LMS will in addition, build upon its institutional capacity building started in COP08 for the Association of OVC NGOs of Nigeria (AONN) to strengthen its nationwide management structure.

The targets for the LMS OVC program are captured in targets in the Health Systems Strengthening narrative.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13073

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13073	12414.08	U.S. Agency for International Development	Management Sciences for Health	6383	5271.08	USAID Track 2.0 FS LMS Leader	\$500,000
12414	12414.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3682.09

Prime Partner: Society for Family Health-
Nigeria

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 6497.24932.09

Activity System ID: 24932

Mechanism: USAID Track 2.0 SFH

USG Agency: U.S. Agency for International
Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$2,435,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This component is linked to Condom and other Prevention, Counseling, and Testing and basic home based care and support.

Society for Family Health (SFH) will continue to support PEPFAR partners to provide palliative care and support to HIV vulnerable children and their families in the Nigeria PEPFAR states. SFH will continue the distribution of developed Basic Care Kit (BCK) for distribution to select USG partners as chosen by USAID for their involvement in OVC programming and in communities where SFH conducts prevention and care outreach services. In COP 06 SFH distributed 45,000 basic care kits (BCK) and in COP 07, 100,000 units of BCK were distributed. An additional 125,000 units were budgeted for in COP 08. In COP 09 SFH will distribute another 100,000 BCK to OVC partners for community OVC programming. Subsequent to the initial distribution of 100,000 BCK, SFH will continue to provide product replenishment in the form of WaterGuard over the period of the grant.

The negative synergistic relationship between HIV and malaria is well documented: HIV infection increases the risk and severity of malaria while malaria, in turn, increases the rate of HIV progression with far reaching consequences, particularly for HIV+ pregnant women. The Nigerian environment is one in which malaria thrives, responsible for more deaths in the country than any other disease. In addition, the Nigerian water and sanitation infrastructure continues to be unreliable and suffers from disrepair and inadequate reach; 42% of the population continues to lack access to safe water sources (NDHS 2004). At least 27% of the rural population obtains water from unsanitary wells; 16% from rivers; and 6% from vendors. Given these environmental factors, it is especially critical for HIV+ individuals to take a proactive and holistic approach to their health management.

HIV vulnerable children, whether HIV+ themselves or in an HIV affected household (i.e. with an HIV+ person or orphaned by of HIV), are particularly vulnerable to HIV and its sweeping effects. Without proper, holistic care that addresses their particular variety of health, education, social and developmental needs, HIV vulnerable children will not receive the necessary knowledge, tools or encouragement to improve their well-being.

To provide HIV vulnerable children and their families a broader health management vision, each BCK is constructed to promote healthy behaviour practices with respect to three major areas: malaria prevention and management, diarrhoeal disease prevention, and improved basic sanitation and hygiene practices. Kit components include: one long-lasting insecticide treated net (LLIN); one safe water storage vessel with spigot (std. 20 litre bucket with lid); one bottle of WaterGuard point-of-use water treatment product; hand soap; and a combination of relevant IEC materials.

SFH will leverage its relationships with PLWHA support groups to support IPs in the sensitization of health care workers, and PLWHA support group facilitators and members. SFH will utilize its expertise in behaviour change communications to develop a variety of culturally/regionally appropriate IEC materials emphasizing positive behavioural decisions and healthcare products pertinent to HIV vulnerable children and their families. In addition, SFH will train IP staff, facility staff (i.e. project implementers), and project beneficiaries on the management of BCK. SFH expects to train 700 persons over the course of the project.

To support the PEPFAR partners in their ongoing care and support activities, SFH will develop and produce targeted mid-mass media campaigns to create community support for OVCs in Nigeria. Evaluation of the uptake and appropriate use of the BCKs will be conducted among recipients of the commodity, implementers and trainers and the general population as a whole.

This activity targets HIV vulnerable children and their families and HIV+/- pregnant women. To address and mitigate the issue of BCK stigma, 8% of the 100,000 kits are requested to be set aside for alternative vulnerable groups and relevant facility-level project implementers in order to diversify the initial beneficiary base, promote project receptiveness, and increase appropriate use of all BCK components among beneficiaries who might otherwise be discouraged due to the fear of stigma surrounding the bucket. In addition, SFH will produce different color variants of the buckets in order to reduce the current levels of stigma associated with the blue buckets.

The emphasis areas are gender and health related wrap around. The activity targets vulnerable children and women with a need to improve access to quality treatment, care and support services. This activity will address access to products/commodities for malaria and safe water. This program area also addresses the rights of women and children to gender based violence, coercion and physical and emotional abuse. Stigma and discrimination will be addressed through training of healthcare providers on use of the kits and via community awareness and mobilization programs, IEC development and distribution to address OVC issues.

Through the community programs and mid-mass media campaigns i.e. the use of mobile rigs to perform road shows and targeted community drama on OVC programming at selected IP sites, there will be increased awareness about OVC programs across the country and this will lead to improved access of target populations to OVC and other HIV related services, in USG and GoN sites across the country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13099	6497.08	U.S. Agency for International Development	Society for Family Health-Nigeria	6390	3682.08	USAID Track 2.0 SFH	\$2,000,000
6737	6497.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$2,086,674
6497	6497.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$1,060,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$224,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3713.09	Mechanism: USAID Track 2.0 CRS OVC TBD
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5407.24873.09	Planned Funds: \$3,000,000
Activity System ID: 24873	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS
CRS will be providing services to three new sites in Benue and Plateau.

ACTIVITY DESCRIPTION:

This is an ongoing SUN Project activity and will focus on sustaining the scaling up of support to OVC/caregivers and ensuring the saturation of services in the project sites. CRS is presently implementing programs in 13 project sites located in eight States namely Abuja, Edo, Kogi, Niger, Nasarawa, Benue, Kaduna and Plateau. In COP09, CRS will provide support directly to the 3 additional sites created out of Benue and Plateau in COP08. This is to support the viability of the new sites created out of our 2 largest existing sites to ensure better saturation of services and assurance of quality standard of care.

The SUN Project will focus on consolidating improved quality of services provided to enhance the quality of life for OVC and caregivers by providing block grants to service facilities and building capacity of providers, OVC households, community support structures, and partner institutional capacity. All OVC within a household will be enrolled into the program and provided with comprehensive services including at least three of the following: education/vocational support, health care, psychosocial support, OVC protection and economic strengthening. In COP09, linkages will be sustained for nutritional and educational support with USG supported wrap-around activities in sites where these co-exist with CRS-SUN.

Education will be supported through teachers' training, and through operational partnerships with schools that support a more conducive environment for learning for all students, including OVC, as well as the provision of teaching materials. OVC completing vocational training will be linked to economic strengthening opportunities including NDE, NAPEP and other viable government initiatives.

Healthcare will be promoted through partnerships with USG IPs, GON, FBOs and AIDSRelief healthcare centers for growth monitoring and treatment of OIs; and through health education at support group meetings and home visits. Other services include immunization, provision of preventive care packages comprising insecticide treated nets and water guard/containers and the treatment of minor ailments during home visits. Home visitors also refer clients they cannot treat to health facilities. In addition, all HIV positive OVC and caregivers seeking health care support will be linked to local health facilities for palliative care and to the nearest ART Treatment sites of their choice, which may include CRS-AIDSRelief sites.

Also with regard to health, a Peer Health Educators strategy initiated in schools and communities will be institutionalized to create demand for HCT among OVC, caregivers and the general population. This will be facilitated through the integration of services with the CRS 7D project care and support activities, since both projects provide support in the same households and communities. The two-way referral system between these programs and with AIDSRelief will be strengthened. Psychosocial support will be provided through group counseling, the formation of school HIV/AIDS prevention clubs, the reinforcement of established youth-friendly centers, home visitation, and through the integration of OVC into community recreational facilities.

OVC protection support will be anchored by the Justice Peace and Development Commissions (JPDCs) in each diocese. The specific focus areas of each partner within the domain of protection will vary in accordance with the local priorities identified in the situation analysis, but will include birth registration for all under fives enrolled in the CRS-SUN project, the strengthening of the effectiveness of the community justice system for dealing with inheritance issues, the creation of awareness on child abuse and child rights, and the linkage of OVC to their siblings and/or extended families. Income generation activities for OVC and caregivers, volunteers and youth will be sustained and scaled up.

Partner capacity to serve OVC will also be strengthened as CRS supports the Catholic Secretariat of Nigeria (CSN) to provide leadership, technical support and national coordination. CRS will also provide mentoring and capacity building in project management, monitoring and evaluation, finance, administration, and the management of small grants. This support is provided at all levels: for CSN directors, the CSN Health Unit and provincial structures, including the Diocesan and Parish Action Committees on AIDS (PACA) in all the project dioceses.

The M&E strategy will be participatory, community driven and aligned to the national Plan of Action on OVC within the context of the 'three-ones' initiative. Referral systems will be established with other IPs and with the relevant GON supervisory agencies to track the quality of each component of the services that the OVC receive, in accordance with Child Status Index and GoN approved tools. In addition, a more intense and well-structured monitoring and supervisory strategy will be adopted to further assure the quality of the services provided. Effort will also be made to saturate services within reasonable and limited geographical areas by mopping up all OVC in HIV/AIDS affected households within projects sites before expanding to other communities.

The primary direct targets for this project will be 12,500 OVC receiving at least three components of services. To this end, refresher trainings will be conducted for 600 PACA volunteers, teachers, SMoWA OVC desk officers and JDPC OVC protection staff on OVC care and support.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities in the program area are focused on strengthening the capacity of families and communities to provide care and support for OVC. These activities contribute to the USG's PEPFAR five-year strategy of providing care and support to 400,000 OVC. This is also consistent with the Strategic Framework on OVC by the provision of services to 12,500 OVC and training 600 service providers within faith-based institutions. In addition, specific policy and community mobilization capacity initiatives aimed at leveraging national guidelines and procedures around the critical needs of OVC including school fees will be provided for CSN leadership, Parish structure and other affiliated institutions.

LINKS TO OTHER ACTIVITIES:

This links to HIV treatment, HIV drugs, basic palliative care, TB/HIV and VCT. CRS '7D' care and support

Activity Narrative: projects are implemented in CRS OVC project States. All OVC families receive community-based care and support from the 7Diocese project. SUN/7D dual referral strategy will be explored where OVC and their caregivers that are positive will be referred appropriately to CRS AIDS Relief or other IP sites for treatment while positive OVC from AIDSRelief sites will be referred to SUN sites for appropriate and comprehensive OVC services. Infants born to PMTCT clients will be followed up through the growth monitoring component of the OVC support services while children of support group members in the 7D project will benefit from the OVC services. Through collaboration and referral networks with organizations like Christian Aid and AIDSRelief, OVCs will access other services and opportunities that are not provided directly by CRS SUN project.

POPULATIONS BEING TARGETED:

OVC, caregivers of OVC, and other children/siblings living in OVC households are the direct project target while FBOs, religious/community leaders, representatives of government supervisory agencies as well as community volunteers constitute indirect beneficiaries of CRS SUN project activities. The general population of youth will benefit as a result of the life skills training that will be conducted in schools. AIDSRelief will also refer their positive OVC on ART to the CRS OVC project to ensure they receive comprehensive package of care for OVC on ART.

EMPHASIS AREAS:

An emphasis area is the development of local partner's capacity to better organize activities and support OVC services. Other emphasis areas are: community mobilization/participation; development of network/linkages/referral system; information, education and communication, and linkages with other sectors and initiatives.

This program will strive to address gender issues. It will ensure gender equity in the choice of beneficiaries and specifically increase women's legal rights through the provision of support for legal fees and advice. Linkages with community efforts to provide assistance in protecting women and children's legal rights will also be strengthened. In addition, effort will be made to address issues related to stigma and discrimination that hamper care and support activities as well as prevention activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13010

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13010	5407.08	U.S. Agency for International Development	Catholic Relief Services	6367	3713.08	USAID Track 2.0 CRS OVC	\$2,500,000
6688	5407.07	U.S. Agency for International Development	Catholic Relief Services	4164	3713.07	OVC	\$2,400,000
5407	5407.06	U.S. Agency for International Development	Catholic Relief Services	3713	3713.06	OVC	\$1,470,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$591,575

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$300,000

Education

Estimated amount of funding that is planned for Education \$550,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5267.09

Prime Partner: Centre for Development and
Population Activities

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12378.24879.09

Activity System ID: 24879

Mechanism: USAID Track 2.0 CEDPA

USG Agency: U.S. Agency for International
Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$1,173,750

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As part of its sustainability strategy, CEDPA intends to strengthen institutional capacity of selected implementing agencies (IAs) to develop sustainable programs. These activities will involve:

- Build the organizational management systems and leadership skills of the CBOs and FBOs to optimize the delivery of OVC services at the community level.
- Facilitate formation and/or strengthening of networks and linkages in OVC services to community and health care services.
- Support women/girls in their care-supporting role by linking them to micro-credit finance opportunities.

ACTIVITY DESCRIPTION:

This activity also relates to activities in HVAB (3.3.02), HBHC (3.3.06), HVTB (3.3.07), HVCT (3.3.09), HTXS (3.3.11) and HLAB (3.3.12). Positive Living (PL) is presently in four sites in four states. Positive Living (PL) is presently in four sites in four states: Kano, Cross River, Bauchi and Edo. By the end of COP07, PL will have opened 4 additional sites in these same states. In COP08 PL will expand to 10 new sites in 10 states: FCT, Anambra, Adamawa, Lagos, Kogi, Benue, Imo, Niger, Kogi and Taraba. OVC is an on-going activity and in COP08, PL will focus on scale up, tripling COP07 figures, ensuring increased coverage of present sites and going on to new sites.

PL activities in COP08 will respond to the OVC situation in project states, consolidating structures initiated in COP07 and strengthening community linkages and referral networks, while initiating services in the new states. PL will limit expansion of the OVC services to the geographical scope of the Implementation Agencies (IAs) and Multiplier Organizations (MOs) within the 14 PL states. Three thousand OVC will be reached via family centered approaches. Through partnerships with 16 IAs and MOs, 600 caregivers among family members and 300 home based care (HBC) volunteers will be trained in OVC care.

Volunteers and community health extension workers (CHEWs) will reach OVC in homes and communities, maintaining stability, care, and protection. PL will work at extant structures within PL HBHC and collaborate with OVC stakeholders at all levels - the Federal Ministry of Women Affairs and Social Development, their State counterparts, GHAIN, and other USG IPs - and contribute to sustainability by expanding community resources to improve quality care for OVCs.

PL's OVC services will be provided to children referred from GHAIN/other USG IPs and clients referred by community members. 0 – 4 yr. olds (and/or guardians) will receive safe water kits, growth monitoring, counseling on routine immunization protocols, CT for HIV, birth registration, nutritional counseling, prevention and treatment of OIs and malaria services. 5 – 17 yr. olds will receive CT for HIV, nutritional assessments and counseling, enrolment into formal education settings (back to school)/vocational skills acquisition), AIDS education and on-going counseling. In addition HIV+ OVC will be assisted to access ART, OI diagnosis and treatment (including STIs) and malaria prevention and treatment services at GHAIN or other USG/GoN supported sites. They will also receive preventive kits. PL will provide nutrition support to families as needed. To accomplish this in COP08 PL will make appropriate linkages with and leverage resources from the new USG supported food and nutrition wrap around activities being implemented by the MARKETS is states where they are co-located. An OVC will be considered served when he/she receives the three services as recorded during an assessment and that follows the nationally approved plan of action and guidelines, including the harmonized National OVC Vulnerability and child status indices.

PL has agreements with the GoN and FBOs (Anglican Communion AIDS Programme and the National Supreme Council for Islamic Affairs) to place OVC, especially girls, in selected 10 and 20 schools. These are the schools targeted by PL's AB program (avoiding duplication of efforts). In selected schools PL will continue to contribute overhead in exchange for free tuition and education materials (uniforms, books, etc.) for OVC. PTA members will be trained to recognize and respond to academic needs of OVC, to support PTA levy waivers, and to provide three different, OGAC-recognized forms of psychological support. Where indicated, PL will leverage further educational support for needy OVC from the ABE-Link wrap-around activity. Out of school OVC, particularly those heading households or caring for sick parents/siblings, will be supported to attend evening classes in the community. Others will be enrolled in contracted institutions that provide specific training in vocations and business entrepreneurship. OVC who have completed vocational training will be given seed grants to purchase equipment for microenterprises. OVC needing additional funds for economic activities will be linked to banks and microfinance institutions to source soft loans.

The adapted curriculum equips OVC with life skills and age appropriate HIV/AIDS and sexuality/RH information; it will be used for refresher training. PHA from support groups will be models for PL and demystify stigma and discrimination. Peer facilitators from PL prevention (AB, OP) will mentor and guide OVCs by counseling and engaging OVC in physical and social activities. Youth volunteers already trained by PL will continue to provide HIV/AIDS prevention information to colleagues and siblings, focused on AB. Age appropriate prevention messages and education to prevent abuse will be shared. Sexually active youth will be provided with appropriate information on prevention and treatment of STIs.

Health care services will be provided at PL supported PHC facilities to supplement C&S support services offered at ART centers and general health facilities. These services will follow the basic care and support model. PL will continue to negotiate for subsidized/free medical care for OVC at GoN-owned and privately-owned health facilities. Staff at PHCs will be trained on OVC health needs. Each HIV positive OVC will be screened for TB, provided with a self care kit containing an insecticide treated net, water-guard (refilled regularly) and receive OI prophylaxis. She/he will be linked to GHAIN, GoN and other USG sites for pediatric ART and treatment for advanced OIs.

To expand the core of the program, caregivers will be recruited from members of extended families to care for more OVC. COP08 and COP07 caregivers will be provided training and refresher training respectively on psychological and spiritual support to OVC, pediatric treatment adherence, nutrition issues, diet and food preparation techniques, communicating with children, and healthy life decision-making. Caregivers will be linked to USG support sites to access other services for OVC. Seed grants will be given to care givers to set

Activity Narrative: up IGAs that augment household income, for transportation of OVCs to access services, for support of OVC staying in schools and vocational facilities. PL will monitor these grants through structured guidelines.

HBC volunteers will also serve as OVC volunteers. Refresher training on OVC services will be provided to support best performance. Topics will include promoting birth registration, carrying out nutritional assessments, counseling, monitoring immunization status of infants, and monitoring growth. They will support supervision of care givers; monitor OVC, assist youth headed households to maintain their homes and refer OVC for treatment of ailments, immunization, child welfare and wrap around services.

Using standardized forms, IA/MO/PL M+E Officers collect data monthly, detailing numbers/demographics of clients reached and messages provided. This provides timely information for effective decision making, particularly regarding the breadth and depth of OVC coverage. OVC M+E activities will develop sustainable capacity at IAs and MOs to collect relevant data.

POPULATIONS TARGETED:

The primary beneficiaries for the OVC program are children aged 0-17 yrs. who have lost one or both parents to HIV/AIDS and/or are vulnerable because they are HIV positive; live without adequate adult support; live outside of family care or are stigmatized, marginalized or discriminated against. Stigma reduction activities and training will target caregivers, PTA members and HBC service providers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The planned OVC interventions will contribute to the overall PEPFAR C&S goal of mitigating consequences of the epidemic by reaching 3000 OVC with care and support services. PL, working with all stakeholders at all levels will contribute to the sustainability of interventions by strengthening community systems to improve quality care for OVC, build community-capacity of 600 caregivers to support OVC by training and providing seed grants.

LINKS TO OTHER ACTIVITIES:

PL will strengthen and consolidate linkages with stakeholders, particularly GHAIN, SFH, and GoN, to provide care and support packages for OVC and establish linkages between HVCT (3.3.09) centers and care outlets. This will improve utilization of MTCT (3.3.01), HBHC (3.3.06), HVTB (3.3.07), HTXS (3.3.11) and HLAB (3.3.12) services and enhance community participation in care for OVC and ensure service quality. PL will refer for wrap around activities - social services, food and livelihood opportunities. Girl-headed households will be linked with supportive women's groups to provide them with psychosocial support and protection. Follow-up supportive supervision will be provided. At each site, PL activities will strengthen linkages to AB and OP prevention activities as integral parts of home-based care for OVC offered by care givers. Those linkages already established will be strengthened with TB/HIV intervention programs, PMTCT services, USG-funded immunization projects (COMPASS) and child welfare services.

EMPHASIS AREAS:

Successes recorded on gender issues will be consolidated, particularly sensitivity in programming that targets vulnerable young girls, and address women's rights to income and productive resources. PL will work with legal aid initiatives to develop legal frameworks that uphold the rights of OVC, particularly inheritance. Wraparound activities related to food will be another emphasis area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13016

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13016	12378.08	U.S. Agency for International Development	Centre for Development and Population Activities	6368	5267.08	USAID Track 2.0 CEDPA	\$700,000
12378	12378.07	U.S. Agency for International Development	Centre for Development and Population Activities	5267	5267.07	APS	\$705,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$154,336

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5266.09	Mechanism: USAID Track 2.0 Christian Aid
Prime Partner: Christian Aid	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 9881.24880.09	Planned Funds: \$1,400,670
Activity System ID: 24880	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

OVC targets increased from 10,000 to 12,200 and the number of caregivers to be trained is 1,200.

At least six new support groups supported by ASWHAN

Training manuals will have been fully adapted by end of COP08

CCN will be the Case Manager in Benue State and mentor ASWHAN.

COP08 Narrative below

ACTIVITY DESCRIPTION: This activity is related to Track 1 Christian Aid activity in Benue and Plateau state providing comprehensive services to OVC.

Community Care in Nigeria (CCN) project is currently in 4 states (Anambra, Edo, Kano and FCT) working with 13 ex-GHAIN partners. In COP 08 the partnership will expand to 17 including 4 Dioceses in 4 additional states (Adamawa, Benue, Lagos and Niger), bringing the project states to 8. This activity supports the scale up of OVC service provision in 8 States and the development of the capacity of indigenous multipliers and CSOs. CCN is being implemented through a consortium of partners including Christian Aid (CA), the Association of Women Living with HIV/AIDS (ASWHAN), 5 Anglican Dioceses and agencies previously supported under GHAIN.

CCN is developing a community and family-based approach in which communities design and implement OVC protection and care. The approach adopted is based on the CA Track 1 supported program (CBCO). The program offers comprehensive models of care and support to meet the psychological and material needs of OVC and promotes advocacy and learning on issues affecting OVC.

Representatives of OVC households are mobilized into Savings and Loan Associations (SLAs). Members of SLAs save for several months and when their savings become significantly large draw small loans, which they use for income generation activities, school fees and uniforms, etc. To complement this and bolster their food and nutritional security, the groups will also be supported with self-help projects in agriculture (e.g. seed and livestock multiplication) and complementary sectors.

OVC between the ages of 6-11 years, whose guardians are members of SLA groups, will participate in weekly Kids Clubs activities. Trained peer facilitators take the children through a structured manual informed by material developed by the Regional Psychosocial Support Initiative (REPSSI). In this way, these children receive quality psycho-social support. Under-5s will be targeted for preventive health care support, birth registration, weight monitoring and food/nutrition support (training and/or provision of food supplements locally mobilized through existing community groups).

Older OVC between the ages of 12-17 years are mobilized into youth clubs and participate in weekly life skills sessions, reproductive health education and psychosocial support. The sessions are also facilitated by trained peer educators using material informed by Population Services International (PSI) and other reputable organizations.

Within the SLA groups, Child Protection Monitors (CPM) are appointed. The CPMs are responsible for visiting the homes of each of their fellow SLA members at least twice per month. Here, they interact with the OVC providing adult mentorship and ensuring OVC are not being abused, stigmatized, and/or discriminated against. When minor child protection cases occur, carers are counseled to explore alternative ways of treating the children. More serious cases are reported to community-established OVC Support Committees, child protection committees, and/or local government officers/police for resolution. Through this mechanism, the project is working to ensure that all the children are systematically monitored and benefit from child protection, as well as one-one-one counseling support. Further health-related support provided by trained carers will include home-based care to OVC and their families.

Despite the economic strengthening work that is being undertaken, there are still many OVC who are unable to attend school, particularly at secondary level. Given this, rigorous targeting will be undertaken with the OVC Support Committees and SLA groups to identify and provide support for older OVC most in need. Intensive advocacy and resource mobilization drives will be carried out to find more long-lasting solutions to retaining these OVC in school. In addition, older OVC that cannot be integrated into the formal education system due to a lack of a basic education will be provided with vocational training through local training institutions.

Community organizations will also facilitate referrals to other organizations to fill significant gaps. Partners will develop advocacy skills that will enable them to leverage additional support from public sector service providers. Priorities are likely to include advocacy to remove constraints to Universal Basic Education (UBE) and to improve access of vulnerable groups to services of organizations such as NAPEP. The potential of private sector support for OVC services (school support) will also be explored. Although the provision of direct benefits to OVC is a central part to CCN, attention is also given to longer-term developments that will create an enabling environment for continuation of provision of services to OVC after program close out. Part of this will be support to the strengthening of coordinating structures for OVC activities at State and Federal Government levels.

CCN started in late May 2007 and, in line with its plans for COP08, is expected to include at least 4 new Diocese partners as well as at least 6 new support groups supported by ASWHAN. It will also expand from 4 to 8 States in COP08. Compared to COP07, funding will increase in COP08 by approximately 500,000USD. Targets will increase from 3,000 OVC and 1,000 caregivers in COP07 to 10,000 OVC and 2000 caregivers in COP08. In order to ensure these targets are reached, all registered children will be monitored regularly using a Quality Assurance Tracking Database based on the successful model developed by the CBCO program. The Database allows the monitoring of services provided directly by CCN, by referral from CCN, by another organization independently and by services leveraged by CCN. In addition, the Child Status Index (CSI) will be used bi-annually to monitor quality of life of OVC.

Activity Narrative: All elements of this program will contribute to the national response and will be based on relevant plans such as the National OVC Plan of Action, the National Strategic Framework and local plans developed by SACAs and LACAs. CCN will address all six objectives included in the OVC National Plan of Action, and will specifically target Objective 3 of the HIV/AIDS National Strategic Framework for Action 2005–09. It will complement and be integrated into other USG-funded and GON programs particularly those involving clinical services such as HCT, PMTCT and pediatric and adult ART. It will contribute to the development of learning networks that can develop best practice for OVC work and stimulate the expansion of quality HIV related services. CA will be the Case Manager for Anambra and Edo States and will monitor ASWHAN to carry out the same role in Benue State. This role entails providing technical backstopping to the Federal Ministry of Women Affairs to roll out policies, plans, and programs as well as capacity building to State Ministry of Women Affairs (SMWA) to plan, monitor, supervise and evaluate OVC programs in the states.

The long-term impact of CCN will be the establishment of indigenous regional and national multipliers capable of accessing funds and delivering quality OVC services. To this end, CA will provide technical support to ASWHAN to develop the capacity to directly access USG funds in the future. A key principle of the consortium will be that over the course of the program, management and granting responsibilities will be transferred from CA to ASWHAN. By the end of the program, ASWHAN will be able to directly receive funding from USAID. All other partners in CCN will undergo comprehensive organizational capacity development to better enable them to sustain themselves and OVC services in the future.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: By the end of the 3-year program CCN will directly benefit 12,200 OVC and 5,000 families who will have accessed services. In COP08, the program expects to reach 10,000 OVC and 2,000 families. Christian Aid and partners will assist, through advocacy with State and Local Government stakeholders, the roll out of activities supported at national level by other USG policy partners. In addition the participation of SMWA representatives and SACAs and LACAs in program activities will be used to share lessons and support local coordination.

LINKS TO OTHER ACTIVITIES: Linkages will be established with HIV/AIDS treatment centers and community adherence activities, care and support programs, and TB/HIV programs to ensure that OVC and caregivers stay alive and in good health, to counseling and testing centers to enable family members to receive necessary support and to PMTCT providers to reduce the increase in numbers of HIV+ children.

TARGET POPULATIONS: This program targets girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC and family members in community settings using existing established and accepted community organizations as service providers. In addition, religious leaders and leaders of women's organizations will be trained to combat stigma in their work and will be supported to engage productively and openly with PLHA.

EMPHASIS AREAS: This program includes emphasis on Local Organization Capacity Development and community mobilization, nutrition and training. The program will also aim to a) support equal numbers of male and female OVC and address cultural and economic factors that limit access to services of either gender; b) develop opportunities for women to increase their access to economic resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13019

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13019	9881.08	U.S. Agency for International Development	Christian Aid	6370	5266.08	USAID Track 2.0 Christian Aid	\$1,500,000
9881	9881.07	U.S. Agency for International Development	Christian Aid	5266	5266.07	APS	\$1,128,846

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$450,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$125,000

Education

Estimated amount of funding that is planned for Education \$125,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7143.09	Mechanism: USAID Track 2.0 FS Community Reach
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 16301.24883.09	Planned Funds: \$1,440,000
Activity System ID: 24883	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY

In COP09, PACT/Nigeria, also known as Community Reach, will continue to serve 8,000 Orphans and Vulnerable Children (OVC), through providing grants to community-based organizations (CBOs) in order to mobilize and support community-based responses to OVC. It will actively engage the private sector in order to promote economic advancement opportunities for older OVC and caregivers. Four thousand OVC will receive food and nutritional supplements. PACT/Nigeria will build sustainability by implementing evidence-based best practices, lessons learned, new approaches, and tools and methodologies. Activities will also focus on formalizing network of OVC Non-governmental organizations (NGOs) and supporting the process of transforming this into an umbrella granting organization

COP08 Narrative

Activity Narrative: ACTIVITY DESCRIPTION:

This is a new activity and it links to all the other activities in the USG OVC portfolio. Analysis of the current USG Nigeria OVC portfolio, conducted by the USG Nigeria's OVC TWG and reinforced by recommendations from previous technical assistance (TA) assessments, has identified a number of key programmatic gaps: current paucity of indigenous partners to take programs to scale; poor understanding of OVC definitions by implementing partners; inadequate monitoring and supervision; weak referral networks between facility-based and community-based partners; lack of coverage in high prevalence states; and few programs addressing the needs of adolescent OVC, particularly females. In addition to these programmatic gaps, the analysis identified a number of contracting constraints, as the in-country capacity for making awards to new partners is constrained by the current capacity of indigenous, civil society organizations (CSOs) to respond to the contracting regulations that exist in USG agencies. PACT/Community REACH has the mandate and capacity to engage local partners through granting, in order to ensure quality and comprehensive services at the grassroots level to OVCs, and to build organizational management capacity that supports the graduation of sub-partners to prime, indigenous partners, and therefore can help fill these needs.

Based on these findings, USG Nigeria developed a Leader with Associate (LWA) Proposal under the PACT/Community REACH mechanism, Cooperative Agreement managed out of the Office of HIV/AIDS in the Global Health Bureau at USAID/W. PACT/Community REACH was selected because it has demonstrated capacity to quickly identify and provide grants to local CSOs in a range of technical areas related to prevention, care and support, and program-related data collection and analysis.

The Nigeria OVC LWA focuses on PACT/Community REACH's ability to:

1. Quickly mobilize local/indigenous CSOs, NGOs, and FBOs in the Southeast, North Central and South-South geopolitical regions of Nigeria that are playing essential roles in the fight against HIV/AIDS to provide OVC and prevention services.
2. Provide grants to these organizations for comprehensive OVC services delivery according to OGAC guidance and in line with the government of Nigeria Plan of Action for OVC and Standards of practice.
3. Support Organizational Capacity building and service delivery capacity building for these groups to enable them to be more sustainable and eligible to directly access donor funding.
4. In the OVC program area, collaborate with USG policy programs tasked with facilitating the formation of National Network of Civil Society organizations implementing OVC activities to establish a national umbrella program for providing grants to members of the network.

Specific programmatic gaps that the LWA with PACT/Community REACH address include:

1. Mobilization of funding to organizations playing valuable roles in the fight against HIV/AIDS
 - a. PACT will quickly identify indigenous CSOs and sub-grant to them for OVC services. PACT will provide organizational capacity development, which builds the capacity of PACT grantees to develop strong programming, management and monitoring skills, with the goal of local sub-partners graduating to prime partners.
 - b. Increase USG Nigeria's geographic areas of OVC service provision. Currently there is a dearth of OVC services within the Southeast, South-South, and North Central regions of Nigeria, and grantee recruitment will be focused in these regions. Community-based and faith-based organizations in particular will be targeted as sub-grantees.

2. Provision of technical assistance to local sub-grantees to deliver quality OVC services at the grassroots level. TA will be needed for accurate identification of OVC that qualify for services. Currently there is weak understanding of the Nigerian definition of what children fall under the category of orphaned or vulnerable. Activities will be designed to build provider understanding of who is eligible for OVC services, and work with communities and clinical service providers to identify all children that are eligible for services. TA will also be provided to PACT grantees to enable application of a holistic OVC service provision model. All OVC service providers should know and understand the standard level of care for each of the 6+1 services. All OVC will receive at least 3 of these services, one of which must be psychosocial support. These services should be delivered through a family-centered and community-based model, that reaches out to all children in a family infected/affected by HIV/AIDS using standards and practices that have been developed with USG support and GON collaboration.

PACT Community REACH activities will also ensure a multi-program and multi-sectoral referral system. All community-based and facility-based OVC service providers in a state should be aware of the geographic regions where other partners are working, and collaborate to form linkages and referrals between clinical and community-based care. Wherever possible, community partners should engage with and to link to clinical service providers, refer clients for HCT, care, and treatment, accept client referrals, and use this as a starting point to engage families in order to assist all children infected with or affected by HIV/AIDS.

PACT/Community REACH will also engage with local sub-grantees to promote sustainability and document evidence-based best practices, lessons learned and new approaches, tools and methodologies. Work with sub-grantees will also focus on developing robust M&E plans that articulate utilization of the Child Status Index and GON tools to ensure high-quality programming.

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a new activity in COP08 and will continue in COP09. It relates to the health sector strategic objective as a wraparound activity that provides access to comprehensive nutrition, education and referral to basic health care for orphans and vulnerable children (OVC). COMPASS TBD focus areas will be Family Planning/Reproductive Health, child survival and basic education in Bauchi, Kano, Lagos, and Nasarawa states.

PEPFAR funding will be used to further strengthen nutrition and educational wraparound services of the following United States Government (USG)-supported Implementing Partners (IPs): Christian AID, University of Maryland (ACTION Project), Family Health International/GHAIN, Winrock (AIM project) Harvard (APIN+), and others currently providing OVC interventions in Bauchi, Kano, Nassarawa and Lagos states. Among the 45 Local Government Areas (LGA) in Kano (16 LGAs), Nasarawa (7 LGAs), Lagos (14 LGAs) and Bauchi (8 LGAs) where COMPASS works, priority will be given to LGAs where USG IPs are providing HIV/AIDS services. COMPASS TBD will complement the IPs' efforts to meet the needs of OVC by providing technical support in the nutrition area through the expansion of the Positive Deviance (PD) Hearth model and in the education area by facilitating retention of OVC in schools. In Bauchi the primary focus will be nutrition training for service providers from USG-supported facilities providing HIV services. COMPASS TBD will use the platforms of COMPASS Community Coalitions (CC), Parent Teacher Association (PTA), and the Nigeria Partners to be instrumental in the implementation of the proposed package of interventions. In COP09, COMPASS TBD will reach a total of 6,700 OVC (2,200 of them receiving primary direct support and 4,500 supplemental support). Also 2,620 care providers will be trained on OVC care and support services, especially on nutritional support through community wraparound activities. An anticipated 2,200 OVC will receive food and nutritional supplementation.

Following recommendations from the Food and Nutrition TA, COMPASS will work to build in-country capacity to conduct adequate nutritional assessments of people living with HIV/AIDS (PLWHA) and people affected by AIDS (PABA), including OVC. To build government capacity, COMPASS TBD will work with the appropriate government agencies such as HIV/AIDS and Nutrition Divisions of the Federal Ministry Of Health (FMOH), to disseminate training manuals, standards of practice (SOP) and job aids on nutrition and HIV/AIDS with special emphasis on infected and affected OVC. One thousand five hundred (1,500) copies of the SOP and 400 copies of the training manuals will be printed and disseminated through one-day orientation meetings for the USG IPs, their service providers, and participants from Federal and State Ministries of Women Affairs.

At the facility level, COMPASS TBD will identify 220 service providers from USG-supported facilities providing HIV services in COMPASS presence states and train them on nutritional counseling and management for HIV-affected families and HIV-positive children using the training manuals, job aids on the SOPs for nutrition and HIV/AIDS. In addition, COMPASS TBD will train 400 community volunteers from USG IPs on nutritional care and support for OVC, nutrition counseling and education, community-based growth monitoring and follow-up care during and after illness. The training will focus on weighing, weight charting and interpretation, nutritional needs of OVC, appropriate nutritional counseling and care giving, referrals and follow-up. COMPASS TBD will provide technical assistance to USG IPs to facilitate and support the community volunteers to conduct PD Hearth health sessions involving food preparation and demonstrations, community education on the seven key child survival interventions, personal hygiene and sanitation, simulative feeding, and basic home gardening techniques.

COMPASS TBD will develop appropriate, simple and easy-to-understand Information, Educational, and Communication (IEC) materials for use by service providers and community members on proper food preparation, hygiene and sanitation, selection of appropriate foods, as well as other nutritional management issues for OVC and their caregivers. COMPASS TBD will support efforts of USG-supported OVC partners to improve OVC access to food at the community level through community based nutrition rehabilitation program for malnourished children using the Positive Deviance (PD) Hearth Model to cover 100 communities reaching 4,000 OVC children in 45 LGAs in four states prioritizing sites and communities that have USG supported HIV/AIDS services. COMPASS will provide technical support to USG partners providing community based OVC services to establish community feeding for OVC using the PD Hearth Model and expand the community based growth monitoring model to target OVC under five years of age in their intervention communities.

To support primary school age OVC, COMPASS TBD will use institutionalized structures (CC and PTA cluster training) to facilitate access to formal schooling of OVC mobilized by USG partners in 37 LGAs in Kano, Lagos and Nassarawa states. COMPASS TBD will collaborate with PTAs and community coalitions around these schools to ensure enrolment and retention of OVC. Block grants to schools to address critical gaps as decided by the PTA will be given in exchange for providing retaining OVC in their schools. PTA grants will assist in upgrading public schools that will in turn provide levy free education for OVC. In order to keep OVC beneficiaries in the school, they will be provided with uniforms, school books and materials.

COMPASS TBD will partner with USG-supported IPs to provide training to community members (CCs, PTA). In COMPASS TBD-supported schools, training will be provided to improve psychosocial support to OVC who are enrolled in schools. COMPASS will target 3,000 primary school OVC through PTAs and community partners. In partnership with USG IPs, schools, PTAs and communities will establish criteria for COMPASS assistance to OVC; however, priority will be given to girls who are most at risk of leaving school in order to care for sick family members. COMPASS TBD Nigerian Partners will train teachers, PTAs and CCs and will conduct sensitization activities with parents and students to raise their awareness on the special needs of OVC. Complementing those efforts, COMPASS TBD will continue to facilitate the formation of ANTI -AIDS clubs in these schools and will develop age appropriate IEC materials to create awareness on the plight of OVC and HIV prevention among the communities involved. To raise the awareness of community members (religious leaders, community coalitions, PTAs, service providers etc) to the plight of OVC and aid in reducing stigma and discrimination against OVC, Johns Hopkins University/CCP, a COMPASS sub partner will continue to design field tests and develop relevant IEC materials that will be in

Activity Narrative: the public domain. COMPASS TBD will collaborate with the efforts of Maximizing Agricultural Revenue and Key Enterprises in Targeted Sites (MARKETS) Project to facilitate the linkage of community volunteers and OVC households with existing activities that will improve food supplementation. The program will increase the number of USG IPs, local organizations and caregivers that are able to provide adequate nutritional care and support for OVC. This will contribute to overall Emergency Plan OVC targets for Nigeria. The new training manuals and SOPs will contribute substantively to USG Nigeria's 5-Year Strategy emphasis of providing community support services to at least 25 percent of children affected by AIDS and the National Action Plan to scale-up the national response to OVC.

This project will adhere to PEPFAR goals and objectives, as well as to the principles of Nigeria's HIV/AIDS Strategies and Guidelines, emphasizing and applying best practices in the context of national policy, encouraging local leadership, and coordinating response efforts through sound management and harmonized monitoring and evaluation systems.

LINKS TO OTHER ACTIVITIES: COMPASS TBD will relate to the following activities: Christian AID, University of Maryland (ACTION Project), FHI/GHAIN, CEDPA, Winrock (AIM project) and Harvard APIN+.

POPULATION BEING TARGETED: This activity targets orphans and vulnerable children enrolled by USG IPs through facilities and community based activities. It also targets men and women who are teachers, religious leaders and members of community coalitions and PTAs. As a wrap around activity, it also provides HIV prevention messages to in school youth through the ANTI-AIDS clubs that will be formed in the COMPASS TBD-supported schools.

EMPHASIS AREAS: The main thrusts of the program in COP09 will be a wraparound activity to provide training for USG IPs, local organizations and caregivers in nutrition through the development of training manuals, dissemination of SOPs and development of IEC materials; Improved Educational Access and Retention; and Improved Quality of Life for OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16300

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16300	16300.08	U.S. Agency for International Development	Pathfinder International	7404	7404.08	USAID Track 2.0 FS COMPASS	\$600,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3714.09	Mechanism: USAID Track 1.0 Christian Aid
Prime Partner: Christian Aid	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5430.24856.09	Planned Funds: \$167,342
Activity System ID: 24856	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

OVC targeted to received services increased from 3,600 to 4,000
Caregivers trained increased from 1,200 to 1,400.

COP08 Narrative below

ACTIVITY DESCRIPTION: This activity is related to Track 2 Christian Aid activity in eight States, Community Care in Nigeria (CCN), that provides comprehensive services to OVC using a similar model.

The Community Based Care of Orphans and Vulnerable Children (CBCO) program is a multi-country Track 1.0 OVC project. CBCO local partners in Nigeria are the Anglican Dioceses of Jos and Makurdi in Plateau and Benue States, respectively. Jos Diocese covers the urban and rural areas of Plateau State. These areas have high HIV rates (up to 7.7% in some areas) and are prone to widespread conflict and displacement, resulting in large numbers of OVC. Makurdi Diocese, in Benue State, covers Makurdi city and large parts of the surrounding rural areas. Benue state has experienced consistently high HIV rates of over 9% since 1999 when it peaked at 16%.

Christian Aid is partnering with the health and development units of Jos and Makurdi Dioceses, the Gospel Health and Development Services (GHADS) and Anglican Diocese Development Service (ADDS). Emergency Plan funding will be used to: support a capacity development program with ADDS and GHADS; establish community-based OVC support structures that directly provide services and facilitate referrals; train clergymen and community organizations to combat stigma and provide counseling; support advocacy for the leverage of additional support for OVC; support lesson learning and the roll out of national OVC initiatives at State and Local levels.

The expected impact in COP8 is to improve the quality of life for 3,600 OVC including the provision of Direct Primary support to at least 2,400 and Direct Supplemental Support to a further 1,200. In addition, 1,200 caregivers will be targeted in COP08. In order to ensure these targets are reached, all registered children will be monitored regularly using the CBCO OVC and Quality Assurance Tracking Database, which has incorporated the CSI. The Database utilizing the draft GON monitoring tools allows the monitoring of services provided directly by CBCO, by referral from CBCO, by another organization independently and by services leveraged by CBCO.

Community organizations, in collaboration with the CBCO partners, will directly provide a selection of essential services from the six core areas (food and nutrition, shelter and care, protection, health, psychosocial support and education).

Economic Strengthening Services for OVC Caregivers

Representatives of OVC households will be mobilized into Savings and Loan Associations (SLAs). Members of SLAs save for several months and when their savings become significantly large draw small loans, which they use for income generation activities, school fees and uniforms, etc. To complement this economic strengthening work and bolster their food and nutritional security, the groups will also be supported with self-help projects in agriculture and complementary sectors, e.g., seed and livestock multiplication.

Psychosocial and Food/Nutrition Services to younger OVC

OVC between the ages of 6 to 11 years of age whose guardians are attached to the SLA groups will participate in weekly Kids Clubs activities. Trained peer facilitators take the children through a structured manual informed by material developed by the Regional Psychosocial Support Initiative (REPSSI). In this way, these children receive quality, structured psycho-social support. Under-5s will be targeted for preventive health care support, birth registration, weight monitoring and food/nutrition support. This will take the form of training and/or provision of food supplements locally mobilized through existing community groups.

Healthcare and Psychosocial Support Services for Older OVC

Older OVC – those between the ages of 12 to 17 years of age – are mobilized into youth clubs and participate in the program's weekly life skills sessions. The sessions are also facilitated by trained peer educators by material informed by Population Services International (PSI) and other national and international reputable material. Through the life skills sessions, these older OVC benefit from both healthcare support (i.e., reproductive health) and psycho social support.

Child Protection Services

Within the SLA groups, Child Protection Monitors are appointed. The Monitors are responsible for visiting the homes of each of their fellow SLA members at least twice per month. Here, they spend time with the OVC, thereby, providing adult mentorship support, as well as ensuring they are not being physically or mentally abused, stigmatized, and/or discriminated against. When minor child protection cases are revealed, they counsel the guardians in question to explore alternative ways of treating the children. More serious cases are reported to OVC Support Committees, established in each community, child protection committees, and/or local government officers/police for resolution. Through this mechanism, the project is working to ensure that all the children are systematically monitored following the Child Status Index (CSI) and, therefore, benefit from child protection support, as well as one-one-one counseling support.

Educational Services

Despite the economic strengthening work that is being undertaken, there are still many OVC who are unable to attend school, particularly at the secondary level. Given this, rigorous targeting will be undertaken with the OVC Support Committees and SLA groups to identify older OVC in most need of secondary school support, and this is provided. In addition, older OVC who cannot be integrated into the formal education system, i.e., those that do not even possess a basic educational foundation on which to build, will be provided with vocational training through local training institutions.

Activity Narrative: The two partners in CBCO will also facilitate referrals to other organizations to fill in significant gaps. ADDS and GHADS will develop advocacy skills that will enable them to leverage additional support from public sector service providers. Priorities are likely to include advocacy to remove constraints to Universal Basic Education (UBE) and to improve access of vulnerable groups to services of organizations such as NAPEP. The potential of private sector support for OVC services (e.g. school support) will also be explored.

In order to ensure primary targets are reached and to assist scale up, priority will be given to interventions that have low costs per OVC and can cover large numbers (e.g. child protection committees, Savings and Loans Associations for income generation).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The program will support the development of a network of organizations implementing household/family-based OVC programs as set out in the Emergency Plan. It will directly contribute to serving 4,000 OVC. The program will improve the lives of OVC in line with the National HIV/AIDS Strategic Framework by delivering sustainable, comprehensive quality approaches to care and support services, by strengthening socio-economic, nutritional and psychosocial support programs for vulnerable groups and by building capacity for implementation of HIV/AIDS technical responses. It will encompass all six components identified in the National OVC Plan of Action as being essential for scaling up OVC support effectively: Service Delivery Environment, Education, Health, Household Level Care and Economic Strengthening, Psychosocial Needs and Social Protection and Monitoring and Evaluation Framework.

Christian Aid and partners will assist, through advocacy and support to lesson learning with State and Local Government stakeholders, the roll out of activities supported at national level by PEPFAR policy partners and programs. In addition, the participation of State Ministry of Women Affairs representatives and SACAs and LACAs in program activities support local coordination and provide a venue for the sharing of lessons learned.

LINKS TO OTHER ACTIVITIES:

Linkages will be established with HIV/AIDS treatment centers and community adherence activities (care and support programs) and TB/HIV programs to ensure that OVC and caregivers stay alive and in good health, to counseling and testing centers to enable family members to receive necessary support and to PMTCT providers to reduce the increase in numbers of HIV+ children.

TARGET POPULATIONS:

This program targets girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC and family members in community settings using existing established and accepted community organizations as service providers. In addition, religious leaders, including priests, bishops and leaders of women's organizations will be trained to combat stigma in their work and will be supported to engage productively and openly with PLHA.

EMPHASIS AREAS

This program includes an emphasis on Local Organization Capacity Development and community mobilization, nutrition and training. In addition, emphasis will be on increased access to micro-finance for households provided by existing rural development programs of ADDS (Benue State only). ADDS and GHADS, working with Christian Aid, will encourage greater access to income generation opportunities through advocacy to regional branches of institutions such as NAPEP and will encourage provision of UBE through advocacy to local and State Government stakeholders. The program will also aim to a) support equal numbers of male and female OVC and address cultural and economic factors that limit access to services of either gender; and b) develop opportunities for women to increase their access to economic resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13017

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13017	5430.08	U.S. Agency for International Development	Christian Aid	6369	3714.08	USAID Track 1.0 Christian Aid	\$231,770
6724	5430.07	U.S. Agency for International Development	Christian Aid	4165	3714.07	Track 1.0	\$175,665
5430	5430.06	U.S. Agency for International Development	Christian Aid	3714	3714.06	Track 1.0	\$0

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,700

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$7,417

Education

Estimated amount of funding that is planned for Education \$7,417

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3698.09	Mechanism: USAID Track 1.5 Hope WW SA
Prime Partner: Olive Leaf Foundation	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5405.24863.09	Planned Funds: \$304,868
Activity System ID: 24863	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- To reach 17,500 OVCs at the end of COP09
- Increase sub grantee from 5 to 7 organizations
- Establish 10 new kids clubs
- Train 10 new home visitors
- Continue to work in the 4 sites in Lagos State

ACTIVITY DESCRIPTION

ANCHOR project is presently in 31 communities in four sites in Lagos state namely Epe (5), Shomolu (9), Badagry (11) and Ikorodu (6) Local Government Areas LGA. In COP09, ANCHOR will continue to work with all the identified communities in each of the above-mentioned LGAs in Lagos State. In COP 08 ANCHOR's target was to reach 12000 OVC. Presently, 9107 OVC have been served through direct primary and supplemental services (total reach). 1486 Male, and 1620 Female received direct primary services while, 3060 Male and 2941 Female received supplemental direct services. In COP 09, ANCHOR is to reach 17500 OVC; this will be done through the provision of direct and supplemental services to OVC.

In COP 09, ANCHOR will continue to serve OVC reached in COP 08. PEPFAR funding will be used to establish 10 new kids clubs and hold 10 support groups' sessions through community/faith based OVC serving organizations and to maintain the 30 existing ones. Trained Community Action Team (CAT) members under the HWWN abstinence program who have been trained as kids' club coordinators will continue to coordinate club activities and hold life skills sessions for identified children.

ANCHOR will in COP 09 train 10 new home visitors in each LGA to assist in meeting the needs of OVC through regular home visits and counseling. Home visitors are individuals living in the same community as OVC who make regular visits to OVC and their households to provide care and support. These visitors partially fulfill some of the roles of a parent, giving the children psychosocial support, assisting with household chores or responsibilities beyond the skills or strength of the children, and providing adult wisdom and counsel to help address problems, fears or issues the children may be facing. The home visitor can help fill these roles even while parents are alive. Home visitors will be selected with due consultations with the members of the community child care forum to ensure that capable and trustworthy members of the community are selected. Through the clubs and home visitor approach, ANCHOR will provide direct primary services to 4,000 OVC and supplemental services to 6000 OVC. This also includes children who were reached through direct and supplemental services in COP08. We will also channel more efforts to the primary schools where children are already being identified and set up kids clubs (KC) and hold support group (SG) sessions with help from parents and school teachers. The KC/SG will serve as a coordination point where children will be accessed to determine type of services needed.

In each of the LGAs where ANCHOR is carrying out activities, primary health care staffs have received training in psychosocial support and counseling, which has made it possible to link OVC to these facilities. ANCHOR will also partner with GHAIN, SFH and MARKETS to ensure that more comprehensive health services which will include the provision of mosquito nets and water guard and nutritional support are made available to children.

OVC will be provided with at least 3 of the following services: Psychosocial support covering kids club, support groups, preparing memory books, counseling services and provision of life skill education through a camp for 350 children, and Economic strengthening covering the acquisition of skills by OVC from professional volunteers. OVC will also be linked with organizations that can assist them in acquiring marketable skills e.g. carpentry, tailoring etc. This activity will primarily target child headed households and educational support will be given to OVC, which will include scholarships and school supplies.

In COP 08 ANCHOR awarded sub grants to 5 CBO/FBOs who so far have provided services to 3,000 OVC. The funding ranged from \$1000-\$2000 monthly. The CBO/FBOs are already working with OVC and will continue to do so even at the end of the program. These organizations will continue to receive funds to serve already identified OVC in COP 08, while two new CBO/FBOs will be added. The 7 CBO/FBO will by end of COP09 reach 7500 OVC. Funds will be used to directly serve children only as an addition to what the CBO/FBOs are already doing.

Through the Regional OVC-Organization Support Initiative (ROSI) that is being funded by the Swedish Initiative Development Agency (SIDA) to build the capacity of OVC serving organizations in Lagos, Nigerian subgrantees will receive trainings surrounding service delivery and organizational capacity development. Presently thirteen organizations including the subgrantees are receiving ongoing trainings and mentoring; we will increase this number to twenty CBO/FBOs. This will increase the number of organizations receiving capacity building and skills to properly care and support OVC.

Planned activities will increase number of community partners including FBOs providing OVC services, increase community understanding of OVC needs and concerns and help decrease stigmatization of OVC, contributing to improved quality of life of OVC and their caregivers, increased number of OVC with life skills and resilience and improved OVC access to educational, nutritional, medical, legal, and psycho-social services. We will continue to undertake State level advocacy visits to Commissioners, religious, opinion, traditional, women, youth leaders, etc., to mobilize the community about OVC issues. Information and education materials will be produced to further sensitize the communities about the OVC situation and how to respond.

Parents and other caregivers constituted into support groups at the sites and with partner CBO/FBO will receive support in the area of will writing, memory box and psychosocial support while 200 caregivers from schools and the health facility will receive training in the area of OVC service delivery.

The program will continue to leverage on National Programs like NAPEP, NPC, UBE and NDE and will also ensure that all children being served under the project either through ANCHOR or through her partners have their births registered. ANCHOR local partners (Coca cola and the Rotarians for Fighting AIDS) under the program will assist in ensuring formal education and school based programs covering school enrolment

Activity Narrative: (especially girls, who are most at risk of leaving school in order to care for sick family members); school supplies and free uniforms are provided to children.

At the end of COP 09, 17,500 OVC, which also includes continuation of services to the children in the program during COP08, will be served through direct primary and supplemental services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities mentioned above contribute substantively to USAID Nigeria's 5-Year Strategy emphasis of providing community support services to children affected by AIDS and the goal of the National Plan of Action to scale-up the national response to OVC, building on previous and existing experiences to reach more children, with more services over a longer period of time consistently.

LINKS TO OTHER ACTIVITIES

ANCHOR OVC activities in Lagos State relate to activities in increasing comprehensive and integrated care and support for OVC, strengthening the capacity of families to care for and support OVC and mobilizing and strengthening community-based OVC responses. Linkages between OVC care and support program and Antiretroviral Treatment (ART), nutrition, Voluntary Counseling and Testing (VCT) and Abstinence and Be faithful (A & B) will be strengthened to increase OVC access to a continuum of care opportunities created through PEFAR funding. This particular activity is most immediately linked to VCT as it is a major entry point of OVC into the program and will also serve as referral point for VCT services to OVC. Youth will continue to serve as volunteer pool in providing care for OVC within the communities and FBOs.

POPULATIONS BEING TARGETED

This activity targets communities especially orphans and vulnerable children and caregivers. Attention will also focus on capacity building for CBO/FBO to reach and provide care and support services to more OVC.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through capacity building, economic strengthening and empowerment for caregivers, who are mostly women. Information and Education materials will be used to promote positive behavior that will help to reduce stigma and discrimination. Men's groups will also be targeted and mobilized through linkages with prevention programming existing in the program sites.

EMPHASIS AREAS

This activity includes major emphasis on human resources, capacity building and training for CBOs and provision of essential care and support services to OVC. Other minor activities will be on database, information materials and advocacy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13064

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13064	5405.08	U.S. Agency for International Development	Olive Leaf Foundation	6379	3698.08	USAID Track 1.5 Hope WW SA	\$400,000
6689	5405.07	U.S. Agency for International Development	Olive Leaf Foundation	4171	3698.07	Track 1.5	\$276,647
5405	5405.06	U.S. Agency for International Development	Olive Leaf Foundation	3698	3698.06	Track 1.5	\$0

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	\$30,000
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	\$15,000
Education	
Estimated amount of funding that is planned for Education	\$20,000
Water	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7416.09	Mechanism: USAID Track 2.0 FS ABE/LINK
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 16332.24866.09	Planned Funds: [REDACTED]
Activity System ID: 24866	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity is a wrap around activity supporting a USAID education program, the Northern Education Initiative, a five-year program with an estimated life-of-program cost of \$25 million. In COP09, this activity will provide services to 15,000 OVC with funding of \$2,000,000. In COP08 the target was 15,000 OVC served. The focus states have also changed from four Northern states (Sokoto, Kano, Katsina and Zamfara) and two Southern States (Cross River and Lagos) to only three Northern states (Sokoto, Kano, and Zamfara). The Southern States were dropped prior to program startup for effective provision of services to the OVC and their caregivers.

The learning center model will also be modified to reflect the realities in providing sound primary education and reintegrating out of school OVC into formal education in the Northern Nigeria. In addition to providing education support to adolescent OVC, this group will also be provided with appropriate prevention messages and linkages to youth friendly reproductive health services. Safe Water Systems and hygiene education and activities will also be provided to all OVC.

2,000 Teachers and Caregivers will be trained, and teacher capacity will be built to provide Safe Water System and hygiene education.

ACTIVITY DESCRIPTION:

In this activity PEPFAR funds will be used to support an education wrap around that brings resources from USAID's education program in Nigeria. USAID/Nigeria is procuring services for a new \$6 million, 5 year education activity, The Northern Education Initiative (NEI), that will address issues of quality primary education in four states (Kano, Sokoto, Zamfara, Katsina) of the North West Region of Nigeria, a region where only 15% of children aged 4-12 are literate and only 28% can do basic math. Within this context, children orphaned or made vulnerable due to all causes including HIV/AIDS are usually worse hit in terms of accessing education. UNICEF (State of the World's Children 2007) reports an orphan school attendance ratio of 64% between 1994 and 2005. The OVC Situation Analysis conducted by the USG supported CRS Scaling up Nigeria (SUN) orphans and vulnerable children (OVC) activity noted that most OVC and caregivers rated education as the area of greatest need followed by insufficient food. There is also anecdotal evidence that highlights increased vulnerability of the girl child who falls victim to no/little education, early marriages and consequent health complications along with increased risk to HIV infection.

The NEI will provide a platform for a wrap-around activity that will provide services to a defined set of OVC. PEPFAR resources will expand the Access to Services (AS) component of the objectives of the NEI to serve the educational, psycho-social and health needs of 15,000 HIV/AIDS OVC in the four underserved Northern Nigerian States mentioned above and two southern states (Lagos and Cross River) over 12 months of implementation. The activity will directly deliver these services to the target population and will build the capacity of FBOs and community structures to provide psycho-social support and protection and mitigate stigma. The NEI-AS activity will be a model for further implementation in other regions of Nigeria.

The program will work with both in-school and out-of-school youth to improve access to basic education, provide psychosocial support, and establish cross-referrals to health services for orphans and vulnerable children in the NEI catchment areas and extend these additional services to both Lagos and Cross River States. Key components include technical assistance and training in literacy and numeracy, mentoring, and psycho-social counseling for OVC which will be given to 4,000 teachers in the six target states; and quality education and counseling services for 3,000 OVC amongst the 360,000 students in formal education settings that the NEI component will reach.

The AS component will establish learning Centers to provide English literacy, numeracy and Life Skills training to 3,000 out-of-school OVCs in non-formal education settings. To enable communities to respond to the needs of OVC, training will be conducted for 2,500 community members drawn from parent-teacher associations, CBOs, and FBOs to provide appropriate mentoring and psycho-social support to OVCs. In addition, AS will:

- 1) Work with PLWA support groups and other structures linked to USG supported facilities providing HIV/AIDS treatment and other services to identify eligible OVC for participation in the program.
- 2) Identify HIV/AIDS affected OVC through linkages and referral systems that will be forged between teachers and community groups with all large USG supported treatment and care IPs in the six states (including DOD) to ensure access to education and adequate health for the children being served
- 3) Utilize life skills curriculum that includes HIV/AIDS prevention and other health education messages in schools and learning centers;
- 4) Promote formation of youth clubs in schools and learning centers as vehicles for peer support, mentoring and counseling;

With an estimated population of about 1m OVC in the six targeted states, the wrap-around portion of NEI-AS will address the education needs of the target population in the age range of 6 to 15 years of age as follows: (a) 6 to 9 year olds ready to begin primary school will be supported to join public or Islamiyyah schools, and will be assisted to mainstream into school just like other children their age; support will include assistance with school registration and provision of basic needs (uniform, textbooks, exercise books, school bag, etc.). (b) Children 10 years and above who have received some primary education but have dropped out will be assisted and either placed back in primary school or in a remedial learning center (English literacy, numeracy and life skills). (c) Children 10 years and older who have no previous exposure to basic education will be placed in learning centers to attain basic skills, then mainstreamed into formal education. Female adolescent OVC will be prioritized with educational services to reduce their vulnerabilities and delay marriages

Activity Narrative: Capacity building of PTAs/School Based Management Committees (SBMC) and other community structures, including faith-based organizations, will address protection, stigma and psycho-social issues, to create a community environment that supports the health and education of vulnerable children. NEI/AS will utilize existing key geographic entities (Sustainable NGO Network in Katsina, NGO Coalition in Sokoto) to build program sustainability. Partnerships with indigenous FBOs and CSOs such as Federation of Muslim Women Association (FOMWAN) and Civil Society Coalition for Education for All (CSACEFA) will be encouraged to provide psycho-social and health referral support to OVC and work with education NGOs to support defined needs of OVCs within the formal education systems respectively.

The education component of NEI-AS leverages \$6m for this activity in the first year of the five-year implementation period for the original NEI concept in four northern states.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities in the program area are focused on ensuring that HIV/AIDS affected OVC get quality educational and psychosocial support and that referral systems are in place to address their health needs. It also mobilizes the focal communities to provide care and support for OVC. These activities contribute to the USG's PEPFAR 5 year strategy of providing care to 400,000 OVC and are consistent with the Nigerian National Plan of Action on OVC by providing services to 15,000 OVC, training 4,000 teachers and 2,500 community members to address the educational, psychosocial, and health needs of OVC.

LINKS TO OTHER ACTIVITIES:

This links to HCT, HIV treatment services, and basic palliative care as OVC and their caregivers will be referred to and from other PEPFAR partners for services as required. Existing PEPFAR/Nigeria activities in these states are provided by the US Department of Defense, FHI/GHAIN, UMD/ACTION, Harvard/APIN+, CRS/AIDS Relief, Christian AID, and LMS. NEI-AS will also leverage the competencies of other existing USG efforts in states where they are located through linkages and partnerships with COMPASS in Kano to provide educational support; with Immunization Basics in all states to provide access to polio prevention, with ACQUIRE for interventions with young girls and prevention and repair of obstetric fistula; with the Ambassador's Girls Scholarship Program (AGSP) to provide scholarships and mentoring to select students, with SUBEB to develop a policy to mainstream OVCs into formal primary education systems and with UNICEF to utilize the School-Friendly model in targeted schools.

POPULATION BEING TARGETED:

OVC, OVC caregivers, and vulnerable children and youth in the general population are the direct project targets, while CBOs, FBOs, school-based organizations, and religious and community leaders are indirect beneficiaries. The general population of youth will benefit as a result of the life skills training that will be provided in schools and learning centers.

EMPHASIS AREAS:

This activity has a major focus on wrap-arounds that will primarily provide basic education for OVC including building a health referral system for the target population. Local organization capacity development is another major emphasis area. Community mobilization and participation, development of network/linkages/referral system, and information, education and communication will also be addressed. The gender vulnerabilities of the female OVC and Child protection issues will also be addressed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16332

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16332	16332.08	U.S. Agency for International Development	To Be Determined	7416	7416.08	USAID Track 2.0 FS ABE/LINK	

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Estimated amount of funding that is planned for Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1561.09	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5419.25977.09	Planned Funds: \$199,541
Activity System ID: 25977	

Activity Narrative: ACTIVITY DESCRIPTION:
This HKID activity relates directly to all HHS Nigeria OVC COP09 activities.

The USG Nigeria team's OVC program, through the HHS/CDC Global AIDS Program (GAP) Office, includes full support for an OVC specialist and partial support for specialists working on OVC and pediatric linkages, totaling 3.25 FTE FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP). These staff members are part of the Clinical and Care Unit, which in turn is supervised by the Medical Epidemiologist and Associate Director for Programs.

This HHS/CDC OVC staff members will work in close coordination with the USAID Senior OVC program specialist and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION, Harvard SPH, Columbia University-ICAP, Catholic Relief Services-AIDSRelief, Africare, IFESH, ECEWS, AIHA, Vanderbilt, APIN LTD, URC, Partners For Development and partners to be determined by RFA in COP09. The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN, CEDPA, Hope Worldwide Nigeria, Hope Worldwide South Africa, Christian AID, Society for Family Health, Catholic Relief Services – OVC project, ABELINK, AIDSTAR, CHAN, Community Reach, Compass, CSN, ENHANSE, GECHAAN, Markets, Measure, LMS Leader, LMS Associates, NELA, NEPWAN, SCMS, Sesame Workshop, Winrock and USAID APS partners in COP09. USAID and CDC OVC staff will provide assistance as needed to the U.S. Department of Defense program with the Nigerian Ministry of Defense.

HHS/CDC and USAID OVC staff will provide technical support and capacity development to new partners undertaking OVC activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria national OVC guidelines and the "OVC National Plan of Action." It is estimated that the OVC staff under this activity will provide monitoring and support to over 250 OVC program sites in COP09.

ICASS and CSCS charges related to these positions are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13139

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13139	5419.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$130,000
6792	5419.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$100,000
5419	5419.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$25,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5236.09	Mechanism: USAID Track 2.0 APS TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 25647.09	Planned Funds: [REDACTED]
Activity System ID: 25647	

Activity Narrative: The funds requested to support USAID's Annual Program Statement (APS No. 620-08-002: Support to Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services) for this program area are required for two distinct phases related to awards under this open solicitation.

First or partial year funding resources are required for new awards that are in progress and will be partially funded using COP08 funds. These applications will have passed both the concept paper and full application reviews by the Technical Evaluation Committee (TEC) and will be negotiated for award during the later phase of COP08. Details of these awards are still procurement sensitive; however awards are being negotiated with new local partners that will be awarded as Prime partners.

In conjunction with the open APS, the announcement of a solicitation for concept papers is expected in February 2009. Resources will be required for the first year of funding for these applications, which will be selected during the COP09 program period.

Funds that are required to implement and continue these awards under the Orphans and Vulnerable Children (OVC) program area are estimated at \$500,000.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: As has been the case with the APS in the past, targets are negotiated with each awardee based on the proposed program and geographic area during award negotiations and in accordance with specified minimum cost/targets. After being approved by the TEC, O/GAC is copied on the award memo to the Contracts Officer to ensure that appropriate targets and associated costs have been negotiated. Targets and related awardee information will be uploaded into COPRS at that time.

LINKS TO OTHER ACTIVITIES: The overarching focus of the APS has been to bring new local partners to the current mix of partners providing prevention, care, and treatment in Nigeria. It has been successful in many ways, however challenges related to local partners' management capacity have slowed the process and have created uncertainties about their ability to implement in the accountable and transparent manner required by the USG of their recipients. Therefore the Leadership, Management, and Sustainability (LMS) team will assist with these and other capacity building activities. They will not only guide new partners through the solicitation and award process, but they will assist them to put accountable and transparent systems in place that allow their first year of implementation to proceed smoothly and to ensure rapid achievement of results. Although the CTOs and activity managers for these new local partners will remain within the USAID technical team, LMS will be a key member of the extended team and will provide invaluable support in developing the capacity of the new awardees.

POPULATIONS BEING TARGETED: The activities and services implemented by the CSO/FBO APS grantees will be targeted at OVC, PLWHA, caregivers, widows/widowers, volunteers, and community leaders. One of the major thrusts of the APS is to build local capacity; so CBOs, FBOs, NGOs and all implementing organizations are also considered the beneficiaries of the APS awards.

KEY LEGISLATIVE ISSUES ADDRESSED: The proposals pending award contain activities that will address increasing equity in HIV/AIDS services, women's access to income and productive resources, and wrap-around services.

EMPHASIS AREAS: All awards resulting from the APS are to have or to be local partners with strong roots in the community; therefore all will have a major emphasis on Community Mobilization/Participation and Local Organization Capacity Building. The service delivery component of these awards will have a key focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10807.09	Mechanism: USAID Track 2.0 NEPWAN TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 25649.09	Planned Funds: ██████████
Activity System ID: 25649	

Activity Narrative: The activity will focus on scaling up support to orphans and vulnerable children (OVC) and caregivers in four states (Benue, Rivers, Zamfara and one state yet to be determined) to expand access to treatment services, and care and support for OVC infected and affected by HIV and AIDS. The activity will provide care and support for OVC through a community based system of assessment, action planning, home visits, referrals, and specific support in psychosocial, education and economic strengthening. It will work with already developed and successful child protection committees that are trained and experienced in assessing the needs of the most vulnerable children and families. Community structures to reach children of HIV-affected families will be used and will expand outreach to improve access to pediatric treatment, prevention of mother to child transmission services (PMTCT), economic strengthening, education enrollment and psychosocial support.

The activity will strengthen the capacity of indigenous organizations to respond to HIV/AIDS in their communities; provide quality comprehensive and compassionate care for OVC; and strengthen the legal policy and institutional framework for OVC and protection at sub-national levels. The project will provide direct support and services through scholarships, psychosocial support to families, referrals and support for transportation costs as needed, testing and treatment services, nutrition and basic health education, and economic strengthening.

The partner will work with community groups that are trained and experienced in identifying vulnerable children and families, providing a strategic starting point for a project that will work with community-based systems to effectively reach OVC. Diverse members of communities, representing a range of levels of education and income, religious and ethnic groups, disabled, etc., will be invited to create a forum to reflect on issues of power, privilege, access and vulnerability specific to the community.

The activity will complement the services of local agencies by reaching children and families who may not have yet accessed treatment, or that may be reluctant to seek treatment because of concerns around confidentiality and stigma. Issues of stigma through awareness activities, peer advocates, and support groups will be addressed. The program will work with service providers to help provide support for transport costs when needed to access treatment and link with other organizations and agencies providing services to OVC and caregivers to maximize support and avoid overlapping services. Linkages will be sought for nutritional and educational support with United States Government (USG)-supported wrap-around activities.

Education will be supported through teachers' training and through the provision of teaching materials, as well as through operational partnerships with schools, in order to create a more conducive environment for learning for all students, including OVC. OVC completing vocational training will be linked to economic strengthening opportunities.

Healthcare will be provided through partnerships with USG Implementing Partners, Government of Nigeria, faith-based organizations and healthcare centers for monitoring and treatment of opportunistic infections and through health education at support group meetings and home visits. Other services will include immunization, provision of preventive care packages comprising insecticide treated nets and water guard/containers and the treatment of other minor ailments. Peer education will be initiated in schools and communities to create demand for HIV Counseling and Testing among OVC, caregivers and the general population. Psychosocial support will be provided through group counseling, for formation of HIV/AIDS prevention clubs, the reinforcement of established youth-friendly centers, home visitations, and through the integration of OVC into community recreational facilities.

CONTRIBUTION TO OVERALL PROGRAM AREA: This activity program area focus is on strengthening the capacity of families and communities to provide care and support for OVC. These activities contribute to the USG's PEPFAR five year strategy of providing care and support to OVC and are also consistent with the Strategic Framework on OVC. 50 Caregivers will be trained and 96 OVCs provided with supplemental direct support.

LINKS TO OTHER ACTIVITIES: Linkages will be established with HIV/AIDS treatment centers and community care and support program to ensure that OVC and caregivers stay alive and in good health, to counseling and testing centers to enable family members to receive necessary support and care for HIV-positive children.

POPULATION BEING TARGETED: This activity will target girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC, caregivers of OVC and other children/siblings living in OVC households in community settings using existing established and accepted organizations as service providers. In addition, religious and community leaders and leaders of women's organizations will be trained to combat stigma in their work.

EMPHASIS AREAS: The activity includes an emphasis on local organization capacity development and community mobilization, nutrition and training. The program will aim to support equal numbers of males and female OVC and address economic factors that limit access to services of either gender.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9408.09

Mechanism: USAID Track 2.0 CHAN

Prime Partner: Christian Health Association of Nigeria

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 25648.09

Planned Funds: \$20,000

Activity System ID: 25648

Activity Narrative: This activity also relates to activities in HVAB, HBHC, HVTB, HVCT, HTXS, PDCS and HLAB.

In COP09, the Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) project will provide OVC services through a comprehensive package of care to 83 children at a minimum of 2 sites, one each in Abia and Benue States. This will include 50 HIV-infected children and 33 uninfected OVC who will be directly provided with three core OVC services of health care, food/nutrition, and psychosocial support and linked to a community OVC provider in each of the 2 networks to ensure access to the other core OVC services of shelter & care, protection, and education. CHAN NICaB will give priority to MARP of children such as girls in child labor, girl street hawkers, almajiris in the North and street boys in the South East. Data will be disaggregated by sex and age.

Children (0 – 4 yr. Olds) and/or their guardians will receive safe water kits, growth monitoring, counseling on routine immunization protocols, CT for HIV, birth registration, nutritional counseling, prevention and treatment of OIs, and malaria services. The 5 – 17 yr. olds will receive CT for HIV, nutritional assessments and counseling, AIDS education and ongoing counseling. In addition, HIV-positive OVC will be assisted to access ART, OI diagnosis and treatment (including for STIs), and malaria prevention and treatment services at our comprehensive sites. They will also receive preventive kits. CHAN NICaB will provide nutrition support to families as needed. An OVC will be considered served when he/she receives the 3 services as recorded during an assessment, following the nationally approved plan of action and guidelines, including the National OVC Vulnerability and child status indices.

Community and home-based care (CHBC) for children is still in need of extensive development in Nigeria. In COP09, CHAN NICaB will support a community OVC provider (CBO/NGO/FBO) in each of the 2 states who will provide core OVC services for children within the Network. These organizations will work with volunteers and community health extension workers (CHEWs) to reach OVC in homes and communities, maintaining stability, care, and protection. CHAN NICaB will work at extant structures within CHAN NICaB pediatric and care and treatment and collaborate with OVC stakeholders at all levels - the Federal Ministry of Women Affairs and Social Development, their State counterparts, and other USG IPs - and contribute to sustainability by expanding community resources to improve quality care for OVCs. The Network Nurse Coordinator will link all enrolled OVCs/children to receive pediatric specific CHBC and other core services. He/She will also supervise the Community health extension workers and volunteers. This activity will be linked to primary prevention and HCT programs emphasizing the home-based approach to ensure that family members at risk including other children in the household are tested and counseled. This strategy supports family engagement in HBC and identifies family members in need of HIV care. In addition to HBC for those children requiring classic "palliative care" interventions, home-based care staff support parents with ART adherence for children in the home setting through education and addressing adherence barriers. Home based care staff focus on linkages to services, ensuring that clients in need of hospital care are able to access this care and linking family members to PMTCT, community immunization, family planning, and TB DOTS services. CHAN NICaB will continue to utilize different models depending upon the site preference including supplementing site staffing with dedicated home based care staff or developing agreements with local NGOs/CBOs/FBOs to provide this service. Extension workers will be preferentially recruited from the PLHA support group membership. HBC will be linked to the child's medical care source, as the supervising community home based care nurse/PHC extension worker will work under the medical direction of the site physician.

Access to food and nutrition support is a major need for children. Leveraging support from the Clinton Foundation, CHAN NICaB will provide comprehensive nutritional support for OVCs through the provision of fortified cereals and PlumpyNut, targeting HIV-infected children as well as HIV-exposed infants weaning after exclusive breastfeeding. This will include nutritional assessment and counseling at the facility. Additionally CHAN NICaB will build the capacity of caregivers by providing instructions and demonstrations on how they can prepare Kwashi-pap at home. CHAN NICaB will prioritize partnering with new USG-supported wraparound services in states where it is co-located with these activities.

CHAN NICaB will strengthen psychosocial support for children by improving the quality of counseling available for HIV-infected children at points of service through training focused on counseling of children. In COP09 CHAN NICaB will expand this training curriculum by adapting a pediatric specific adherence SOP for use at facility and community levels. This curriculum includes formal child development, socialization, limit setting, pediatric counseling, diagnosis disclosure, grief and loss, and adherence to medications. In addition to HIV-infected children and HIV-exposed infants, CHAN NICaB's partnership with community OVC providers in the 2 networks will enhance provision of core OVC services including: shelter and care, protection, education/vocational training, and economic opportunities/strengthening to OVCs in their homes and those in orphanages/motherless babies homes. Other services to be provided include community based HCT in order to identify HIV positive children who need to be enrolled into care, as well as the identification and linkage of MARPS to core OVC services. Access, referral, defaulter tracking, monitoring will be accomplished and supervised by the Health Facility Coordinator. Identification of other resources in the communities will be a joint collaboration of the community OVC provider and the Health Facility Coordinator.

CHAN NICaB will support one centralized training for the 2 Health Facility Coordinators on Pediatric ART care, treatment and support, pediatric specific CHBC, OVC core services, adherence SOP etc. CHAN NICaB will also support 2 site-based trainings for the Community OVC providers in healthcare for HIV exposed and infected children, adherence support and linkage to care, stigma surrounding HIV-positive children and the need to integrate healthy HIV positive children into mainstream social and school settings. This training will target a total of 8 volunteers per network, reaching a total of 16 trained providers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing core OVC services to all HIV-positive children. The services are consistent with the National OVC Standard of Practice and OVC National Plan of Action. Capacity development at the site level and consistency with national guidelines will ensure sustainability. Capacity development will be achieved through regional

Activity Narrative: training and skills development.

LINKS TO OTHER ACTIVITIES:

This activity is linked to HCT, ARV services, TB/HIV, AB, lab, and SI. HCT services will be available to HIV affected family members (PABAs) in need of HIV testing including in-home HCT through HBC services. All patients are monitored and linked to ARV therapy when indicated. OVC services such as psychosocial support for families and symptom management promotes ARV adherence. Home based care programs will be implemented by a number of indigenous NGOs, CBOs and FBOs. Sub-agreements will be coordinated with other PEPFAR-supported IPs to ensure non-overlap of funding and services. Services are co-located with TB DOTS centers and CHAN NICaB staff work with sites to ensure coordination systems are in place. High quality laboratory services supported by a CHAN NICaB facilitated laboratory QA program are available at sites. CHAN NICaB will refer for wrap around activities - social services, food and livelihood opportunities. Girl-headed households will be linked with supportive women's groups to provide them with psychosocial support and protection. Follow-up support supervision will be provided. At each site, CHAN NICaB activities will strengthen linkages to AB and OP prevention activities as integral parts of home-based care for OVC offered by care givers. Those linkages already established will be strengthened with TB/HIV intervention programs, PMTCT services, USG-funded immunization projects and child welfare services.

POPULATIONS BEING TARGETED:

OVC services are offered to HIV positive infants and children, children orphaned by HIV, caregivers of OVC and HIV/AIDS affected families. Doctors, nurses, social workers, care givers, teachers, family members and other health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBOs will be targeted for training, linkages and identifying OVCs.

EMPHASIS AREAS:

Emphasis is placed on training and human resources as capacity development for sustainability is a key focus and much of the community linkages are through partners. In addition, community mobilization and infrastructure development of CBOs/FBOs is critical for the identification and care of OVC.

This activity addresses the area of wraparounds as activities will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources. The activity also addresses the key area of stigma and discrimination as training of health care workers and community volunteers will reduce stigma.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$400

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$400

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9404.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 25650.09

Activity System ID: 25650

Mechanism: HHS/CDC Track 2.0 URC

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$18,500

Activity Narrative: ACTIVITY DESCRIPTION

In COP09, URC is working in a total of 12 satellite sites in Enugu state. For COP09, a full package of Orphaned and Vulnerable Children (OVC) services will be provided to 83 OVC. All 83 children (41 males and 42 females) will receive at least 3 core services from URC. It will also provide 83 OVC with food and nutritional supplement. URC will train 10 providers/caregivers in COP09.

The 3 core services to be provided include food and nutrition, health care and psychosocial support. URC will provide referral linkages to the other core services including shelter and care, protection and education and vocational training. URC will use a multifaceted approach to increase access to HIV counseling and testing and provide a family-focused approach to the care of OVC. We will use the clinical and community health workers as entry points to HIV preventive services. All OVC and their households will be assessed by URC and its sub partner Vision Africa for the specific household needs and provided with psychosocial, nutritional, educational support and health care support where necessary.

URC will use rights-based family focused approach as outlined in the national OVC guidelines with child and wider community participation. In addition URC will work to ensure equal service provision to boys and girls to maintain a gender balance and ensure quality, integrated and holistic approach that will leverage on the partnerships with PEPFAR and non-PEPFAR partners.

The psychosocial support provided to the OVC will include frequent home visits by our facility trained community volunteers from Vision Africa and our partners Primary Health Centres (PHC) for assessment of health status, counselling on stigma, grief, disclosure and coping mechanism to further help in reducing their vulnerability to HIV.

URC will strengthen the existing structures to build child support groups in all support PHCs and expand their activities to include periodic social/recreational and educational play activities with the involvement of both infected and uninfected children as a way to address the issue and concerns surrounding stigma and discrimination. URC will further build the capacity in the team and at the PHC to establish adolescent programmes for infected and affected children.

URC will provide nutritional assessment, nutritional demonstration activities and associated support to and help ensure adequate primary health care for OVC. This will be anchored on enhanced psychosocial support at both facility and community levels. The nutritional services to be provided by URC will include nutritional assessment using the growth monitoring strategies and micronutrient supplementation. URC will work with the Clinton HIV AIDS Initiative (CHAI) for provision of therapeutic food supplements and also with other PEPFAR-supported organization offering food programmes for OVC.

Adequate health care will include strengthening linkages and referrals to other facility services including maternal and child health, inpatient and outpatient departments. Community-based HIV prevention services will be strengthened to ensure referral to facilities for OVC households through a family-centered opt-out approach to HCT services for all children less than 18 years of age and their caregivers.

All OVC households will receive a preventive care package containing insecticide treated nets (ITN), water guard, water vessel, ORS sachets, and information education and communication materials on self care and prevention of common infection as outlined in the Government of Nigeria (GON) guidelines.

URC will provide good supportive counseling for children and adolescents. URC will intensify collaboration with GON and other stakeholders to ensure prompt diagnosis of TB in children and facilitate provision of pediatric TB formulations. In addition, URC will collaborate with National Programme on Immunization to ensure delivery free and appropriate immunization to all OVC under 5 years. URC will ensure birth registration for OVC and roll out of a child protection policy for all our PHCs in collaboration with appropriate GON agencies and other community based organizations (CBOs.) URC will also participate in advocating the GON in Enugu State for welfare services for OVC. Linkages to Vision Africa and other URC partners will ensure the full provision of community and HBC services to OVC clients.

URC will build the skills of CBO staff and community health workers and home based care providers to identify children who are vulnerable and to provide them with appropriate services. URC will contribute in this way to strengthening the regional system to ensure sustainability and effectiveness of OVC programming.

URC will adopt use of the subjective rating scales in Child Status Index to assess vulnerability and provide services. In collaboration with CBOs, FBOs and other OVC programs, and in particularly Vision Africa, URC will ensure that OVCs receive comprehensive care and support services with emphasis on decentralization of these services to the community and home levels.

Monitoring and evaluation of the URC OVC program will be consistent with the national plan for patient monitoring. URC M&E specialists and OVC focal persons will conduct team site visits at least quarterly during which there will be evaluations of OVC services provided, the utilization of National patient management monitoring (PMM) tools and guidelines, proper medical record keeping, referral coordination, and use of standard operating procedures by the HBC and facility providers. Frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Each of these activities will highlight opportunities for improvement of the OVC programme.

URC will facilitate the training of 10 health care workers in OVC programme implementation using nationally recognized and approved curriculum and the existing training systems including regional partner and government trainers. Health care workers will be trained in COP09 using national guidelines and OVC standards of practice. Specific training relevant to each level of HCW will be provided at each PHC for at least one doctor, one nurse and one counselor.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Scaling-up OVC services will contribute to the USG/ PEPFAR target of providing comprehensive quality of care to 400,000 children infected and affected by HIV/AIDS in Nigeria. The OVC activity will contribute to the URC overall comprehensive package of care for PLWHAs by ensuring that children's specific needs are

Activity Narrative: met. Training activities will contribute to overall program sustainability by building the knowledge and skill base across all supported sites.

LINKS TO OTHER ACTIVITIES:

URC activities in OVC are linked to HCT, ARV, services PMTCT, ARV drugs, laboratory, AB TB/HIV Pediatric care and treatment and SI to ensure that OVC are provided a continuum of care. Linkages to URC's subpartners and other CBOs will ensure the full provision of community and HBC services to OVC clients.

POPULATION BEING TARGETED:

This activity targets infants, young children, adolescents and other at-risk children in HIV infected and affected families. It also targets the households, including caregivers, of OVC. Health and allied care providers in clinical and community settings will be trained to provide services to OVC.

EMPHASIS AREAS:

The activity has an emphasis on human capacity development through training and commodity procurement. Other areas of emphasis include wraparound services (food, immunizations) and SI.

The activity will ensure gender and age equity in access to basic care and support and TB/HIV services to both male and female OVCs in any IP-supported PHCs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Malaria (PMI)

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 544.09	Mechanism: HHS/HRSA Track 2.0 Harvard SPH
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 26548.09	Planned Funds: \$477,425

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Since APIN+/Harvard activities have been split between Harvard and APIN, Ltd., the Harvard narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+/Harvard Program (Harvard) as opposed to APIN, Ltd (which will be submitting a separate narrative under the name APIN). The narrative has also been updated to reflect COP09 goals and targets. In addition, APIN will be taking over all activities for Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH); in accordance, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN narrative.

NARRATIVE:

In COP09, Harvard will conduct OVC activities at 65 sites in 9 states (Benue, Borno, Enugu, Kaduna, Lagos, Ogun, Oyo, Plateau, Yobe). These OVC sites constitute a network of delivery points including 10 tertiary teaching hospitals, 21 secondary hospitals and 34 primary health care facilities. Harvard will identify HIV-infected and -affected OVC through PMTCT, HCT, and ART centers, as well as HBC activities and hospitals as entry points into OVC services. Most at risk children will be enrolled into the OVC program through a family-centered approach using a vulnerability and need assessment checklist and Child Status Index (CSI). Those children identified through an HIV-positive adult family member or caregiver (PMTCT client, adult treatment or adult care and support client) will be offered HCT. Harvard will strengthen the coordination of PMTCT, ART and OVC services for a seamless movement of HIV-infected and -uninfected children across the various services. The experience gained from the initial rounds of this activity will assist in more efficient implementation of OVC activities in the new centers. In addition, Harvard will provide OVC services to HIV-negative children whose parents or caregivers had or have HIV/AIDS.

Expansion to 33 sites will include the addition of primary health facilities in all the LGAs in Plateau State following the state coverage strategy. While many of the Harvard-supported original PMTCT sites are classified as secondary or community-based in nature, the expansion sites in Plateau State and elsewhere represent a continuation of the overall movement from tertiary to secondary and primary sites, as these new sites are virtually all secondary or community-based. In addition, active PMTCT programs at 64 sites will identify HIV-exposed infants who will require PCR diagnosis and clinical assessment to determine ART eligibility.

Harvard will provide OVC services to 1,875 HIV-negative children (1,012 males and 863 females) whose parents or caregivers had or have HIV/AIDS (including babies born to HIV-infected mothers and identified through our PMTCT activities). OVC will receive multiple services through Harvard activities. Harvard will provide preventive care services for OVC, include ensuring that children receive all scheduled childhood immunizations, growth monitoring and other child survival interventions according to the national policy. Preventive care kits will be distributed to all caregivers of children supported under this activity; kits include multivitamins, clean water kits, ORS (with guidance on preparation and use), water guards and bed nets. All OVCs are also provided with nutritional counseling, assessments and support, psychosocial support, and referrals to other wraparound services based on identified needs such as economic empowerment for caregivers and legal protection referrals. During COP09, Harvard will work with Mashiah Foundation in Jos to provide educational support for some OVC, which will include educational materials (books, sandals, bags, and uniforms) as well as pay tuition for education in government-approved schools. Harvard will prioritize partnering with USG-supported wraparound services in states where the activities are co-located with Harvard. Harvard will target adolescent OVC through outreach efforts and link them with appropriate services.

Harvard will partner with persons living with HIV/AIDS (PLWHA) support groups to provide outreach to OVC and their families and caregivers through psychosocial and spiritual support, stigma reduction, risk reduction and basic child health education including identification of danger signs, nutritional demonstration and verification of appropriate use of basic preventive commodities. Harvard will work with PEPFAR and other donors to identify sources to leverage therapeutic nutritional support commodities. The program will build the capacity of the OVC support groups through training and mentoring to develop more innovative means of addressing OVC issues such as recreational, psychosocial, economic empowerment, and life skills. Harvard will also explore partnerships with other OVC providers in the communities in which it works for potential synergy of activities in the spirit of proper networking.

Monitoring and evaluation of all aspects of the OVC program will be conducted as a part of the SI activities, which will include the use of the Child Status Index (CSI) tool. Harvard collects electronic data on patient care, which is used for site and program specific evaluation of services provided to OVC. In addition, the progress of children benefiting from educational support will be monitored through registers and their school records; follow-up services with school administrators, teachers and OVC caregivers will be coordinated by program staff. These data are used to conduct program evaluations and provide feedback to site investigators on a quarterly basis. On-site data managers will conduct monthly evaluations. Harvard will develop and implement an internal QA/QI program to provide feedback to sites on performance and identify best practices and areas for strengthening and support.

This funding will also support training for 342 healthcare providers and caregivers of HIV-infected and -affected OVC and volunteers on OVC services. Healthcare providers to be trained include pediatricians, general duty medical doctors, pharmacists, counselors and nurses in the area of OVC services. Training in this area will be coordinated with FMOH and USG following the National Guidelines on OVC. These activities will strengthen the capacity of sites to provide comprehensive OVC services to 1,875 children (excluding the 6,750 receiving pediatric HIV care and support services). Training of caregivers will be done through community- and home-based programs with support groups and home-based care providers.

Harvard will advocate and support the state Ministry of Women Affairs in building their capacity to provide oversight and reporting functions for OVC programs. Harvard will participate in the development of the national OVC training curriculum and other instruments.

Activity Narrative: EMPHASIS AREAS:

Emphasis is placed on training through activities focused on training healthcare providers and caregivers in the care of HIV-infected and affected OVC. These activities will also place an emphasis on the development of networks and referral systems in order to support the development of a comprehensive system of care through links to community PLWHA support groups and PMTCT, HCT, TB/HIV and ART sites. Emphasis areas include military populations, through support for OVC served by our sites at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

POPULATIONS BEING TARGETED:

These activities seek to target OVC who have been exposed to HIV through pregnancy and breastfeeding from HIV-infected mothers through the identification of exposed infants from PMTCT programs. We will also identify OVC from other areas as targets for supportive pediatric care and family outreach. Outreach initiatives also seek to target mothers and family members of HIV-infected OVC and their siblings, including PLWHA, to ensure comprehensive family psychosocial support. Caregivers of OVC are also targeted to encourage HCT for potentially exposed children. Harvard also targets caregivers by providing them with preventive care packages

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$220,446

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$3,645

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$27,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9409.09

Mechanism: USAID Track 2.0 NELA

Prime Partner: Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 26530.09

Planned Funds: \$720,527

Activity System ID: 26530

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

NELA consortium AIDS initiative in Nigeria (NECAIN) is a project made up of three multiplier organizations and NELA, which is the lead organization. NELA with the PEPFAR funding will strengthen the capacity of the multiplier organizations which are Society for Women and AIDS in Africa (SWAAN), Civil Society on HIV/AIDS in Nigeria, North Central and Federation of Muslim Women Association in Nigeria (FOMWAN) to support their networks and other NGOs to directly provide services to Orphans and Vulnerable Children and advocate for the leveraging of additional support for OVC within the communities.

The COP 08 activities are expected to improve the quality of life for 3,004 OVC with direct primary support to at least 2,102. Direct supplemental support to 902 OVC will be provided through 432 caregivers who had been trained by the eight community based organizations and multiplier networks in Osun, Borno, Adamawa, Nassarawa, Kebbi, Ebonyi, Edo and Jigawa states. There will be no training for caregivers in COP 09. NECAIN Community Based Partner Organizations with support from the multiplier organizations will directly provide a selection of three essential services from the six core areas (protection, health, psychosocial support, education food and nutrition, shelter and care) depending on the child's needs. To ensure quality service delivery at the community level, national OVC data monitoring tools will be adapted and used to capture and monitor various activities that will be provided to OVC.

Health care services will be provided to HIV-positive children through appropriate referral to ART programs and care and support groups closer to the OVC household. OVC will have access to age-appropriate HIV prevention messages including ABC through their various support groups and to referral for HCT and PMTCT where necessary. Children under 5 will be supported for preventive health care with focus on common childhood diseases. For general health care, OVC will be linked with Primary Health Care Centers.

The project will facilitate appropriate linkages to other educational sponsored and government supported programs within the communities. Where these supports systems are not available, Community Based Organization will support provision of educational materials like uniforms, biros, bags, sandals and books. The project will work with school authorities and government to waive tuition fees for OVC and, where this is not feasible, OVC will be supported with tuition fees. In addition to the above, older OVC will be supported to learn a trade or participate in skill acquisition programme such as tailoring and hairdressing that could help them take care of themselves and their younger ones. On completion of the training, seed grants will be given to them to purchase instruments as capital investment for micro enterprises. Teachers and household caregivers will be trained to provide one on one counseling and support to children to encourage school enrollment, attendance and retention.

The project will strengthen household capacity to provide good nutrition to OVC through nutritional education programmes, with focus on locally available and low-cost foods. Nutritional assessment, growth monitoring, food supplements and food/nutritional support will be provided for children under five during home visits and kids club activities. Foods will be mobilized through the community and supported by the project. Household will be supported for community gardening and animal rearing.

The project will actively encourage families through community mobilization and advocacy to take OVC into their households, through special arrangements to be worked out at the community level. This will be the preferred mode of provision of shelter to the identified OVC. Only in exceptional cases would a transit institutional home be considered. Clothing materials will be mobilized from the religious institutions from within the community to support the children.

Teachers, health workers, OVC Caregivers and other relevant people will be trained to identify signs of distress and how to provide one on one counseling to OVC. The program will also establish kids clubs and support groups targeting different age groups; less than 5, 6 to 12 years of age, and ages 13-17. Trained peer educators in life skills will take the children through a structured manual adapted by NELA. In this way, these children will receive quality structured psychosocial support.

Economic empowerment will focus on the most needy and vulnerable households and most especially women caring for orphans will be assisted with vocational training and micro finance to meet the expanding responsibilities of caring for additional children. To complement this economic strengthening work and bolster their food and nutritional security, the households will be supported with self-help projects in agriculture and animal rearing. Appropriate linkages will be established for fertilizers and seeds for farming from relevant ministries.

This project will promote positive attitudes towards the reduction and elimination of stigma associated with HIV/AIDS by providing basic facts about HIV/AIDS, and involving people living with HIV including children as role models during advocacy meetings and community dialogue. The project will facilitate birth registration for children under five. Community based assistance will also be provided to OVC for inheritance claims. In cases of child abuse, the children will be linked with any of the following: community support committee, Social Welfare Department the LGAs, Legal Aid Organizations and the Ministry of Women and Youth Development for appropriate resolution.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The program will support capacity strengthening of Community Based Organizations implementing household OVC programs as set out in the Emergency Plan. It will directly contribute to serving 3,004 OVC. The program will improve the lives of OVC in line with the National HIV/AIDS Strategic Framework by delivering sustainable and comprehensive quality care and support services. This will encompass all six components identified in the National OVC Plan of Action as being essential for scaling up OVC support effectively

NELA through the case management unit will support national response by provide technical backstopping for the Federal Ministry of Women Affairs to support the State Ministries of Women Affairs in Kebbi,

Activity Narrative: Nassarawa, Adamawa, and Borno to plan manage, supervise, monitor and evaluate OVC service provision in the states. The state and LGA capacity will also be supported to implement National Quality Assurance Standards.

LINKS TO OTHER ACTIVITIES:

All partners at the community level will facilitate referrals to other organizations to fill in significant gaps. For example where the governments are active in agriculture, partners will key in to the programme to ensure that OVC household benefits from the services. The same will be applied to other service areas such Health Care (ART for HIV positive children, Prevention services such as PMTCT and VCT), education and economic empowerment programmes within each state. Priorities are likely to include advocacy to remove constraints to access essential services, universal basic education (UBE), services of organizations such as NAPEP and private sector support for OVC services (e.g. school support).

TARGET POPULATIONS: This program targets OVC and families affected by HIV/AIDS. It will provide services to OVC and family members in community settings using existing established and accepted community organizations as service providers.

EMPHASIS AREAS This program includes an emphasis on Multiplier and Local Organizations Capacity strengthening, and community mobilization for support to OVC through advocacy. In addition, an emphasis will focus on increased access to economic empowerment for households. NELA and partners will encourage greater access to income generation opportunities through advocacy to regional branches of institutions such as NAPEP and will encourage provision of UBE through advocacy to local and State Government stakeholders. The program will also aim to support male and female OVC and address cultural and economic factors that limit access to services of either gender and develop opportunities for women to increase their access to economic resources.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$144,146

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$216,218

Education

Estimated amount of funding that is planned for Education \$144,145

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10809.09

Mechanism: USAID Track 2.0 TBD2

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 26543.09

Activity System ID: 26543

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: [REDACTED]

Activity Narrative: USAID Nigeria is negotiating a new award which will provide integrated OVC programming. As is the practice when making new awards, OGAC will be informed when the award is ready, and the partner(s) and targets will be uploaded into COPRS. The targets developed for this activity are notional, as they may be subject to change during the course of the award negotiation, but the program as proposed is on a scale to potentially reach about 1,400 OVC and to provide support and training to 1,000 caregivers.

The activity will focus on scaling up support to OVC and caregivers in four states (Kaduna, Kano, Bauchi and Niger) to expand access to care and support and referral to treatment for children affected or infected by HIV and AIDS. The activity will provide care and support for OVC, through building organizational capacity building for a core local partner who will gradually transit to be the prime partner, community based system of assessment, action planning, home visits, referrals, and specific support in psychosocial, education and economic strengthening. It will work with already developed and successful child protection committees that are trained and experienced in assessing the needs of the most vulnerable children and families. Community Protection Committees (CPC) will be used to reach children of HIV-affected families and will expand outreach to improve access to pediatric treatment, prevention of mother to child transmission services (PMTCT), economic strengthening, education enrollment and psychosocial support.

The activity will strengthen the capacity of indigenous organizations to respond to HIV/AIDS in their communities; provide quality comprehensive and compassionate care for AIDS affected OVC; and strengthen the legal policy and institutional framework for OVC and protection at national and sub-national levels. The project will provide direct support and services through scholarships, psychosocial support to families, referrals and support for transportation costs as needed, testing and treatment services, nutrition and basic health education, and economic strengthening.

The partner will work with community groups that are trained and experienced in identifying vulnerable children and families, providing a strategic starting point for a project that will work with community-based systems to effectively reach OVC. Diverse members of communities, representing a range of levels of education and income, religious and ethnic diversity, disabled, etc., will be invited to create a forum to reflect on issues of power, privilege, access and vulnerability specific to the community.

The activity will complement the services of local agencies by reaching children and families who may not have yet accessed treatment, or who may be reluctant to seek treatment because of confidentiality and stigma. Issues of stigma will be addressed through awareness activities, peer advocates, and support groups. The program will work with service providers to help provide support for transport costs when needed to access treatment, and will link with other organizations and agencies providing services to OVC and caregivers to maximize support and avoid overlapping services. Linkages will be sought for nutritional and educational support with USG supported wrap-around activities.

Education will be supported through working with the CPC, school management Committees and Parent Teachers Association to determine the specific problems preventing families from sending their children to school and collectively generate lasting solutions. Direct support to children would include scholarships for school-aged children as well as linking to vocational training for out-of-school children. Education activities will leverage existing partnerships between the prime partner and the educational systems of two of the states (Kano and Kaduna) to address systemic issues in the education setting that do not support a more conducive environment for learning for all students, including OVC, as well as the provision of teaching materials. OVC completing vocational training will be linked to economic strengthening opportunities.

Economic strengthening activities for caregivers will focus on promoting village savings and loan groups. These groups are self forming and after initial external support for facilitation and operational guidelines, they will begin to self-function.

Healthcare will be provided through partnerships with USG IPs, GON, FBOs and healthcare centers for monitoring and treatment of OI and through health education at support group meetings and home visits. Other services will include immunization, provision of preventive care packages comprising insecticide treated nets and water guard/containers, and the treatment of other minor ailments. Health and nutritional activities will be provided through educational activities. Peer education will be initiated in schools for and communities to for HIV prevention and also create demand for HCT among OVC, caregivers and the general population. Psychosocial support will be provided through group counseling, for formation of HIV/AIDS prevention clubs, the reinforcement of established youth-friendly centers, home visitations, and through the integration of OVC into community recreational facilities.

CONTRIBUTION TO OVERALL PROGRAM AREA: This activity program area focus is on strengthening the capacity of families and communities to provide care and support for OVC. These activities contribute to the USG's PEPFAR five year strategy of providing care and support to OVC and are also consistent with the Strategic Framework on OVC.

LINKS TO OTHER ACTIVITIES: Linkages will be established with HIV/AIDS treatment centers and community care and support program to ensure that OVC and caregivers stay alive and in good health, to counseling and testing centers to enable family members to receive necessary support and to reduce the increase in numbers of HIV+ children. This activity will also be linked to prevention activities targeting out of school OVC, in-school children and the community protection structures

POPULATION BEING TARGETED: This activity will target girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC, caregivers of OVC and other children/siblings living in OVC households in community settings using existing established and accepted organizations as service providers. In addition, religious and community leaders, leaders of women's organizations will be trained to combat stigma in their work.

EMPHASIS AREAS: The activity includes an emphasis on local organization capacity development and community mobilization, nutrition and training. The program will aim to support equal numbers of male and

Activity Narrative: female OVC and to address economic factors that limit access to services of either gender.
New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11041.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 26545.09

Activity System ID: 26545

Mechanism: State Track 2.0 Amb Self Help Fund

USG Agency: Department of State / African Affairs

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: [REDACTED]

Activity Narrative: This is a new activity in COP09 and will adhere to the same model as the Ambassador's Special Self Help Fund, and serves a unique niche, providing support where there would otherwise be none. The Orphans and Vulnerable Children (OVC) this project will serve are those who are geographically located beyond the reach of PEPFAR prime partner activities.

The Ambassador's PEPFAR Small Grants Fund is designed to assist communities and local organizations with projects that promote HIV/AIDS prevention, care and support for OVC at a grassroots level. The Small Grants scheme will help to build local capacity by encouraging new partners in underserved areas to submit applications for review. Programs are designed to continue to promote stigma reduction associated with HIV orphanhood, strengthen OVC care and treatment service linkages on the community level, and benefit OVC caregiver families and child-headed households with increased support. Applicants will be encouraged to work closely with current USG partners to establish sound referral systems and to ensure continuity.

As this is the first year of this program, we anticipate funding 2-3 innovative, grassroots organizations to conduct HIV/AIDS programs for OVC activities. Community-based groups, women's groups, youth groups, faith-based organizations (FBOs), groups focusing on gender issues, and groups of persons living with HIV/AIDS (PLWHA) from all 36 states in Nigeria will be encouraged to apply.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities in the program area are focused on ensuring that HIV/AIDS affected OVC get quality educational and psychosocial support and that referral systems are in place to address their health needs.

LINKS TO OTHER ACTIVITIES: We will have more information on links to other activities once the grants have been awarded.

POPULATION BEING TARGETED:

OVC, OVC caregivers, and vulnerable children and youth in the general population are the direct project targets, while CBOs, FBOs, school-based organizations, and religious and community leaders are indirect beneficiaries.

EMPHASIS AREAS:

This activity will have a major focus on wrap-arounds that we anticipate will be in the areas of basic education, local organization capacity development, and gender vulnerabilities of the female OVC.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 2768.09	Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5547.28549.09	Planned Funds: \$1,115,000
Activity System ID: 28549	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Formation of Community Care Coalition for OVC (CCC for OVC)

ICAP will support CBO partners to constitute "Community Care Coalition for OVC; these CCC for OVC will comprise of CBO members, key community leaders, Representatives of local Parents-Teachers-Associations, clergy/Imam, local representatives of Ministry of Women Affairs, LACAs, youth leaders and key OVC Caregivers and will serve as an active interface between ICAP supported facilities and the community. CCC for OVC will assist in identifying/tracking OVC within the community and refer them for relevant services available. CCC will also follow up with communal initiatives, decisions, and ethical/legal issues for OVC and will also provide input into developing key indices (criteria) for educational support and various other services where available resources are limited. ICAP will support training/orientation for CC for OVC on OVC support services.

In COP08, ICAP assisted 28 secondary hospitals and 19 CBOs in Kaduna, Benue, Akwa Ibom, Kogi, Gombe and Cross River States to support 8,000 HIV-infected and affected children (OVC) to access health care, and other related services at the hospitals, their referral networks, and surrounding communities. In COP09, ICAP will continue to support the 19 CBOs/FBOs/NGOs to provide community OVC services in the 6 states (Kaduna, Cross River, Benue, Akwa Ibom, Kogi and Gombe). During COP09, OVC services will be provided to 6,559 OVC (3,345 males and 3214 females), including adolescents. These OVC include HIV positive and HIV-negative children of PLWHA or HIV affected orphans. Primary direct services will be provided to 536 OVCs while 6,023 will receive supplemental services. Nutritional supplements will be provided to 1,640 OVCs.

ICAP family-focused approach is applied not only at the facility level but also at the community and home levels through care services. Community based programming leads to identification of OVC through awareness campaigns, support groups, and community-based HCT. OVC are also identified through provider initiated counseling and testing of children accessing care in ICAP supported facilities following national norms regarding counseling and consent of minors. Once OVC have been identified, ICAP's OVC program focuses on providing an appropriate balance of services in the facility, community and home settings.

ICAP OVC programming has several key elements: appropriately identifying OVC who are not receiving services; providing a holistic family centered approach to care of OVC and adolescents (Creating exit strategy at 18 years and appropriate prevention message with existing reproductive health services); providing educational support; providing nutritional assessments and support; providing health care services for HIV infected and affected children; and providing enhanced psychosocial support at both facility and community levels. Health care services for OVC will include ongoing monitoring of growth and development, immunization, malaria treatment, screening and prophylaxis (IPT) for TB when indicated, cotrimoxazole prophylaxis (CPT) following national guidelines, and diagnosis and management of opportunistic infections as needed. Also, as a component of ICAP HBC program, basic preventive care packages comprised of ITNs, ORS sachets, soap for effective hygiene, water guard and water cans procured from SFH (another USG supported IP) will be given to all clients.

Through its support and capacity building of local NGOs, CBOs and FBOs, ICAP enables the implementation of advocacy and social mobilization, psychosocial support, home based care (HBC), and educational support for OVCs and their households. The psychosocial support provided to OVC and their care givers is multifaceted and comprehensive; it includes counseling on stigma and discrimination, disclosure and grief, and recreational activities. OVC services are also integrated into community HBC programs. Networking with community organizations and other implementing partners enables leveraging of resources and enhances service delivery and sustainability. ICAP provides capacity building to community and faith based organizations such as Fantsuam Foundation, Tulsi Chanrai Foundation (TCF), GAWON Foundation, Catholic Archdiocese of Ogoja (CACA), Grassroots HIV/AIDS Counselors, ARFH and other CBOs and PLWHA groups to provide family-focused OVC services. These CBOs/FBOs provide home based primary care, psychosocial support and links for OVCs to health facilities for basic health care needs by providing transport and other support. Through ICAP support some of these partners will also provide peer education programming at primary and secondary schools. In COP09 ICAP will work through local partners to provide educational support (e.g., school levies, school supplies) to most at-need children following clearly identified selection criteria.

In COP08 ICAP provided nutritional support to OVC and worked with the GON in partnership with Clinton Foundation, MARKETS and ACTION to leverage resources for providing therapeutic food for OVC diagnosed with malnutrition; ICAP also facilitated the establishment of community driven "food bank" initiative by 12 CBOs to provide nutritional support to OVC. In COP09 ICAP will continue to facilitate this process with 7 additional CBOs. ICAP will also strengthen the reporting mechanism for OVC beneficiaries of the food banks. Furthermore, OVC and their caregivers will be linked to the economic empowerment programs provided by other partners (Winrock, Save the Children) in states like Cross River, Kaduna and Benue. For sustainability and household food security, linkages to other community-based/faith-based food and microfinance programs through the CBOs/FBOs listed above will be explored.

ICAP will provide training for 160 care providers including, counselors, and community/HBC providers using GON National guidelines, OVC National Plan of Action and SOPs. In addition ICAP and local partners will set up a monitoring system using the nationally approved tools that allows the monitoring of services provided directly by ICAP and/or by referral from ICAP to other organizations.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

ICAP, in partnership with other organizations, will provide training and scale up of OVC services that will enhance the delivery of quality services to 6,559 OVC enrolled in core programs such as health, educational support, psychosocial support, and food and nutrition. All these activities will improve the lives of OVC reached in line with the national plan of Action on OVC and the National Strategic Framework, and will contribute to meeting PEPFAR goals.

Activity Narrative: LINKS TO OTHER ACTIVITIES:

This activity relates to activities in ART (5404.08), Lab (5544.08), Palliative Care (5552.08), TB/HIV (5551.08), AB (15654.08), and SI (5541.08). HIV-exposed and infected children will be placed on prophylactic cotrimoxazole (CTX) following National guidelines. Household members of OVC will be referred for HCT (5550.08) and children of women enrolled in PMTCT (6622.08) will be offered HCT as well as referred for OVC services. Policy makers and key decision makers in the health and education sectors will be reached by advocacy efforts.

POPULATIONS BEING TARGETED:

This activity targets infants, young children, adolescents and other at-risk children in HIV infected and affected families. It also targets the households, including caregivers, of OVC. The entry point for OVC in the general population will be ICAP-supported sites and partner organizations. Health and allied care providers in clinical and community settings will be trained to provide services to OVC. Community and facility based volunteers, traditional birth attendants and support group programs, will be used to increase access to care and support especially to the underserved.

EMPHASIS AREAS

ICAP's area of emphasis will be the development of networks, linkages and referral systems as well as capacity development and food/nutrition support. In addition, ICAP will advocate equal access to education and improved legal and social services such as the protection of inheritance rights for women and children, especially for female children, and increased gender equity in HIV/AIDS programming. ICAP will advocate for increased access to income and productive resources for HIV infected and affected women and caregivers. This activity will foster necessary policy changes and ensure a favorable environment for OVC programming.

In COP09, ICAP support will continue to enhance equity and gendered approaches that lessen vulnerability of female OVC by increasing their access to education, care and other support services. Increasing involvement of men in caring for OVC will also be emphasized.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13027

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13027	5547.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$2,023,000
6694	5547.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$334,400
5547	5547.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$155,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,400

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$13,500

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$46,460

Water

Estimated amount of funding that is planned for Water \$6,050

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9401.09

Mechanism: HHS/CDC Track 2.0 PFD

Prime Partner: Partners for Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 21691.26812.09

Planned Funds: \$85,000

Activity System ID: 26812

Activity Narrative: In COP 08, Partners for Development (PFD) reached 200 OVCs through a network of CBO/FBO organized volunteers that provided assistance to OVCs and their families/caregivers. PFD's OVC program focuses on strengthening community-based capacity for supporting orphans and other children made vulnerable by HIV/AIDS. PFD works collaboratively with sub-partner faith-based organization (FBO) Daughters of Charity (DC) to provide outreach services for orphans and vulnerable children (OVC) from two project sites: 1) Assumption Clinic in Warri, Delta State and 2) Catholic VCT Center and primary health care facility in Ikot Ekpene, Akwa Ibom state to implement activities under the "Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. There are no current plans to expand the number of sites. PFD and DC organize networks of volunteers within each LGA in the two sites' catchment areas who are dedicated to addressing OVC's basic needs for protection, adequate health care/nutrition and education. Assistance is offered to OVC by volunteers from CBOs (Including support groups) who are interested in serving as mentors or "big brothers/sisters" to the children. These mentors agree to meet regularly with their assigned OVC, organize supplemental educational activities for them (health/nutrition education, tutoring with home work and basic "life skills"), and to ensure they access preventive health and immunization services. In locations where there is sufficient concentration of OVC to warrant it, educational activities are organized on school or church premises in the form of "kids" clubs.

In COP 09, PFD/DC will assist 363 OVC (146 males and 217 females) through outreach programs organized from the two project sites. Primary OVC recipients assisted in this program component will for the most part be HIV negative since those who are HIV+ will be assisted under the pediatric care and support component (including home care) although they may also access some supplemental OVC services as well. All children of less than 18 years of age whose parents or caregivers are either on ART or receiving palliative care will automatically be enrolled as will older children of PMTCT clients and children of patients presenting with TB/HIV. We will train 100 providers/caregivers and will provide 100 OVC with food and nutritional supplement in COP09.

CAMP staff will work to scale up OVC support through CBO networks to provide support to vulnerable children up to the age of 17. After receiving referrals, the LGA level social worker will complete an initial enrollment and baseline data collection on the child's well being using the OGAC child status index tool. Those children needing ART or palliative care/OI treatment will be counted and cared for under the Pediatric Care and Treatment component. Preventive and other routine health care such as immunizations will for other OVC be handled by community mentors. These volunteers (often PLWHA support group members) have expressed interest and commitment to mentor and counsel OVC, and are trained with appropriate counseling skills which will include counseling about prevention (A and AB messages) for the appropriate age groups.

In addition to counseling, community volunteer mentors will be supported to organize regular OVC activities that will contribute to their educational and developmental progress. In locations where there is sufficient concentration of OVC, these activities will be offered after hours on school and church premises and will be targeted to the appropriate age group. They will be organized to make learning fun – in the format of a club. The activity programs will have components devoted to life skills (literacy, numeracy, help with homework, understanding of basic child's rights as contained in the UN convention on the rights of the child), nutrition and health education (including demonstration school gardens and cooking lessons), and facilitation of group discussions in a support group format. Activities for very young children will be related to early childhood development and will be attended by the young child and their caregiver – often an older sibling. Three ranges of mentorship programs will be supported for 1) under five years of age, 2) ages 5-12 and 3) ages 13-17. Mentors will receive basic training on child development for the full range of training, then more advanced training on the age group they are handling. Training will include basic tutoring, counseling and preventive health/hygiene and nutrition. Those mentors who have the aptitude and opportunity to facilitate kids club activities will receive further training on facilitating workshops for arts and crafts, facilitation of support group discussions about problems OVC may be facing, as well as other fun group educational activities using Action Aid's REFLECT methodology for basic numeracy and literacy to help OVC in the 13-17 year age group to catch up to their grade level if they have missed large amounts of school.

All volunteer mentors (whether or not they also facilitate kids clubs) will have committed to follow-up in acting as a "big sister" or "big brother" to specific individual OVC. That responsibility will entail following up on any problems raised during the group discussion, having one-to-one talks with their assigned OVC at least once per month, escorting their assigned OVC to preventive and routine health care appointments. The mentors will also report cases of abuse to appropriate authorities, obtaining referrals to more skilled psychological support if needed, and organizing emergency shelter (often on school or church premises) in cases where OVC have no caregiver or place to live. PFD/DC will explore leveraging National Youth Corps Volunteer placements to replicate training in the OVC program, particularly for "corpors" who have studied social work, psychology or education. Initial training curriculum, however will be commissioned from master trainers who will be hired on a temporary basis for this purpose.

If during the period of mentorship, an OVC is found to be suffering from malnutrition, mentors will assist with follow up of regimens prescribed in the DC clinical facilities. DC follows the "Drug Resource Enhancement against AIDS and Malnutrition" (DREAM) approach which includes measurements of BMI, weight for height and weight for age.

The entire program will be administered and coordinated at the LGA level by an OVC coordinator who has had training in social work or community health. The OVC coordinator will contact support group leaders to inform them about the volunteer mentoring program and to recruit interested volunteers. S/he will organize OVC enrollment and status tracking and monitor performance and training of the volunteers. Training curriculum will be provided by specialists in early childhood education and psychology, probably using UNICEF manuals for children living in difficult circumstances. Many of the activities offered to children will be created by the volunteers themselves as part of their training and will use low cost, simple learning materials.

Contribution to overall program

Activity Narrative: PFD/OC activities supporting OVC will contribute to the PEPFAR Nigeria goals of reaching 400,000 OVC by the end of 2009.

Program Emphasis

This program will focus on increasing capacity of CBO volunteers to effectively assist vulnerable children through a basic package that addresses supplemental education needs, preventive/routine health care (including hygiene and nutrition education), and psychosocial support (both through group settings and individual mentoring). Training a cadre of volunteers will ultimately help raise coping skill levels of OVC and improve their well-being.

Target population

According to the national action plan for OVC, children become more vulnerable for a variety of reasons related to debilitation or absence of caregivers. OVC include neglected/abandoned and orphaned (by one or both parents), children whose caregivers are chronically ill or frail, children in child-headed households, and children of migrant workers. Such children are at high risk of abuse and exploitation including trafficking. Children in families that include an HIV+ member are at risk and that is why they are automatically enrolled after a family member enters the adult care and support or PMTCT program. Because of the irregularity of their care, they often miss large blocks of their educational program and suffer from poor nutrition. For this reason, PFD/DC has tailored their OVC program to address these vulnerability issues.

Links to other activities

This activity is linked to adult and pediatric care/support as well as PMTCT. OVC activities will be linked into wider educational and family support programs undertaken by Parish Action Committees organized in each Diocese. PFD will try to leverage educational materials and technical assistance from UNICEF programs, particularly those for children living in difficult circumstances. Because caregivers themselves often find their resources overstretched by their care-giving responsibilities, PFD will attempt to link them to available micro-finance and job skills training programs. The same will be true for OVC who have inherited income generating responsibility for other family members.

Key legislative issues

Coordination meetings held at the LGA level with representation from local government assists in keeping local governments updated on the plight of OVCs in their area and make them better advocates for sufficient resources to ensure protection of children's rights at the state level. CAMP staff will supplement these meetings with quarterly state level task force meetings to explore ways to achieve greater economies of scale and harmonization of approaches.

Monitoring and Evaluation

OVC well-being will be monitored through periodic (bi-annual) updates of the ranking in the child status index. Each OVC will have a unique ID number so their information can be entered into a project database. Skill levels of volunteer mentors and activity organizers at the LGA level will be tracked by the OVC volunteer coordinator who is ideally also a social worker.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21691	21691.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$50,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,083

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$1,500

Economic Strengthening**Education**

Estimated amount of funding that is planned for Education \$1,000

Water**Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 4043.09**Prime Partner:** Partnership for Supply Chain Management**Funding Source:** GHCS (State)**Budget Code:** HKID**Activity ID:** 9883.26058.09**Activity System ID:** 26058**Mechanism:** USAID Track 2.0 SCMS**USG Agency:** U.S. Agency for International Development**Program Area:** Care: OVC**Program Budget Code:** 13**Planned Funds:** \$132,590

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement, the shipment, distribution and delivery of commodities used in Orphans and Vulnerable Children (OVC) services as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) to strengthen or build their supply chain management capacity within their respective programs.

In COP09, SCMS will procure commodities used in health care and community based services as well as food and nutrition support provided by OVC programs IPs. Examples of such commodities are pharmaceuticals including drugs to treat Opportunistic Infections (OIs) & Sexually Transmitted Infections (STIs), laboratory equipment and consumables, therapeutic food and educational materials. Through its continuous support to and strengthening of commodity security in PEPFAR OVC programs, SCMS works towards ensuring uninterrupted availability of needed commodities to the target population of orphans and other vulnerable children affected by HIV/AIDS.

URC and the University of Maryland UMD/ACTION have allocated \$1,500 and \$131,090 respectively to SCMS for support in this program area. This will cover logistical and administrative services from the field office for the coordination and management of supply chain management activities related to this area of work. The budget may also support the cost of TA and SS activities to support these OVC services as requested by URC and UMD.

SCMS will support URC and UMD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGoN) national treatment guidelines, marketing authorization status (NAFDAC registration) and FGoN importation regulation, as well as in line with the protocols developed for OVC service and support. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans for stock management and delivery planning. In COP 09, Supply Chain Support Teams (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. UMD and URC's requests for OVC related commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with UMD and URC; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

Activity Narrative: SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and PEPFAR Implementing Partners have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement.

Under this program area, SCMS does not have targets of its own but supports UMD and URC reaching their OVC planned targets.

EMPHASIS AREA:
Human capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13083

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13083	9883.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$255,000
9883	9883.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$9,810

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 553.09	Mechanism: USAID Track 2.0 Policy TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 16944.26431.09	Planned Funds: [REDACTED]
Activity System ID: 26431	

Activity Narrative: The proposed activity will be a new award which will be competitively solicited by USAID/Nigeria, with the award anticipated during the COP09 program period. It will build upon the successes and lessons learned from the ENHANSE program activity, which will reach the end of agreement by the end of COP08. With COP09 funding, the new implementing partner will have a mandate to create integrated safe and supportive environments for Orphans and Vulnerable Children (OVC) who are affected by HIV/AIDS and TB through the social sector environment. The activity's major emphasis will be on policy/plans development and utilization. It will also focus on the use of accurate and strategic information to inform the policy and planning process and to leverage organized private sector support and resources for national HIV/AIDS programs as well as improve the political will and commitment of key national and state level leaders.

A major emerging issue in the HIV/AIDS epidemic is the large number of OVC who have lost either one or both parents as a result of HIV/AIDS or are made vulnerable by the demands imposed by the infection of one or both parents. The work of the implementing partner on OVC will be to utilize policy development activities toward the goal of ensuring that there are safe and supportive environments for OVC on a national level.

The activities for COP 09 will build on earlier accomplishments undertaken by other IPs, namely systems strengthening for the FMWA-OVC Unit to increase their capacity and the capability of national leadership to address OVC issues and other programs that have strong focus on the special needs of children.

The use of accurate data to inform program implementation is crucial to program success. The partner will support the national and state ministries and local government areas to develop OVC policies and guidelines. The partner will also collaborate with UNICEF and other partners in support of the printing and dissemination of these policies and guidelines. National civil society organization networks and coalitions, (e.g., AONN, NEPWHAN, CISHAN, etc), Faith Based Organizations (both Christian and Muslim), and select Private Sector Organizations will be supported via grants and other funding mechanisms to develop policies to address the challenges that OVC face within their various organizations and how they can evolve robust responses that meet national needs. Training will be provided to these and other key stakeholders on issues related to OVC, stigma, and discrimination. Support will be provided to conduct training on OVC issues such as stigma, AB, C&OP, child involvement and protection, with technical assistance provided by other IPs and donors.

To ensure accurate reporting of OVC issues, the partner will support activities such as media tours for journalists, workshops and roundtables, which will provide a greater understanding of issues affecting OVC and interventions to address them.

The partner will support the OVC advocacy groups that promote the reduction of stigma and discrimination while providing psychosocial and group support. The recipient will print and disseminate the newly developed National OVC Strategy. The activity will also support FMWA supervision of orphanages in Nigeria.

LINKS TO OTHER ACTIVITIES: This activity is linked to initiatives in child survival, human rights, elimination of stigma and discrimination, education and income generation. Activities will be linked to those of other USG IPs providing services in the communities. This activity is also linked to activities of bilateral and multilateral organizations dealing with issues related to child survival.

KEY LEGISLATIVE ISSUES: The activity will increase legislative engagement in HIV/AIDS and OVC stigma and discrimination issues. The partner will support the enactment of appropriate legislations that support national HIV/AIDS programs that will assist in the passing of bills mandating the rights of children, adoption, and the care of affected children and their families.

EMPHASIS AREAS: This activity's major emphasis is on policy/plans development and utilization and will focus on the use of accurate and strategic information to inform the policy and planning process. It will also focus on plan implementation by key national and local stakeholders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16944

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16944	16944.08	U.S. Agency for International Development	The Futures Group International	6392	553.08	USAID Track 2.0 ENHANSE	\$500,000

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$1,956,159

Program Area Narrative:

Due to the strategic shift in the overall PEPFAR programming in FY09 to ensure maintenance of all supported clients receiving care, OVC, and treatment services as well as the financial integrity of the program, it has become imperative to significantly reduce HCT activities in order not to create demands that cannot be met through the existing care and treatment services. Therefore the HCT program area strategy in COP09 will focus on providing HCT services to those most in need of HIV care and treatment and linking those identified to the appropriate care and support services. The areas of strategic focus in COP09 are: to concentrate HCT activities in medical settings and promote Provider Initiated Testing and Counseling (PITC); increase collaboration with the basic care and treatment programs as a means of promoting home-based counseling and testing for family members and contacts of index cases; expansion of couples counseling services, and the direction mobile outreach services to Most at Risk Populations (MARPs), especially brothel and non-brothel based commercial sex workers, prison inmates and patients in alcohol or drug rehabilitation centers; to standardize quality of HCT services across the board; increase HCT services for infants and children; and to strengthen referral networks and program linkages. In addition there is also a strategic focus on resource leveraging from other bilateral and multilateral donors and building the capacity of the GON HCT team to ensure program sustainability.

In COP08 the number of PEPFAR-funded HCT implementing partners (IPs) increased from 12 to 24. These partners will be providing HCT services in 699 sites across the 36 states of the country and the Federal Capital Territory. In COP09, the target for individuals that will be counseled, tested and receive their result is 149,080. This represents an 82% decrease from the COP08 HCT target of 808,918. Overall counseling and testing targets for COP09 including HCT in PMTCT and TB settings is 647,256. This is a 47% reduction in the HCT target from the COP08 targets of 1,216,568 as a result of the overall strategic shift in PEPFAR program funding.

It is estimated that 1.5 million, or about 1% of the total population, currently know their HIV status as a result of limited access to HCT services. HCT services are supported mainly by PEPFAR as well as support from other bilateral and multilateral donors including the Global Fund, the World Bank and the Millennium Development Goal. About 65% of people are currently accessing services in health care facilities while 35% access services in stand alone HCT sites and mobile community outreaches.

In COP09, 80% of the HCT target for the PEPFAR program will be reached through health facility HCT and about 20% will be reached through stand alone and community mobile outreach that will be targeted to MARPs. Fund leveraging by USG partners for HCT from other donors, including test kit leveraging from the GON, will enable partners to provide HIV counseling and testing that is strategically targeted at the general population, through mobile HCT and community outreach. This will enable individuals know their HIV status, and use counseling and testing as a means of HIV prevention.

Partners provide HCT services using a strategic mix of models and approaches. These include integrated facility based HCT, traditional stand-alone HCT, mobile community outreach HCT, and home-based HCT. This mix of service models are employed to reach varied target populations which includes MARPs, couples, pediatrics, family members and contacts of PLWHA, in and out-of-school youth, and the general population. In COP09, partners will be laying emphasis on HCT in medical settings, and utilizing the PITC approach to ensure that hospital in- and outpatients are routinely offered HIV counseling and testing in an "opt-out" strategy. Those identified as positives will also be linked into care and treatment. Posttest counseling for all clients includes appropriate HIV prevention messaging, including Prevention with Positives (PwP) activities. Provision of multiple points of HCT services within health facilities by partners further ensures increased access. Many IPs currently provide TB and STI screening for all HCT clients and make referrals for diagnosis and treatment as appropriate. To strengthen and standardize this activity and ensure its consistent use in COP09, all HCT partners will be required to provide TB and STI screening using a standardized WHO recommended questionnaire and link patients to TB and/or STI services as appropriate.

The IPs are incorporating family centered approaches into HCT services in order to provide counseling and testing to partners, children and other family members of Basic Care and Support index cases. In COP09, all HCT IPs with Basic Care and Treatment programs are required to establish collaboration with this program and incorporate HCT services into home-based care services. This will enable the provision of HCT services to family members and contacts of home-based care index cases. This family centered approach will not only increase HCT access but will also bring about reduction in stigma and discrimination at the family level as well as help in dealing with issues regarding disclosure, abandonment and other negative outcomes a family member may face as a result of his or her status. The Nigeria HCT TWG plans to partner with the OGAC HCT TWG to strengthen this activity by providing a training of trainers (TOT) on home-based HCT. This will bring about standardization of home-based HCT across USG IPs and further ensure that services provided are consistent with international standards.

In FY09 partners will continue to pay strong attention to couples counseling and testing and address the needs of discordant couples. To further strengthen this activity, the HCT TWG will be assessing the outcomes and lessons learned in CHCT implementation by USG IPs after one year of service roll out in the country. The outcome of this assessment will be used to adapt the CHCT training curriculum in collaboration with the GON. It is anticipated that the adapted training curriculum will be used to expand CHCT training and services to HCT sites that are not directly supported by PEPFAR. The HCT TWG will be providing the needed technical support to the GON for this activity.

In COP08, the country fully transitioned into the use of a non-cold chain dependent serial HIV testing algorithm, based on the recommendations of a PEPFAR-funded National Rapid Test Kit (RTK) Validation exercise. The use of this algorithm continues to make the testing process simpler, especially for the lay counselors and testers, who as a result of progress being made in the area of task shifting are involved in the provision of HCT services. It makes same hour counseling and testing a norm and further increases access to HCT services. The current use of finger-prick samples and non-cold chain RTK have also facilitated HIV testing during mobile and outreach campaigns.

To ensure increased access to HCT services in the rural areas, the GON developed an HCT protocol for use in primary health

care (PHC) outlets and has been supportive of task shifting efforts, including the training of non-laboratory personnel to conduct opt-out HCT in primary health care centers. In COP07 and 08, USG HCT IPs supported expansion of HCT services to the rural areas by activating counseling and testing sites in PHCs. In COP09 however, this expansion to rural sites will be limited to new partners as a result of funding constraints. To strengthen linkages, partners have established referral networks between these PHC and secondary and/or tertiary facilities where HIV treatment and care programs exist. Partners are also supporting TB and STI treatment programs at the PHC levels to further enhance access to these services by those identified through HCT.

In addition to HCT in medical facilities, partners also provide HCT in communities using mobile outreach. In COP09, partners plan to continue this on a more limited and focused level due to funding constraints. The USG team in Nigeria is collaborating closely with the GON to leverage HIV rapid test kits for use in the program. Test kits leveraged from this arrangement will support mobile HCT services for community outreach as a means of providing services and increasing access to the rural communities. Mobile and outreach HCT will continue to target high risk groups such as commercial sex workers and their clients, and also rural populations without easy access to HCT services. One IP will specifically be working with Most at Risk Men/Men who have Sex with Men (MARM/MSM). HCT services targeted at the incarcerated population, including prison inmates and individuals in alcohol/drug rehabilitation centers will also be supported in COP09. A challenge in providing mobile services is ensuring referral linkages to care, treatment, and support for those testing positive. The use of standard referral tools by all USG partners will be pursued in COP09 to help address this. Currently IPs provide clients with referral cards, which they collect from HIV care and treatment clinics to help with tracking. Some IPs have already developed, and are using, referral directories and the USG is collaborating with the GON to develop a national Referral Directory. Referral systems for care and treatment are working reasonably well and IPs are beginning to address the trend of referring clients to their own sites rather than to services provided by other IPs. The focus now has shifted towards ensuring that clients are referred based on their needs, regardless of which IP is providing the service. This strategy will be sustained in FY09.

PEPFAR is currently working with the GON to harmonize the various M&E tools used by different sites and IPs and to establish one national approach to data collection at HCT sites, including a national HCT register. In COP09, all HCT IPs are required to use standardized GON M&E and data collection tools in order to ensure that appropriate program data are collected and fed into the national data system for the overall national M&E process.

The GON has adopted "Heart to Heart" as a national branding logo for HCT. In COP08, more service outlets adopted the use of this logo in order to be identified as centers where high quality HCT services can be accessed. The use of the logo will be strengthened in COP09. USG IPs also promote HCT services through a combination of print materials, posters, radio, and community outreach. The radio and community outreach promotion strategies are ideal for reaching the illiterate and the rural populations, respectively.

IPs will be providing HCT based training to 1,005 individuals in COP09. These training will be based on identified training needs and will include training on basic counseling and testing, supervising counselors, couples counseling, PITC, medical waste management and injection safety. The USG HCT TWG in country will collaborate with the OGAC HCT TWG to provide a Training of the Trainers (TOT) on home-based counseling and testing for all HCT IPs in order to strengthen home based counseling and testing for the family members and contacts of PLWHA, and further ensure that services are provided following standard best practices. Similar training collaboration will be established with the PMTCT and pediatrics treatment program areas to provide training on pediatrics counseling and testing. It is anticipated that this will increase counseling and testing services for the pediatric population and also ensure standardization of service quality.

In COP09, all RTKs for HCT IPs will continue to be procured in pooled orders through the SCMS test kits procurement mechanism based on COP09 targeted forecasting. Partners, however, depend on their respective structures for test kits distribution, while SCMS provides support to partners on test kits forecasting, needs quantification and logistics management information system. HIV test kits logistics systems which are supporting HCT programs are specific to each IP and different from the National logistics system. A persistent challenge is the harmonization of logistics systems not only among PEPFAR IPs but also with the GON. A priority area in FY08 and FY09 is for harmonization of the Logistics Management Information System (LMIS).

USG/Nigeria will continue to collaborate with the GON on expansion plans, training, and policy development, and will leverage funds from donors including the Global Fund and DFID, for the procurement of condoms. These collaborative efforts will be strengthened in COP09.

To further improve the quality of HCT services and ensure consistent quality improvement across the board, IPs will be provided an updated guideline on the minimum quality requirement in HCT. In COP09, the implementation of standard quality control and external quality assessment for HIV rapid testing at all HCT sites, will be done by adopting the "Quality System" approach which will be a priority. Proficiency testing programs, regular HCT site monitoring, and mentoring of counseling and testing staff will be emphasized. Re-testing will be continued in facility-based HCT sites and wherever possible. Proper and safe waste handling and disposal is also part of this system approach.

The GON supports PITC in principle, but a government policy is essential to get the health facility administrators buy-in into the strategy. There is not yet a policy that provides for routine HIV counseling and testing in certain populations where it is most needed, such as for prison inmates or other incarcerated populations. The recent IBBSS revealed a very high HIV prevalence rate among commercial sex workers (25%), and MSM (13.5%), other populations that could benefit from policy development. As programs and partners re-strategize for more effective targeted HCT for CSW, an enabling policy is necessary to address issues surrounding rights to health services for these populations. Government policies on task shifting and pediatrics testing are also key legislative items to the overall program, its reach and its effectiveness.

In summary, the Nigeria PEPFAR program has seen rapid increase in the number of persons accessing HCT services. The focus

now is on building a sustainable strategy and addressing policy and service quality issues as we move into PEPFAR II.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9405.09	Mechanism: HHS/CDC Track 2.0 Pathfinder
Prime Partner: Pathfinder International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21694.26059.09	Planned Funds: \$25,000
Activity System ID: 26059	

Activity Narrative: This Activity has been modified in the following ways:

In COP08, Pathfinder supported eight (8) HIV counseling and testing sites in two local government areas in Edo state. Counselors were trained using the national HCT training curriculum. The project used provider initiated counseling and testing to maximize the uptake of HCT services at the health care facilities. Pathfinder actively referred all HIV positive clients to access treatment. In line with the provisions of the PEPFAR/CDC COP09 funding requirements, Pathfinder in continuation of COP08 activities will provide additional HCT activities in two (2) health facilities, one in each of the two Local Government Areas (LGAs) of Edo State and will support planned outreach activities for HIV counseling and testing. HCT will be provided to 3,000 men, women and youth. Pathfinder's HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities.

Pathfinder will utilize the provider initiated testing and counseling model to maximize uptake of HCT services at the health care facility. The HCT services will be provided using facility-based HCT service delivery points at the general outpatient departments of the general hospitals. At the primary health center level targeted for COP09 the 'mobile HCT unit' will provide services on specific days of the week targeting persons at risk. In addition, this unit will be providing services at specific locations in the community targeting in addition most-at-risk populations (MARPs).

The program shall be integrated into the national framework for HCT by using the national 'heart to heart' logo. All HCT services carried out shall be in accordance with the national algorithm. Individualized abstinence, be faithful and correct and consistent use of condoms shall be the main message design for the counseling sessions as well as the information, education, communication (IEC) provided during those sessions. Positive clients shall be provided with appropriate prevention with positives (PwP) messages and linked to appropriate support services. Other services that meet the needs of positive clients like HCT for family members and sex partners, counseling for discordant couples, counseling on positive lifestyles/disclosure and prevention messages shall be offered. Negative clients shall be counseled using the ABC approach and where appropriate follow-up tests shall be advocated.

Pathfinder-supported facility-based HCT services shall be of the provider initiated testing and counseling (PITC) approach. This shall be done with the full participation of the facility authorities while making adequate provisions for respect of client/patient right to refusal. A more intense advocacy will be directed towards high risk individuals who access clinical services at the facility, community and local authorities (including traditional and government leaders) to build support and acceptance for HCT services. Pathfinder will participate in the national network of care, treatment and support for HIV/AIDS and TB and work closely with state MOH officials to collaborate with key policy makers (e.g., Commissioners for Health and Women Affairs, Permanent Secretaries and Directors of Medical Services) for the implementation of project activities. The project will work directly with local health facility staff for strategy development and planning to build cooperation and enhance sustainability. Local NGO partners will implement advocacy and sensitization activities at the community level through stakeholders' and community group meetings in collaboration with Pathfinder.

HCT services will be provided for all TB suspects/patients and pediatric counseling shall be encouraged. All HCT clients will be screened for TB using standard questionnaires and referrals made as appropriate for TB diagnosis and treatment based on scores. Patients attending STI clinics will have access to HCT while HCT clients will be screened for STIs using a standard questionnaire and referrals made as appropriate. Patients who are positive will be linked to ART services.

Manpower for the HCT services shall be drawn as much as possible from the beneficiary community using a participatory approach. Selection shall be based on experience and possible prior training on HCT service provision. Technical capacity and training shall be made available from the pool of nationally-qualified HCT consultants. The project will provide technical training on HCT to sixteen (16) persons (retired nurses, teachers, Civil Service Organization staff, laboratory technicians and lay counselors) using the National HCT training curriculum. They will form the 'Mobile HCT team' to provide HCT services. Technical training will include the following key elements: confidential HCT protocols including obtaining consent, risk assessment, risk reduction negotiation, and referrals; collection of HCT data and use of national registers; HIV testing using rapid test algorithms and supply management for HIV test kits. Counselors will also be trained in couple HIV counseling and testing (CHCT) following standard protocols and procedures as a means of reducing HIV transmission in serodiscordant couples and partners.

HIV rapid test kits (RTKs) will be procured using the USG supply chain management system. RTKs and other consumables will be stored in the Pathfinder storeroom and distributed to the sites based on projected needs using a proper inventory tracking system by designated staff.

In collaboration with the health facility management, Pathfinder will ensure appropriate medical waste management and disposal.

Pathfinder will conduct External Quality Assurance (EQA) activities for HIV rapid testing in collaboration with other PEPFAR supported laboratories which will be used as a reference laboratory for quarterly proficiency testing. Testing and retesting of blood samples will be conducted by trained counselors with support from facility laboratory staff. Quality control in testing will be instituted daily by trained counselors. Quality evaluation in counseling will be conducted using quality assurance tools in counseling such as client exit interview forms to assess client satisfaction, counselor reflection forms, supportive supervision by trained counselor supervisors, regular monthly counselors' meetings and mystery client visits.

Referral networks will be set up to ensure linkages of HIV positive clients to treatment and care services including referrals to support groups of PLWHAs in the community. For PEP, Pathfinder will refer affected individuals to comprehensive health facility for further management.

Activity Narrative: Contribution to overall Program Area:

This activity supports the national HCT scale-up plan by promoting the accessibility of HCT services using an FMOH approved curriculum and procedures. Pathfinder will provide services to 3,000 clients who will be counseled, tested, and receive their results. HCT will further contribute to the national goal of universal access to treatment. In addition, it will accomplish community participation. Pathfinder HCT services will enable the identification of HIV positive individuals to be linked directly to treatment, care and support.

Link to other Activities

This activity is related to activities in PMTCT and strategic information. Linkage to treatment, care and support services shall be strengthened within and across programs within and between other implementing partners using standard referral mechanisms.

Population Targeted

Pathfinder will target the general population and most at risk persons.

Legislative Issues:

Owing to increased stigma and discrimination in HIV /AIDS related issues, this activity will contribute directly to stigma reduction associated with PLWHA.

Emphasis Area

Emphasis will be on capacity building of local counselors. Other areas of emphasis will include community mobilization and participation along with building networks, linkages and referral systems.

Monitoring and Evaluation:

Regular programmatic supervisory visits and monitoring and evaluation (M&E) for this component will be to ensure a smooth and seamless strategy that ensures quality facility and community-based services and activities across the entire project. It will also ensure that data collection, collation and use continue to direct implementation and fulfill project requirements.

Mobile teams will be given data registers and the Pathfinder project focal person will monitor and supervise data entry to ensure accuracy and discuss results. Ongoing supervision by the Pathfinder focal person and community based organizations/non-governmental organizations (CBOs/NGOs) will ensure that trained HCT staff are adhering to the national procedures and protocols. Pathfinder will adopt the use of the national monitoring and evaluation tools to ensure standardized data capturing and reporting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21694

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21694	21694.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	9405	9405.08		\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,316

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9401.09	Mechanism: HHS/CDC Track 2.0 PFD
Prime Partner: Partners for Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21692.26813.09	Planned Funds: \$25,000
Activity System ID: 26813	

Activity Narrative: THIS ACTIVITY IS UNCHANGED.

In COP08, Partners for Development (PFD) will work collaboratively with their sub-grantee, the faith-based organization (FBO) Daughters of Charity (DC), to provide HIV Counseling and Testing (HCT) services organized from two project sites: 1) Assumption Clinic in Warri, Delta State and 2) Catholic HTC/primary health care facility in Ikot Ekpene, Akwa Ibom State to implement activities under the "Counseling, Care and Antiretroviral Mentoring Program" or CAMP, the name of PFD's CDC-funded project. The counseling/testing target for COP08 was 7,500 persons. In COP09 the PFD HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities.

In COP09 the HCT target will be 2,500, and will be of the facility-based, opt-out model with mobile testing targeted to family members of HIV-positive persons and most at risk persons (MARPs) as a prevention component (unemployed youth). Persons seeking medical assistance for STIs and TB at either of the two sites will be offered opt-out HCT as well as women coming for antenatal care. To the extent possible, tests will be client witnessed; results will be delivered the same day. All clients will receive both pre and posttest counseling and receive their results. PFD will train 25 people to provide testing/counseling. 50% of those will be nurses or other health care staff employed at DC facilities. Community based organization (CBO) volunteers or community health extension workers (CHEWS) trained out of these number will do community outreach testing.

HCT services will be provided by trained counselors using the national testing algorithm and opt-out approach in accordance with the national HCT guideline. Counseling and information, education and communication (IEC) materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC). In addition, IEC materials will include information promoting couple counseling and counselors will be trained on couple HIV counseling and testing (CHCT). Discordant couples will receive a package of services including safer sex behavior messages, condoms and information targeting both positive and negative partners. This activity will be linked to PwP (prevention with positives) as detailed in the prevention narrative. Client witnessed testing will be carried out to encourage client confidence in the result.

Before getting tested, each person will participate in a counseling session conducted by one of the CAMP counselors. This local-language counseling session is comprised of general HIV/AIDS awareness, information about the procedure and potential treatment options should the person test positive. Post-test counseling for negative clients will focus on prevention using a balanced ABC approach, and partner testing will be encouraged. Based on risk assessment, a follow-up testing interval will be recommended. Post-test counseling for positive clients will include PwP counseling which also includes balanced ABC messaging as appropriate. Counselors are trained in CHCT to support disclosure to spouses and sexual partners while addressing potential negative consequences of such disclosure. PLWHA treatment support specialists are employed at ART treatment sites to ease the referral and linkages for newly diagnosed clients. Newly identified HIV-positive clients at free standing or community-based HCT centers will be linked to HIV care centers in the network.

CAMP clinical activities are supplemented by a network of community groups that are coordinated at the LGA level through meetings that include Parish Action Committees (PACS), as well as other CBOs devoted to care/support for People Living with HIV/AIDS (PLWHA). Counseling and referral services that accompany the testing will link participants to appropriate support. In the CAMP project, clinics in Warri and Uyo will offer counseling and HIV rapid testing for clinic clients and individuals in the catchment area. These will be supplemented with HCT done through mobile facilities where counselors may range from CBO volunteers to staff of primary health posts that receive training under this program. All counselors will be trained by CAMP program officers in effective interpersonal counseling and communication, as well as confidentiality. The clinic will allow couples to make joint testing appointments and will promote this option through community activities and the Preventing Mother-To-Child Transmission (PMTCT) center. As individuals may come long distances to get tested at a CAMP site far from their home community out of concerns about maintaining anonymity, CAMP sites will have a list of referral centers in their state that can provide services and antiretroviral (ARV) treatment closer to their home, if so desired. CAMP staff will also aid patients in effectively making use of the services at the health center within the same day so that newly diagnosed PLWHA will have a sense of empowerment in taking the first steps to managing their treatment and care.

Contribution to overall program area

PFD/DC's HCT activities will contribute toward the overall goals of preventing and the wider goal of providing care as new HIV-positive persons are identified and enrolled into services.

Target population

Patients presenting with conditions that indicate higher HIV risk will be primarily the target under this component (pregnant women, TB/STI patients) who will be offered opt-out testing as a matter of course in the facility. Mobile testing will be offered to family members of HIV-positive patients and to the MARP group targeted under the prevention component – that of unemployed youth. Mobile HCT units will accompany awareness events for that target group on a regular basis.

Links to other activities

The PFD HCT program will be linked to sexual prevention strategies (abstinence and be faithful (AB)), as outreach will focus on prevention education with targeted HCT activities for MARPs. In addition, positive clients are referred into basic care & support, and OVC services. Strategic Information programs will support data capture and facilitate feedback for further programming. The HCT program will strengthen the HIV prevention and palliative care programs in two states and improve utilization of care and treatment services. All clients will receive age appropriate sexual prevention messages. Newly diagnosed clients with HIV will be referred into basic care and treatment and or PMTCT as well as support groups as appropriate,

Activity Narrative: and referral networks would be set up to ensure these linkages are activated and maintained.

Key legislative issues

Coordination meetings held at the LGA level with representation from the local government assists in keeping local governments updated on the scope of the epidemic in their area and make them better advocates for strengthening gaps at the state level and identifying ethical/legal issues related to testing that are hindering access. CAMP staff will supplement these meetings with quarterly state level task force meetings to explore ways to achieve greater economies of scale and harmonization of approaches.

Emphasis areas

Major emphasis will be on increasing capacity of counseling and testing staff to deliver high quality and consistent services. 14 counselors will be trained to do pre/post test counseling – 7 for mobile testing drawn from CBO volunteers and 7 facility-based staff who will receive more extensive training on CHCT, particularly those staff involved in prenatal health education. Training of testing personnel will be according to WHO/CDC HIV Testing training package and will be given to counselors, nurses, and CHEWS.

Monitoring and Evaluation

Numbers tested under this activity, including numbers who tested positive, will be collected by CAMP project management as will the tracking of follow-up referrals provided for those who identified as HIV-positive. On a quarterly basis, a representative number of randomly selected blood samples (5 negative and 10 positive) will be sent to an identified reference laboratory for external quality assurance. Testing sites will be monitored to ensure proper waste disposal and proficiency of counselors and testing personnel. The quality assurance (QA) strategy for counseling will include, among others: client exit interview forms to assess client satisfaction, counselor reflection forms, supportive supervision of counselors by trained counselor supervisor, mystery client visits, and regular monthly meetings by counselors/testers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21692

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21692	21692.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$150,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,555

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2768.09

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5550.28550.09

Activity System ID: 28550

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$120,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, ICAP supported HIV counseling and testing (HCT) at 52 sites including 27 secondary hospitals, 20 primary health centers and 5 non-hospital facilities (five stand-alone voluntary counseling and testing (VCT) centers) in six states of Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi. In COP09, this support will be streamlined to focus on most at risk populations in selected sites within the six states. In COP09, ICAP will provide HIV counseling and testing services in a total of 55 HCT sites (30 secondary hospitals, 20 primary health centers and 5 non-hospital facilities (i.e., five stand-alone VCT centers) in six states Benue, Kaduna, Cross River, Akwa Ibom, Gombe and Kogi. Included within the non-hospital facilities are linkages to health facilities. At least 12,000 most at risk individuals will receive counseling and testing (in a non-TB/non-PMTCT setting) and receive their results. ICAP's HCT support has 5 themes: supporting provider-initiated opt-out HIV testing (PITC) in all health care facilities, including TB DOTS sites; providing HCT services throughout health care facilities by strengthening point of service (POS) testing in both inpatient and outpatient settings; expanding access to HCT centers; strengthening opt-out HCT in the ANC setting; and promoting case-finding via the family-focused approach to HIV/AIDS diagnosis, care, and treatment. Additionally, ICAP will work with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities.

ICAP will ensure quality HCT services through the implementation of training courses for staff and volunteers. In FY08, 350 individuals, including health care providers and laboratory staff at the facility and community levels, were trained to provide services in over 50 HCT outlets in the six states. In COP09, ICAP will support HCT training using the National HCT training curriculum, and will provide ongoing mentoring to enhance the skills of at least 125 providers. Counselors will have access to couples HIV counseling and testing (CHCT) training to improve their skills to provide adequate couples counseling and testing following the best practices protocol in all supported sites. HCT refresher trainings will be provided to site health care providers as needed. In addition to the HCT specific training, ICAP will also provide trainings to improve monitoring and evaluation.

Innovative approaches will be instituted to effectively reach and focus on the most at risk populations. A risk assessment checklist will be developed and introduced as part of counseling tools to identify most at risk persons presenting in facilities. ICAP will support selected local nongovernmental organizations to partner with NYSC-trained peer educators in selected sites to reach the student population (especially at tertiary institutions around each region). Existing youth-friendly centers in supported states will be strengthened to provide information (written, audio-visuals) on HCT to young people in and out of school, following the standardized consent procedures where necessary. ICAP will work to provide training of Youth Corp Volunteers as lay counselors for HCT services through community outreach programs which could easily serve as their required community development activity and provide a much needed service. ICAP will maintain access to HCT outreach to high risk communities in already established sites – long distance truck drivers' parks in Benue State and Ogoja prison. ICAP-CU will collaborate with outreach teams from nongovernmental and faith based organizations to ensure regular outreach to communities, churches and mosques to promote HCT. ICAP will continue to support the use of multidisciplinary teams including lay counselors where appropriate.

The national 'Heart to Heart' logo will be used at HCT sites for integration with national branding of HIV testing services. ICAP will support community-level HCT services through identified community and faith based organization (CBO/FBO) outreach initiatives, targeting mainly most-at-risk-populations and further strengthening the network of HCT available to the community. ICAP will ensure that secondary and primary healthcare facilities are key partners in these networks. Referral linkages will be strengthened between HCT services at smaller primary health care (PHC) facilities and care and treatment services at bigger PHC or comprehensive sites. ICAP will encourage the single sitting approach at all supported facilities and develop standard operating procedures (SOP) for mobile HCT and make them available to mobile service providers. Independent HCT centers will be established at sites closest to MARPs to provide client-initiated HCT.

At all health facilities, an "open access" approach will be promoted to ensure that HCT is available to all patients utilizing a facility. ICAP will foster linkages of HCT services to treatment, care and support services within and across programs and between other implementing partners using standard referral tools, ensuring quality implementation of HCT data management and reporting systems. HCT services will promote couples counseling and testing at the service outlets with a special emphasis on HCT for discordant couples. In addition, post-test counseling resources, such as support groups and peer educators, will support disclosure when appropriate and address the special issues facing discordant couples. Post-test counseling for HIV-negative patients will emphasize primary prevention; that for HIV-infected patients will focus on appropriate prevention with positives (PwP) messages to reduce risk of HIV transmission from HIV-positive individuals. Post-test counseling for clients shall include appropriately balanced messaging, including abstinence, be faithful, and information on correct and consistent condom use. Male and female condom distribution will be supported by ICAP and implemented by CBO partners. Condoms will be supplied by the Society for Family Health (SFH) and distributed to CBOs for use in condom education activities. IEC materials on HCT and prevention messaging will be available to all clients.

Laboratory QA will be provided by ICAP laboratory advisors to ensure quality HIV testing. HIV testing will be conducted using the new National serial testing algorithm. ICAP will continue to store test kits centrally in a secure warehouse in Abuja and distribute to sites as needed. Technical assistance will be given to sites to ensure appropriate storage, record keeping and forecasting. ICAP will work closely with the SCMS mechanisms in country to procure equipment and supplies for its supported HCT sites and to participate in the GON-led harmonization process of logistics management information systems in Nigeria. ICAP will work closely with the federal and state governments through the federal and state ministries of health, NACA and SACAs in the six states to enable them provide HCT support across health facilities. ICAP will partner with states with free maternal child health (MCH) policies to provide technical assistance for HCT services for pregnant women. ICAP will also explore partnership with the Global Fund supported health facilities to ensure service linkage and promote quality of counseling and testing services.

Activity Narrative: CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to the overall COP09 maintenance plans by enabling 30 secondary hospitals and 25 non-hospital facilities in six states (a total of 55 service outlets) to provide access to HCT services to at least 12,000 most at risk persons who will also receive their results. HIV-positive clients will be provided with access to care and treatment, including ART when needed. 125 individuals, including health care providers and laboratory staff at facility and community levels, will be trained and retrained to provide services. ICAP will continue to support and participate in the harmonization process led by the GON with regard to Global Fund, logistics management information systems and Inventory Control System (ICS) for test kits and other related service delivery issues.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in care and treatment, TB/HIV, OVC, HCT, and PMTCT. The HCT activities in the sites supported by ICAP will encourage the enrollment of patients and family members into care through multiple entry points. ICAP will also support community HCT linked to the hospital networks, enabling referral of HIV positive clients to the hospitals to access care and treatment as appropriate.

POPULATIONS BEING TARGETED:

This activity targets the most at risk populations such as women in the reproductive age group, young people, truck drivers, who are mostly male and sex workers; ICAP will promote pediatric and family testing to family and household members of HIV-positive clients using a family focused approach at multiple entry points. Community based and faith based organizations/facilities will be targeted for training to provide HCT to increase access in non-clinical settings to most at risk groups.

EMPHASIS AREAS:

Emphasis areas include human capacity development, increasing gender equity in HIV/AIDS programs, local organization capacity building and SI. As part of its human capacity development and sustainability efforts, HCT refresher trainings will be conducted for facility-based service providers. Site HCT focal persons will receive HCT supervision training to help oversee activities. ICAP will also support consistent and regular monitoring and onsite mentoring at all sites to ensure sustainability and maintenance of quality services. ICAP will support HCT activities targeted at increasing male enrollment. Lay persons will be trained in rapid HIV testing and counseling to increase access to more clients. Activities will also focus on using gender transformative approaches through counseling, behavior change communication and other program interventions to address and deliberately include women and men in activities that query gender norms and masculinity, especially as it relates to reproductive health and HIV/AIDS. Health and other related care provider trainings will include gender transformative skills training to enable them identify and implement gender relational activities that will focus on integrating and engaging men and boys with efforts to empower women and girls. For sustainability and maintenance of quality data collection, reporting, and reviewing, ICAP will continue to build the capacity of state and site staff in quality data collection, program monitoring and evaluation. ICAP will also support the capacity building and use of community volunteers for different aspects of data collection. The quality of counseling at points of service, especially post-test counseling, will be monitored. Close supervision and monitoring will check for adherence to protocols and strengthen referral linkages from HCT. The training and quality of HCT provided by TB health providers at TB sites will be monitored and strengthened.

ICAP will also support improving the capacities of Local Government Areas (LGA) and state monitoring and evaluation (M&E) focal persons to effectively revitalize the information management systems across the different service delivery levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13028

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13028	5550.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$1,710,000
6695	5550.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$756,667
5550	5550.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$410,000

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1561.09

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 6816.25978.09

Activity System ID: 25978

Mechanism: HHS/CDC Track 2.0 Agency Funding

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$160,192

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is a continuation from COP08. This HCT activity relates directly to all Nigeria HCT COP09 activities (see references in narrative below).

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has one full time Program Specialist staff position for HCT, approved and hired under COP07 authority and funding. The budget includes funding for one FTE FSN salary, funding for (limited) international and required domestic travel, for training and for minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP). This staff member is supervised by a Senior Clinical Services Manager across all Care and Treatment program areas.

The HHS/CDC HCT staff member will work in close coordination with the USAID HCT staff. They will be responsible for providing strategic leadership and technical support to the Government of Nigeria as well as to USG (CDC, USAID and DoD) partners, including: University of Maryland-ACTION, Harvard School of Public Health, AIDSRelief, Columbia University School of Public Health-ICAP, Africare, IFESH, ECEWS, Vanderbilt University, APIN LTD, URC, Pro Health, Partners for Development, Pathfinder, Population Council, Johns Hopkins University/Jhpiego, Dept of Defense, and USAID implementing partners funded to conduct HCT activities.

The HCT team, working with the wider PEPFAR HCT team, with Government of Nigeria and with Implementing Partner counterparts, provides oversight, supervision, capacity-building, technical assistance and leadership for the TB/HIV interventions and services. HHS/CDC and USAID HCT staff will provide technical support and capacity development to new partners undertaking HCT activities, including HCT in TB/HIV DOTS sites and through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigerian National HCT guidelines and training manuals. It is estimated that the HCT staff under this activity will provide monitoring and support to at least 24 implementing partners in nearly 700 HCT sites in COP09.

The team's responsibilities include: 1) representing the USG in technical discussions with the GON, particularly with the National HCT Technical Working Group, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with OGAC technical working groups, and 4) interfacing with the USG HCT Technical Working Group including USG-supported IPs. The USG HCT team will work with partners and GON to strategically focus PEPFAR resources in HCT to Most At Risk Populations (MARPs) using evidence-based data from partners and from most recent surveillance activities. They will work with GON to identify ways to continue to increase harmonization of PEPFAR resources with GON resources, such as the utilization of HIV test kits procured by GON by PEPFAR IPs and within PEPFAR-supported sites. They will also coordinate USG HCT activities with other key HCT initiatives such as the Global Fund Against HIV/AIDS, TB, and Malaria and the National HIV Counseling and Testing Week.

CDC will also facilitate the clearance process of USG test kits and supplies entering Nigeria through diplomatic shipments for PEPFAR implementing partners.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13140

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13140	6816.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$120,000
6816	6816.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$100,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3689.09 **Mechanism:** USAID Track 2.0 CRS 7D TBD

Prime Partner: Catholic Relief Services **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing

Budget Code: HVCT **Program Budget Code:** 14

Activity ID: 5422.24871.09

Planned Funds: \$105,000

Activity System ID: 24871

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HIV counseling and testing (HCT) strategies for COP09 will be to lay emphasis on providing HCT services in the following testing models: home-based counseling and testing of family members of PLWHA, provider initiated testing and counseling (PITC), and specific most at risk populations (MARPS) (long distance truck drivers, in and out of school youths and OVCs), linking those found to be HIV-positive to care, treatment and other appropriate services. In COP08, nutrition training was done for Diocesan partners and PMTCT sites; in COP09 this trainings will be used by partner sites using fortified nutritional supplements provided by Clinton Foundation to leverage access to pediatric HCT. HCT activities in mobile and outreach models of testing will be reduced.

In COP09, CRS 7D will collaborate with Aids Relief (AR) in a wraparound nutrition program to provide pediatric HCT for identified malnourished children in addition to access to fortified nutritional supplements provided by Clinton Foundation. Such malnourished children identified to be HIV-positive will be linked to basic care and support within the CRS 7D program and referred for ARV services in co-located AR-supported sites, government of Nigeria (GON) ART programs, or other implementing partners' (IP) programs. CRS 7D and its sub-partners will focus provision of HCT services primarily in 5 parishes per diocese through a household approach to testing family members of PLWHA and other parish sites, primary healthcare centers (PHCs) and private hospitals within each diocese. The number of service outlets will be reduced from 135 to 130 by merging 10 contiguous sites into 5 testing sites. Thus support will be provided to HCT sites in 59 PHCs, 68 stand-alone, and 3 private health facilities. In COP09 HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services.

Refresher training will be conducted for 185 service providers using the GON nationally approved HCT curriculum and adapted WHO/CDC HCT curriculum: 130 will be Parish AIDS Volunteers (PAVs) from 130 testing sites, 39 will be Diocesan staff from 13 partner arch dioceses and 16 PMTCT sites. The trainings will focus mainly on HCT services, medical waste disposal and quality assurance. The refresher training will be conducted over a period of 3 days and follow up monitoring will be done regularly by CRS 7D program managers through on-the-spot assessments and mentoring. In COP09, 7D HCT services will be linked to basic care and support (BC&S) to continue to integrate home-based HCT into care and support activities in households.

COP09 ACTIVITY DESCRIPTION:

The CRS Seven Diocese Project will provide HCT in stand-alone, mobile, health facility-based and household settings. Service promotion of HCT activities will continue by including the national "Heart to Heart" logo on sign posts at all 7D-supported HCT sites. The HCT will be provided within the Catholic Church's health facilities, parishes and in the clients' households during the home-based care (HBC) activities conducted by trained PAVs. The health facilities in service areas will be supported in providing routine HCT through Provider Initiated Testing and Counseling (PITC) for expanded reach of inpatients and outpatients. The requested funding will be used primarily to provide technical assistance to sites, support the procurement of associated medical supplies (exclusive of test kits), the provision of various HCT services, training of staff, and quality assurance and strengthening of post-test counseling services offered to clients.

The procurement of test kits will be through the USG-SCMS supply chain mechanism. In COP08, by collaboration with SCMS, supply chain staff of CRS 7D was trained in forecasting and ARV Access Supply Chain Management. Any additional testing may be done using leveraged test kits from GON, Global Fund, and/or the facilities. CRS will distribute the rapid test kits (RTKs) to partners according to partner-developed testing forecasts based on these trainings. The kits and associated commodities will be replenished based on forecasted targets. Partners will be supported by CRS program managers, CRS health supply chain specialists and other technical staff to manage the inventory of test kits and associated commodities. The test kits shall be consistent with the GON approved testing algorithm. CRS will continue to support and participate in the harmonization process led by GON with regard to management information systems, ICS (Inventory Control Systems) and HCT for non-laboratory staff. CRS will work through the HCT TWG to leverage RTKs procured by GON. The leveraged RTKs will be used to strive for universal access to HCT for the communities served and to contribute to reaching national testing targets.

The GON-approved serial testing algorithm will be used for all testing. To provide technical support in this program, external quality assurance and technical assistance on internal quality controls will be provided by laboratory scientists identified through linkages with standard USG-supported laboratories to the partner dioceses. Couple counseling and testing services shall be continued in collaboration with the BC&S, Abstinence/Be Faithful (AB), and PMTCT program areas. Pediatric HCT will be increased with access to the pediatric clients through CRS OVC program, children of individuals with HIV and PMTCT clients. In some 7D-supported PMTCT sites, blood donors will continue to benefit from HCT services. HIV-positive clients will be linked to basic care and support services in 7D and referred for ARV services in co-located AR-supported sites, GON treatment programs, or other IP-supported sites.

In COP09, CRS 7D mobile HCT services will be strategized to reach MARPS, especially long distance drivers at motor parks, in school and out-of-school youths, and OVC in each service area. Post-test counseling will include counseling on AB and other prevention strategies. Formation and management of post-test clubs, development of post-test prevention information packages, materials and curriculum development for prevention activities as part of post-test counseling will link the AB program area to HCT. CRS will provide accurate and correct information about condoms and referrals to other IPs for those who choose the option. 7D will work with the USG technical team to develop appropriate curricula and adapt post test information packages. Post-Test Clubs and Support Groups of People Living with HIV/AIDS (SGP+) will carry out continuous counseling to encourage individuals to disclose their status to partners and family members. When necessary, individuals encountering difficulties with disclosure will be referred for spiritual and psychosocial counseling for added support which will be provided by parish priests.

Activity Narrative: Refresher training will be conducted for 185 people using the GON nationally approved HCT curriculum and adapted WHO/CDC HCT curriculum: 130 will be PAVs from 130 testing sites, 39 will be Diocesan staff from 13 partner arch dioceses; and 16 from PMTCT sites. The training will focus on HCT services, medical waste disposal and quality assurance. The refresher training will be conducted over a period of 3 days and follow-up monitoring will be done regularly by CRS program managers through on-the-spot assessments and mentoring. Counselor supervisor HCT training will be conducted in collaboration with AR and other IPs by adapting the National HCT Training Curriculum. Refresher training of counselors in couples counseling and testing (CCT) will be done in collaboration with USAID/CDC and other IPs and ensure step down to all partner sites to mitigate the challenges of discordant couples counseling.

Monitoring and Evaluation (M&E) of HCT activities will be on a monthly basis by arch diocesan staff, primarily the HCT coordinator, referral coordinator, M&E officer and CRS program managers. Internal quality control will be done through working with identified standard USG-supported laboratories using samples of test kits supplied on a monthly basis for quality control purposes in determining and guaranteeing the potency of test kits used. As part of HCT monitoring and supervision, quarterly proficiency testing of community testers in the presence of DACA or CRS staff will be done. This will ensure that correct results are delivered to people who are tested. Data collection will continue to be done using the national HCT registers and worksheets. In COP09 quality improvements will be achieved by using the GON client intake forms with standardized questionnaires for TB and STI screening.

Activities will include direct support to 130 service outlets to provide HCT according to GON guidelines. Diocesan staff will support HCT services in 9 states, Kogi, Benue, Plateau, Nassarawa, Niger, Kaduna, Edo, Cross River, Lagos states, plus the FCT. 10,500 individuals, 10% (1,050) of which will be pediatric clients, will be counseled and tested for HIV and will receive their test results. Other targets will include provision of HCT in households by PAVs through the BC&S component of the 7D project by leveraging funding. Training, capacity building, and working within existing church structures lay the foundation for sustainable programming.

In COP08, CRS 7D Project provided training for partners in collaboration with MMIS/JSI, and in COP09 will continue to provide access to safe injections and biomedical waste management in all sites where HCT services are made available; in stand-alone, mobile, health facility-based and household settings. The requested funding will be used to support the procurement of injection safety commodities and health care waste management commodities (e.g., rubber gloves, face masks, waste handlers' overalls, reporting forms, disposable gloves, medical waste bags, bin liners, and cost of linkages to incinerators or construction of "burn and bury" sites), training of staff in safe injection practices, and biomedical waste management. The procurement of injection safety commodities will be through MMIS/JSI and other institutions providing such commodities when necessary. The other related biomedical waste commodities will be sourced locally. CRS will distribute the injection safety commodities and sharps bins to partners according to partner-developed projections while other commodities will be procured directly. The injection safety commodities will be replenished periodically.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The HCT services will contribute towards the National HCT goal and universal access to HCT services. In addition HCT has been shown to be an important entry point of access to prevention, care, and treatment services. This project will strengthen testing, psychosocial and spiritual support services. 7D will continue to support post-test clubs at the parishes which will decrease stigma and discrimination experienced by PLWHA. In addition, it will feed into care and treatment services that further refer HIV positive individuals to comprehensive care and support services being provided by CRS and other PEPFAR IPs.

LINKS TO OTHER ACTIVITIES:

Linkages exist between HCT and adult and pediatric care and treatment, PMTCT, OVC and AB. 7D aims to continue to strengthen linkages between HCT services and PMTCT as well as OVC specifically. Adults who undertake a test will be invited to become volunteers and/or post-test club members. Youths who undertake a test will be invited to become active members of the Abstinence Diocesan Youth Groups, as well as referred to OVC services, if positive. Adults testing positive will also be referred to post-test clubs, SGP+ (Support Groups for Positives), PMTCT (for pregnant women), and to co-located AR ART centers, GON hospitals and other IP-supported sites for ART services. Youth testing positive will be linked to pediatric care and treatment as well as OVC services.

POPULATIONS BEING TARGETED:

This activity will target adults and youths accessing health care services, in and out of places of work, in and out of institutions of learning, HIV/AIDS affected families, intending couples (for pre-marital CCT), Faith-Based Organizations, private health care facilities, healthcare workers, and mobile populations such as traders and long distance drivers. The 90 Parish communities with stand alone HCT centers target the most at risk of the general population which includes: long-distance truck drivers, out-of-school youth, and orphans and vulnerable children. HCT centers are designed as places that will bring all members of the community together in order to provide services to and reduce HIV/AIDS-related stigma in communities.

KEY LEGISLATIVE ISSUES ADDRESSED:

Stigma and discrimination against PLWHA will be addressed through PACA and community mobilization. Post-test clubs will be designed to decrease stigma in the local communities. Issues of stigma and discrimination will also be addressed such as assisting in the provision of legal services to deal with inheritance issues.

EMPHASIS AREAS:

The Parish stand alone HCT centers will primarily focus on development of network/linkages/referral systems, with the following minor focus areas, which include training, community mobilization/participation and commodity procurement. Focus on provision of HCT services will be primarily in 5 parishes per diocese through a household approach to testing family members of PLWHA and specific MARPS by mobile outreaches. PITC will be provided in PHCs, private hospitals and in some 7D PMTCT sites within

Activity Narrative: each diocese for clients accessing health services and linking those found positive to care, treatment and other appropriate HIV/AIDS services.

In COP09, CRS 7D will collaborate with ARin a wraparound nutrition program to provide pediatric HCT for identified malnourished children and also provide access to fortified nutritional supplements provided by Clinton Foundation. Such malnourished children identified to be HIV positive will be linked to basic care and support within the CRS 7D program and referred for ARV services in co-located AR-supported sites, GON health facilities and other IP-supported sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13008

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13008	5422.08	U.S. Agency for International Development	Catholic Relief Services	6366	3689.08	USAID Track 2.0 CRS 7D	\$365,000
6687	5422.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$365,000
5422	5422.06	U.S. Agency for International Development	Catholic Relief Services	3689	3689.06	7 Dioceses	\$365,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$44,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9407.09

Mechanism: USAID Track 2.0 AED Workplace

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 21681.24885.09

Planned Funds: \$90,000

Activity System ID: 24885

Activity Narrative: THIS ACTIVITY IS UNCHANGED FROM COP08.

ACTIVITY DESCRIPTION:

As a result of funding constraints, HCT strategies for COP09 emphasize provision of HCT services for individuals most in need of HIV counseling and testing and linking those found positive to care, treatment and other appropriate HIV/AIDS services. AED/SMARTWork HCT activity will further efforts to increase the uptake and accessibility of high quality workplace HCT services and referral to care and treatment under Nigeria's national testing protocols. The focus is to provide HCT services for the Nigerian labor force and their families. However, one of the challenges of offering counseling and support services is the lack of skilled counselors in most workplace programs. Based on SMARTWork experience to date, the demand for HCT has exceeded availability. AED will continue to provide critical services where gaps currently exist. In addition to maintaining HCT sites, labor unions will also mobilize their members to access HCT provided by SMARTWork mobile testing units. In order to expand services, the package will include the provision of quality HCT services with follow-up support, counseling and a referral network for care including ART. AED/SMARTWork will work with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services. Major emphasis areas are capacity building, infrastructural development, training and mobilization for HCT in workplaces and its vicinity. Others are commodity procurement, community mobilization, monitoring, networking and referral linkages.

Depending on the sites, Voluntary Counseling and Testing (Pre- and Post-test Counseling) Model and the HIV Rapid Testing Algorithm will be implemented. The HCT program will be implemented in collaboration with Nigerian Business Coalition Against AIDS (NIBUCCA) and 5 labor unions (National Union of Chemical Footwear, Rubber, Leather and Non-Metallic Products (NUCFRLANMP), National Union of Petroleum and Natural Gas (NUPENG) Workers, National Union of Road Transport Workers (NURTW), Lagos, National Union of Textile, Garment and Tailoring Workers of Nigeria (NUTGTWN) and Senior Staff Association of Nigerian Universities (SSANU)). AED and NIBUCCA will jointly manage and directly implement the HCT component of the project while the unions will mobilize workers to access the services.

AED will work jointly with NIBUCAA to establish and maintain 2 operational high quality HCT integrated-fixed sites and 2 stand-alone sites to provide services to workers and family members. A mobile team will also be established to complement the efforts of the fixed sites in areas where workers cannot access the fixed sites. This will bring the number of sites supported under the project to 11 (7 integrated, 3 stand-alone and 1 mobile). The service sites will be located in the following states- Kaduna, Gombe, Plateau, Rivers, Lagos and Enugu based on geo-political zones. The integrated sites will be in public and private hospitals being patronized by workers and their family members. Also, in collaboration with the 5 labor unions, HCT services will be provided in the following states: Anambra, Bauchi, Benue, Cross River, Delta, Edo, Enugu, Federal Capital Territory, Gombe, Kaduna, Lagos, Ogun, Oyo, Plateau, and Rivers. The project's target in COP09 is 9,004 workers for counseling and testing, including results being given. Additionally, AED will further assist in tracking the enrollment of positive workers and family members into care through multiple entry points.

In order to leverage resources, reduce costs and time management, training of staff/volunteers will be consolidated to reach many more individuals needing training and capacity building activities. AED will train 30 medical personnel (nurses, counselors, laboratory technicians and social workers) under the new HCT guidelines in Nigeria. The training will be conducted using the National Protocol on HCT training Curriculum and the WHO/CDC HIV Rapid Test Training Package. The training will include HCT counseling training and HIV laboratory testing. AED will also train 30 selected nominated union members drawn from the 12 states as HIV/AIDS Mobilization Agents (HMA) responsible for the mobilization of union members for VCT uptake. The training of the HMA will last 3 days where they shall be equipped with knowledge on mobilization and appropriate strategies to reduce stigma and discrimination against PLWHA.

To ensure greater uptake of care, support services, development and use of solid referral networks, AED-SMARTWork will establish or strengthen referral, counter referral and linkages between enterprise service sites, public health facilities and other CBOs providing HIV/AIDS-related prevention, care and support services. This will include creating links with other PEPFAR projects and interventions for PMTCT, prevention and treatment of TB and STIs, family planning and other services. Additional linkages will be established with HBC and OVC support groups to promote testing among persons with HIV-related illnesses and members of their households. This networking will include but not be limited to the following: GHAIN for effective provision of quality HCT services; Society for Family Health on condom supply logistic and distribution activities; CEDPA on palliative care, OVC and PMTCT; John Snow International/MMIS on safe injection techniques; and Columbia University ICAP program on a potential collaboration to support capacity building initiative for HIV prevention, care and treatment, including infrastructure improvement and training programs for health care sites. AED will continue to collaborate with NACA, NASCP and SACAs in the states of operation. Networking will be maintained with private hospitals, company clinics and other public and private structures through which the workers and their family members could be reached with HCT services and referrals.

AED will conduct routine onsite mentoring and quarterly monitoring and site assessment to ensure that standards are being maintained. In addition, ELISA testing will be done on every 20th Client (5%) for quality control.

To systematically assess progress in the HCT activities, AED will utilize the National HCT M&E and data collection tools managed by NASCP. The forms will continue to be distributed to and used at the HCT sites and by the mobile teams. The overall program data will be linked to the Nigeria National Response Information Management System (NNRIMS) managed by NACA.

The project will continue to maintain its established relationship with JSI/Supply Chain Management System (SCMS) for the procurement and supply of test kits to the HCT sites. AED will work with SCMS to determine and order for appropriate quantity of supplies to be procured and supplied to the HCT sites. HCT partners

Activity Narrative: will ensure appropriate medical waste management and disposal by close collaboration with the Biomedical Prevention Team and the states' Waste Management Agencies (e.g. Lagos State Waste Management Agency) for the supply of sharp boxes and color-coded plastic bags for sorting of medical (infectious) waste at service points.

Service promotion strategies will include branding of HCT facilities and mobile units with the national "Heart to Heart" logo. The logo will also be reflected in the production of IEC materials which will be distributed at workshops, seminars, company-level meetings, participation in special events such as World AIDS Day Campaign, Workers' Day and integration of preventive messages into company newsletters. AED will continue to work with NASCP in achieving a proper branding of the HCT intervention within the national promotion strategies. The service promotion will utilize multiple channels and will include mobilization of union members directly by the unions, mobilization of workers and family members of the SMEs and coordination of special events as well as the PEs' activities in the unions and companies.

For effective technical guidance, AED will continue to collaborate with the GON agencies and the HCT Technical Working Group. AED will attend all the TWG technical sessions so that coordination of the program will be in line with the strategies and direction of PEPFAR. The HCT program will be coordinated primarily by the HCT officer in collaboration with other technical staff in the AED team and under the supervision of the Country Director.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21681

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21681	21681.08	U.S. Agency for International Development	Academy for Educational Development	9407	9407.08	USAID Track 2.0 AED	\$152,887

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9408.09	Mechanism: USAID Track 2.0 CHAN
Prime Partner: Christian Health Association of Nigeria	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21708.24881.09	Planned Funds: \$25,000
Activity System ID: 24881	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

The Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building (NICaB) project will provide Counseling & Testing (HCT) services to 2,500 in COP09. HCT services will be supported at 12 CHAN member institutions and 24 standalone HCT sites, for a total of 36 service outlets in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba. The CHAN NICaB project will collaborate with non-governmental, community and faith based organizations (NGOs/CBOs/FBOs) to offer testing to most at risk persons (MARPs) using a mobile strategy linking HCT to Condoms and Other Prevention (C&OP) activities. The NICaB will be working with the following categories of most at risk populations: migrant workers, young persons in and out of school, as well as commercial sex workers. The HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying and reaching the MARP groups listed above, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service.

HCT services will be provided by trained counselors using the national testing algorithm, which in this case is the serial algorithm and opt-out approach in accordance with the national HCT standard operating procedure (SOP) and testing strategy. The national "Heart to Heart" branding logo will be utilized at all Points of Service (POS). Counseling and information, education, and communication (IEC) materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC). In addition, IEC materials will include information promoting couples counseling and counselors will be trained on partner-based approaches to counseling. Discordant couples will receive a package of services including safer sex behavior messages, condoms and information targeting both positive and negative partners. This activity will be linked to prevention with positives (PwP) as detailed in the adult ART and Care and Support narrative. Whenever feasible, client witnessed testing will be carried out to encourage client confidence in the result. As a result of the ongoing intensive advocacy for implementation of HIV testing by non-lab personnel, thus counselors will continue to carry out rapid tests in most settings. To ensure the quality of test results, laboratory personnel will assist with training. Additionally, a QA program focused on rapid test monitoring is in place. Prevalence will be monitored regularly to optimize targeted screening of populations with high rates of infection.

Post-test counseling for those who test negative will focus on prevention using a balanced ABC approach, and partner testing will be encouraged. Based on risk assessment, a follow-up testing interval will be recommended. Post-test counseling for those who test positive will include PwP counseling which also includes balanced ABC messaging as appropriate. Counselors are trained to encourage disclosure to spouse and sexual partners while addressing potential negative consequences of such disclosure. PLWHA treatment support specialists will be engaged at ART treatment sites to ease the referral and linkages for newly diagnosed clients. Newly identified HIV positive clients at free standing or community based HCT centers will be linked to HIV care centers in the network.

Hospital-based HCT services will be provided in all CHAN member institutions supported by CHAN NICaB and feeder primary health facilities. The CHAN NICaB project will promote innovative and varied approaches like Provider Initiated HIV Testing and Counseling (PITC) to enhance uptake of services. PITC with opt-out option for individuals who specifically decline testing will be encouraged to ensure early diagnosis of HIV infection and increase access to a high proportion of people in the health facilities who are unaware of their status. The initiative will be encouraged under the condition of informed consent, confidentiality, and counseling in all hospital departments (Out Patient Department, ANC, inpatients, TB clinic and STI clinic). The HIV counseling and testing services will be provided in the TB clinics as part of the normal standard of care to clients in those clinics being investigated for TB infection. Screening of HIV-positive clients for TB will be encouraged and reinforced. Also as part of the PITC, patients in the STI/Sexual Health Clinics will be counseled and diagnosed for HIV with an opt-out option. NICaB will focus on HIV-positive adults; they will be encouraged to propose HCT to their partners or identify them for possible follow up and partner disclosure under acceptable atmosphere. Index cases will also be followed up with the client's permission to ensure that all members of the family are offered counseling and testing including children. Couples counseling and testing will be emphasized to minimize conflict, issues of blame, and violence at home. Priests and pastors in the targeted communities will be trained to mobilize the community to access and promote voluntary counseling and testing of couples preparing for marriage and to address stigma, fear and discrimination, which are major obstacles to accepting HIV testing. For those health facilities providing blood transfusion services, all potential blood donors will be offered HCT at the facility and receive standard HCT services as part of pre-donation screening. In addition, HCT staff will support DOTS center staff in the provision of HCT services to patients presenting for evaluation as detailed in the TB/HIV narrative.

Community based mobile HCT services will be expanded, with support to non-governmental, community, and faith based organizations (NGOs/CBOs/FBOs) to conduct outreach activities to remote villages on market days and solidarity days like the World AIDS Day. Home based care teams from collaborating community based organizations will be supported to provide counseling and testing in homes. These community based HCT teams will link HIV positive patients identified to treatment, care and support. Monitoring and evaluation (M&E) staff will compile data on rates by target population and venue and use the data to guide systematic screening strategies. Additionally, in order to increase access to HCT outside of facilities, home-based care (HBC) teams will be trained and equipped to provide home-based HCT to family members of HIV positive HBC clients. Those who test HIV positive will be linked to care within the network. MARPs who test HIV negative will be linked to condoms and other prevention (C&OP) services offering education, counseling, social support, and syndromic STI management. Additionally, all HCT clients will be screened for TB and STIs using standard questionnaires and referrals made to TB and/or STI clinics linked to the sites.

The standard National M&E and data collection tools will be used for data collection and service implementation monitoring. The M&E system will be primarily ledger based to maximize time devoted to service provision and facilitate services in the primary health center and community mobile settings.

Activity Narrative: Aggregate data will be reported to the CHAN zonal coordinator and the M&E specialist on a monthly basis. A referral tracking system for HIV-positive clients has been developed and will be utilized. The quality assurance (QA) strategy for counseling will include post-test client surveys, quarterly site monitoring visits using an existing quality assessment tool, and routine reviewing of M&E data. A measure of the QA process will be the percentage of positives entering care. Feedback to sites will occur quarterly with targeted refresher courses and TA for those needing capacity building. An extensive laboratory QA program (described under lab program area) is in place to ensure the accuracy of HIV rapid testing. Test kits and disposables will be warehoused by CHAN Medipharm and provided to sites based on a pull system using site level inventory control systems linked to the CHAN NICaB's logistics management information system which has been harmonized with the national test kit logistics management information system and inventory control system.

In COP09, a total of 24 staff from 12 COP09 sites will undergo refresher trainings. New staff who had not been trained before then will receive the complete HCT training using the National HCT training curricula and standard operating procedures (SOPs). Training will target staff from existing sites, ensuring that refresher training is provided and couples counseling is integrated at all sites. A minimum of 2 staff from each of the 12 HCT points of service (POS) will be trained for a direct target of 24. This target will include a refresher for 12 Master Trainers from the NICaB comprehensive sites. They will conduct step-down trainings to reach at least 2 additional counselors from each of the 24 PHC feeder sites that will be providing HCT for a total target of 48. Training to facilitate the provision of HCT at DOTS POS is described under the TB/HIV program area.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity supports the national HCT scale up plan by promoting the accessibility of HCT services using a FMOH approved training curriculum and procedures. HCT services are essential to identifying HIV positive people to meet national prevention goals and the national ARV/HIV care scale-up goals. HCT services will target most at risk persons to maximize this impact. The activity will support the FMOH and emergency plan goal of having high quality HIV testing available at all sites.

LINKS TO OTHER ACTIVITIES:

This activity is linked to care and support, OVC, ARV services, condoms & other prevention, AB, lab and SI. Prevention with positives (PwP) counseling and a prevention care package will be integrated with post-test counseling for HIV positive persons. Access to care services and ARV services will be provided. Other at risk family members including vulnerable children will be identified through community based HCT approaches and referred to services. In appropriate settings, testing will be carried out by counselors with training and oversight by the CHAN NICaB project laboratory staff. HCT sites are incorporated into the laboratory QA program to ensure that HIV testing is of high quality.

POPULATIONS BEING TARGETED:

This activity serves children, youth and adults in the general population who will be offered HCT. However, special focus will be given to MARPs, including discordant couples, mobile populations, commercial sex workers and their partners/clients and those who abuse alcohol and other substances. Training targets health care workers, counselors and community volunteers.

EMPHASIS AREAS:

An emphasis for this activity is human capacity development. Other areas of emphasis include local organization capacity building and SI. This activity addresses the issue of stigma and discrimination since HIV counseling reduces stigma associated with HIV status through education.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21708

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21708	21708.08	U.S. Agency for International Development	Christian Health Association of Nigeria	9408	9408.08	USAID Track 2.0 CHAN	\$165,161

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,300

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3682.09

Prime Partner: Society for Family Health-Nigeria

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5423.24933.09

Activity System ID: 24933

Mechanism: USAID Track 2.0 SFH

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$25,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SFH recognizes that HIV Counseling and Testing (HCT) is an entry point for HIV/AIDS prevention and impact mitigation as well as care and treatment services. HCT also serves as a platform for linkage to reproductive health initiatives as it has been recognized that awareness creation does not necessarily translate (significantly) to HCT uptake in Nigeria. The National HIV/AIDS and Reproductive Health Survey (NARHS), 2005, shows that although awareness of HIV in Nigeria is high at 98%, only 11% of females and 10% of males had taken an HIV test (NARHS, 2005). However, 43% of respondents in this survey expressed the desire to have an HIV test. In COP09, SFH will therefore build strongly on the concerted efforts by the Government of Nigeria (GON) and development partners to improve access and provide services towards increasing the number of persons who know their HIV status. SFH will build on efforts in the previous COP years to increase the outreach activities among the MARPs. SFH will work with sites and organizations to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service.

Building on the efforts and achievements of 2008, SFH will maintain 32 Civil Society organization (CSO) partners located within 16 SFH regions. SFH has 16 regional offices, each with three behavior change coordinators; one person is designated as service delivery team leader. The service delivery staff leads a team of no less than 6 trained counselors, derived across SFH partners (faith and community based organizations (FBO/CBO and CSO), support groups, and volunteer corps. Effort will be focused on using trained counselors to provide HCT services and referrals. These services will be targeted at most at risks persons (MARPs) and the general populations. However, all HCT counselors will be provided with updated materials and technical assistance on couple and youth counseling initiatives. In COP09, focus will be on improving linkages and promoting access to services for those who test positive. An estimated target of 2,500 persons will benefit within the project period.

SFH will continue demand creation for HCT through community mobilization activities among most at risk persons (MARPs) and the general population. This service will be consolidated in the 27 scaled-up states from 2008 across the country.

The MARP communities include female sex workers (FSW), transport workers (TW), uniformed service men (USM) and out-of-school youths (male and female). However in COP09, concerted efforts will be put in place to increase outreaches to both brothel and non-brothel based female sex workers. Through the PLACE project, SFH will provide "moonlight" mobile services that target non-brothel based female sex workers and their patrons at identified red-light districts in 10 states. SFH will continue to provide community outreach services to its brothel based FSW across the 27 intervention states.

SFH will continue intervention programs targeted at the hard to reach populations, with concerted efforts targeting the prison inmates and staff. This activity will be in collaboration with the Prisons Services. In COP08, SFH implemented interventions programs in 16 prisons across the country. However in COP09, SFH will scale-up intervention activities to 16 new prison facilities in SFH regions (i.e., 16 states of Nigeria). Other target populations include the paramilitary sector comprising of officers of the Customs and Immigration Services, police force, prisons and inmates. SFH will continue to collaborate with the Armed Forces Programme for AIDS Control (AFPAC) in provision of quarterly mobile service to USMs.

SFH will continue to use the non-cold chain dependent rapid test kits. In 2008, the GON approved a change in the national HIV testing algorithm from parallel to serial testing; SFH will adopt the change using Determine as first test. At the communities, SFH will conduct mapping of referral sites for confirmatory testing and comprehensive treatment and support services for clients who test HIV positive. SFH will provide additional links for all its clients to TB, family planning and STI services funded by the GON, USG and Global Fund. For the prisons intervention, SFH will collaborate with other USG implementing partners to provide mobile treatment, care and support services to inmates who test HIV positive.

Through the AB program area, SFH collaborates with FBO partners. Through this partnership, SFH will continue to provide mobile HCT targeted at the youths, couples and host communities. SFH will provide technical assistance to FBO, CSO and CBO partners to create, implement and sustain mobile services.

Clients/couples who test negative will be counseled and assisted to develop risk reduction plans; all sexually active clients will be duly informed on correct and consistent use of condoms for all sexual acts to prevent HIV infection. Condom demonstration will be conducted during community outreaches. SFH will distribute sample condoms to sexually active clients and PLWHAs as required and clients will be encouraged to purchase the socially marketed condoms for subsequent use. Clients/couples who test positive will be counseled and assisted to develop a risk reduction plan on positive prevention or living. Clients who test HIV positive will be counseled on disclosure to partner(s), referrals and partner referral, assisted to identify sources of support and condom use to prevent HIV transmission and re-infection. Female clients will also be provided with female condoms for dual protection purpose and women will be trained on its use. SFH will also distribute WaterGuard and long lasting insecticide treated nets (LLIN) for the prevention of diarrhea and malaria to clients and PLWHAs. These products will be provided at an affordable cost to all clients.

Rapid Test Kits will be provided by the Supply Chain Management System through the USG. Test kits will be stored centrally at the headquarters of SFH in Abuja and distributed quarterly along existing supply chains to the regional offices. Adequate storage and transport conditions will be ensured to maintain test kits quality and integrity. SFH has implemented a system to track essential data for adequate test kits management. SFH will continue to support the harmonization of the logistics tracking system led by the Federal Government of Nigeria with regard to the Logistics Management Information System (LMIS).

Monitoring and Evaluation

Quality assurance (QA) measures for testing will involve collecting dried blood samples (DBS) from every tenth client. The DBS cards will be submitted to University College Hospital (UCH), Ibadan for retesting and

Activity Narrative: confirmation. Services of medical laboratory scientists will be engaged as required to provide oversight on QA measures and on waste management. QA for counselors will involve supervisory visits to prevent counselor burn-out and identify training needs of counselors. Trained counselors will hold monthly and quarterly meetings at regional and zonal levels respectively to share experiences and deliberate on replicable best practice models for providing quality HCT services. In 2008 SFH conducted a client exit survey in 5 states to evaluate quality of counseling service provided by SFH counselors. This survey will be scaled up to 10 states across the country. To ensure quality of service client exit forms will be distributed to every tenth client to assess counseling services.

All mobile units will use the National HCT data collection tools to assist in monitoring and evaluation of these activities. Population Services International (PSI), an affiliate of Society for Family Health will continue to provide oversight functions and share international best practices from their East African HCT programs. PSI has a wealth of experience with the New Start HCT program in Kenya, Zimbabwe and has successfully integrated TB screening, family planning and other services into their program.

Link To Other Activities

This activity is linked to Abstinence and Be faithful, Condoms and other Prevention, OVC, Strategic information and Care and Support.

Emphasis Areas

The emphasis areas in this component are gender, workplace, health-related programs and military populations.

Populations Targeted

This activity will provide services targeted at individual clients and couples at the community level. The program area will provide an opportunity for couples to know their HIV status and make joint decisions on their future to prevent HIV infection and re-infection. Couples counseling will reduce stigma and discrimination against women infected and affected by HIV and AIDS. HCT will increase access to reproductive health and HIV related services for women, discordant and concordant positive couples via referrals. Female clients will have increased access to income generating programs and legal aid services. There will be linkages to TB DOTS centers for clients with suspected TB infections for diagnosis and treatment. All referrals services will be provided at USG and GON funded sites across the country. Sexually active clients will be assisted to develop risk reduction plans and counseled on mutual fidelity and consistent and correct condom use. Female condoms will be distributed to female clients as a dual protection method.

HCT services will be provided at workplace and military programs targeted at men to address negative male behaviors; counseling will be focused on partner reduction, mutual fidelity and consistent and correct condom use among male clients.

Health-related Wraparound Programs (Child Survival Activities, Family Planning, Malaria (PMI), Safe Motherhood, TB): through this program clients will be referred to USG and GON sites that provide reproductive health and HIV related services. During outreaches SFH will distribute and social market WaterGuard and long-lasting insecticide treated nets for the prevention of diarrhea and malaria respectively amongst women and children under 5 years old and PLWHAs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13100

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13100	5423.08	U.S. Agency for International Development	Society for Family Health-Nigeria	6390	3682.08	USAID Track 2.0 SFH	\$300,000
6736	5423.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$0
5423	5423.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$16,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * TB

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 552.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 3230.24897.09

Activity System ID: 24897

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$177,350

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, HIV counseling and testing (HCT) services will be significantly scaled down, concentrated only in comprehensive antiretroviral therapy (ART) sites, with a main focus on providing technical assistance to the Government of Nigeria (GON) to ensure quality delivery of HCT services.

Activity Narratives

At the end COP08, Global HIV/AIDS Initiative Nigeria (GHAIN) through collaboration with the Government of Nigeria (GON) and Global Fund to fight AIDS, TB and Malaria (GFATM) provided HIV counseling and testing (HCT) services through 199 HCT sites, thus increasing access to HCT services nationwide and creating the opportunity to place many more clients on ART in line with the GON strategy.

In COP09 the GHAIN HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services. GHAIN will utilize the planned PEPFAR funds to strengthen the GON's capacity for sustainability. GHAIN will collaborate with the GFATM, GON and other donors to mobilize rapid test kits and support the continuation of quality HCT services, focusing only in the 112 comprehensive ART service sites within the scope of available resources. This will include technical assistance (TA) to the GON at the national, state and local levels and capacity building for monitoring and evaluation (M&E) and reporting. With the current funding available under HCT, use of the 9 mobile HCT (MCT) units will be scaled back and focused on most at risk populations (MARPs). Therefore, the current MCT team will be trained to be multi-tasking, thus, will be providing other services (in addition to HCT), such as community based prevention and care and support services in HIV/AIDS, STIs and TB (HAST) focus LGAs at periods when invitations/requests for HCT are low. Overall, GHAIN will work to leverage resources from the GON, and other funders, including the private sector to carry out mobile HCT services. GHAIN will ensure a total of 17,735 clients are counseled, tested and receive their results using the serial algorithm as in COP08.

The GON, through the National Agency for the Control of AIDS (NACA) and its State counterparts (SACAs) are planning to scale up HCT services to all local government areas (LGAs) of Nigeria, using the World Bank funds. GHAIN will piggyback on this strategy to continue to provide technical assistance (TA) to the GON, to provide integrated HCT services at primary health care (PHC) levels, including provider-initiated HCT in the wards, TB clinics and the outpatient departments (OPDs). GHAIN will advocate and provide guidance to the GON to routinely provide counseling and testing to all TB and STI clients, ensuring appropriate referrals to other services. Based on the current system, all clients accessing HCT services will continue to be systematically screened for tuberculosis (TB) and sexually transmitted infections (STI) using the national/standard tools; those found to be indicative of TB/STIs will be referred for further investigations and treatment for TB or STI as appropriate. Emphasis will also be placed on couples counseling, partner notification and disclosure of test results as well as pre and post-test counseling for both positive and negative clients. Furthermore, linkages between services will be strengthened to provide comprehensive ART treatment, care and support to individuals who test positive for HIV in the community and facilities. GHAIN has developed a referral directory of all care and support services in all the states and identified referral focal persons to ensure an active referral system.

GHAIN will continue to use the nationally approved non-cold chain dependent serial HIV testing algorithm. GHAIN will continue to use the SCMS mechanism of rapid test kits (RTK) supplies and will make requests based on consumption in line with COP09 targets. To ensure quality of HCT services (especially testing), GHAIN will provide support to sites to conduct proficiency testing and external quality control based on the national recommendations. Trainings/retrainings will be conducted for 30 health workers during COP09. These trainings will be conducted through the established HCT training centers, using the Nigerian national HCT training curriculum.

In order to emphasize HIV prevention for both those who test positive as well as those testing negative, GHAIN will assist the GON to advocate for the procurement of condoms for distribution to all HCT sites ensuring that every client is offered condoms after post- test counseling.

This funding will go specifically towards technical assistance to the government at the national and state levels, capacity building of counselors/testers to ensure adequate quality of services and commodity management. GHAIN will continue to provide the GON with TA to ensure high quality HCT data collection and collation using the National HCT-monitoring and evaluation (M&E) system designed for the GON.

CONTRIBUTION TO OVERALL PROGRAM AREA

GHAIN will continue to provide technical assistance to the national and state government on HCT in all the states and FCT, and contribute 17,735 individuals counseled and tested to the overall emergency plan and HCT targets for Nigeria. Overall, these activities contribute to the Emergency Plan's goal of providing HIV care services to Nigerians, while preventing new infections by 2010.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in Adult and Pediatric care and treatment, MTCT, sexual prevention, OVC and HVTB. Linkages will be strengthened between the various components listed above to provide total care to individuals who test positive for HIV. GHAIN has developed a referral directory of all care and support services in all the states and identified referral focal persons to ensure an active referral system. GHAIN will advocate for the setting-up of HCT networks in the states by the GON, in collaboration with the United States Government (USG). GHAIN will assist the GON in developing strategies for condom distribution in collaboration with the prevention team to ensure condoms are properly distributed to all sites and states. Linkages will also be strengthened with care and support and orphans and vulnerable children activities in the focus communities.

GHAIN will continue to strengthen its exit/sustainability plan both at the country and program level showing

Activity Narrative: how it will work with the health facilities implementing comprehensive HCT programs to build their capacity and to customize a specific plan and schedule for each facility.

POPULATIONS BEING TARGETED

GHAIN will, depending on resource availability from other potential donors, carry out mobile HCT services through leveraging of resources from the GON, and other funders, including the private sector. Such leveraged HCT services will target the general population through mobile HCT during special events such as World AIDS Day, Valentine's day, and Safe Motherhood day among others. Other target audiences for these services will include most at risk adult males and females, out-of-school youth (males and females), street youth, pregnant women, TB patients, and family members of index clients, especially discordant couples. The infected clients will be referred to access care and support services in sites supported by other funding agencies or sources, such as the GFATM.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programming through counseling messages targeted at vulnerable young girls and women. This activity will also deal with male norms and behaviors through vigorous campaigns to educate people on the benefits of couple HCT and mutual disclosure of HIV status. The availability of HCT services in clinical and hospital ward settings will also help to reduce stigma and discrimination.

EMPHASIS AREAS

This activity includes major emphasis on system strengthening, sustainability plans, while minor emphasis on local organization capacity development, quality assurance and trainings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13041

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13041	3230.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$3,703,000
6702	3230.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$3,879,721
3230	3230.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$5,075,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 544.09

Prime Partner: Harvard University School of
Public Health

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5424.25221.09

Activity System ID: 25221

Mechanism: HHS/HRSA Track 2.0 Harvard
SPH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$84,437

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The USG Nigeria team and the implementing partner Harvard University (APIN+ Program) have split the APIN+/Harvard activities between Harvard University and the indigenous partner APIN, Ltd. Therefore, the activity narrative for Harvard that follows has been modified to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN, Ltd (which is submitting as a separate narrative under the name APIN). The narrative has also been updated to reflect COP09 goals and targets. In addition, APIN Ltd will be taking over all activities for the following sites previously supported by Harvard: Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH). In accordance, those sites, their activities and their respective patients are reflected in the APIN Ltd narratives. This transition to building the capacity of the indigenous partner APIN Ltd will promote the long term sustainability of the program.

ACTIVITY DESCRIPTION:

This activity provides comprehensive counseling and testing services (HCT) to at-risk individuals, delivered through 14 service outlets (11 comprehensive Harvard sites with ART and PMTCT services and 3 stand alone HCT centers) in 9 states (Benue, Borno, Enugu, Kaduna, Lagos, Ogun, Oyo, Plateau and Yobe). This is a decrease from the 40 active sites at the end of COP08, which reflects the transfer of 4 sites (LUTH, NUMR, Onikan and Mushin) to APIN and a consolidation of activities in this program area for COP09. When including TB sites, Harvard will reach 13,000 individuals (4,810 males and 8,190 females) that will receive HIV counseling & testing (HCT) and receive their results; when excluding TB sites, the number to be tested is 8,500 (3,145 males and 5,355 females). Targeted populations include most-at-risk populations (MARPs), clients presenting to the health care facilities, blood donors, and family members of PLWHA. Provider-initiated HIV testing is utilized as an additional strategy to reach clients at the health care facilities. Harvard and APIN Ltd will collaborate in order to ensure a smooth transition of HCT services.

In COP09 the Harvard HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities. As a result of the necessary shift in resources to maintain care and treatment activities, there is a reduction in funding and targets for HCT services from COP08 to COP09. Harvard will phase out HCT services at 23 previously supported HCT service delivery sites. In anticipation of this and in order to minimize the potential impact on the availability of services, Harvard will also work with these sites during COP08 to evaluate the opportunity to seek out other sources of funding for these activities.

Individuals identified as HIV-positive at stand-alone HCT clinics will be referred for palliative care, PMTCT and ART services as appropriate. Those identified as positive at Harvard comprehensive sites will be referred to PMTCT and ART clinics for treatment and palliative care services. Prevention for HIV positive individual will be incorporated into HCT activities including offering and promotion of HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure. Harvard sites use family counseling sessions and "love letter" strategies to encourage partners of HIV-infected patients to access HCT so that couples receive HIV counseling and testing together. Counselor training will include couple HIV counseling and testing (CHCT) to strengthen this program. Pediatric patients that are identified at testing points of service will be enrolled into the Harvard supported OVC program and ART as necessary. HCT will also be offered to patients receiving TB services at each of the Harvard sites throughout TB/HIV program activities. HCT is offered to blood donors as per Blood Safety activities.

Harvard will use the National "Heart to Heart" logo at supported HCT sites so as to reflect the integration within the national program. Through these activities, 3 stand-alone HCT service outlets are also maintained which provide HIV testing as well as pre- and post-test counseling and condom distribution. At all HCT outlets, patients are provided with Information, Education & Communication (IEC) materials on HIV prevention and referrals for ART services and palliative care as appropriate. The materials will address HIV prevention using the "ABC" model, providing information about healthy behaviors, safer sexual practices, STI prevention, PMTCT, and condom usage.

HCT services are also provided in community settings in conjunction with projects in Lagos, Plateau and Oyo states that serve specific MARPs including: outpatient STI patients, bar workers, sex workers, border traders, military personnel, fashion designers, and motor mechanics. Mobile HCT services will be used to reach these populations. Activities targeting these populations are linked with Harvard sites to provide referral linkages to PMTCT, Palliative HIV/TB and ART services depending on eligibility for ART.

Condoms will be made available at all HCT sites in conjunction with the delivery of ABC messages. The Society for Family Health (SFH) will supply condoms. Training of 100 individuals in counseling and testing will use the new national serial testing algorithm and will educate trainees on appropriate counseling messages specific to the different high-risk groups with which they work. Refresher training will be provided during the year for counselors, particularly after final revision of the national training curriculum. HIV testing is performed with rapid test assays and same day results are given. Following HIV diagnosis with the national testing algorithm, immunoblot confirmation will be provided during assessment for ART in line with the national algorithm. This is done by HIV laboratories at Harvard supported comprehensive ART centers.

To meet up with the increased demand for services, non-laboratorians, including nurses, counselors and lay counselors will be trained to provide counseling and testing services in one visit using finger prick. These will be supervised by laboratory scientists and quality of testing would be ensured by proficiency testing and quarterly supervisory visits. The UCH Virology lab will establish and coordinate a regular QA/QC program to insure that HIV serologic testing at HCT centers meets national and international standards. This lab will also ensure coordination of HIV testing SOPs and provide regular training for new lab personnel. The USG team will be providing Harvard with rapid test kits that will be managed by the pharmacy logistics team in Lagos and stored and distributed from the APIN central medical stores warehouse. Harvard will continue to

Activity Narrative: harmonize the logistics process with GON Logistics Management Information System (LMIS) and Inventory Control System (ICS) activities.

EMPHASIS AREAS:

These activities will also address gender equity issues by providing equitable access to HCT services for men and women. In some cases, the activities seek to target men who may be at high risk for HIV in order to provide a mechanism for HCT as a means of prevention and access to services for their sexual partners. Male targeted counseling seeks to address male norms and behaviors in order to encourage safer sexual practices. Counseling also seeks to address sexual norms and issues of HIV related stigma and discrimination. Through this program, Harvard will also target military populations through HCT services provided at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

TARGET POPULATIONS:

These activities target adults for HCT, particularly those from most at risk populations, as described above. Targeting these populations is important to encourage utilization of HCT services and provide ART treatment for eligible HIV infected individuals. Counseling provided through these activities also seeks to target PLWHA who are newly diagnosed by encouraging them to bring their partners and other family members in for HCT. In addition, target populations include orphans and vulnerable children.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Harvard HCT activities are consistent with the PEPFAR 2009 goals for Nigeria, which aim to increase uptake of HCT by supporting HCT centers, which are linked to treatment and care services, to target MARPs. By continuing to support and build the capacity of HCT centers and provide linkages to treatment and care centers, these activities will be able to meet the increasing utilization of these services, expected to result from HCT outreach initiatives identifying infected individuals. The network of HCT centers linked to HIV services and care will provide a sustainable network for infected and affected individuals in Harvard's catchment areas.

Additionally, as part of the sustainability building efforts, Harvard will provide technical assistance and support for APIN Ltd to assume program management responsibility for HCT Activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in Adult Care and Treatment, Pediatric Care and Treatment, Sexual Prevention, TB/HIV, OVC, Human Capacity Development, and Gender. Through these activities, Harvard has incorporated a number of currently funded HCT prevention programs (i.e., Gates Foundation) to provide access to a broad range of palliative care, support and ART services. This network of community, research-based and tertiary care institutions should provide sustainable and high quality HIV and related services to the communities served. Furthermore, both primary and satellite Harvard sites are linked in order to provide laboratory and specialty care support, as related to the HCT activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13058

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13058	5424.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$1,087,000
6721	5424.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$950,000
5424	5424.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$400,000

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 Program
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3241.25197.09	Planned Funds: \$60,000
Activity System ID: 25197	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION:

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP09, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) HIV Program will continue to extend free access to HIV counseling and testing (HCT) services in 20 military facilities and communities. All 20 sites also provide HIV prevention, care and treatment services. In COP09 HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources to provide commodities and increase uptake of HCT services.

Provider initiated (opt-out) voluntary counseling and testing will be conducted in all sites to include out patient clinics, in-patient wards and TB clinics to improve identification of HIV+ among these populations. In these integrated sites, counseling and testing recommendations are provided at each hospital department, but due to manpower and physical structure limitation, formal one-on-one CT is provided in a single location within each site. Providers will encourage and discuss the importance of HCT and provide referrals to the site's HCT center. Volunteers (e.g., Officers Wives Clubs, PLWHA Support Group members) will be provided to escort patients to the HCT center to facilitate access and uptake of HCT services. HCT will also be offered or linked at STI, family planning, antenatal, patient encounter activities and blood donations. All blood donors will be able to receive their HIV status, get prevention messaging and referral to treatment, care and support.

In addition, all individuals who test HIV+ will be referred for TB diagnosis. It is anticipated that 8,500 individuals will be tested for HIV and receive their results. Twenty-five individuals will be trained in counseling and testing according national and international standards. This activity will focus on the delivery of high quality, cost-effective counseling and testing at hospital facilities as the main entry point to a seamless service for individuals, discordant couples, partners and families. HCT services will promote "couple counseling and testing" at the service outlets. Staff will counsel clients on their disclosure of HIV status and partner/family notification with an emphasis on client safety. Partner referrals for HCT (individual and/or couple) will be provided. Also, referrals to community-based and barracks-based support groups will be provided to HIV+ clients. Linkages will also be enhanced by counselors who are members of PLWHA support groups.

All HCT and other HIV clinical services will link to prevention messaging for HIV+ and HIV- clients supported under Palliative Care, AB and Other Prevention entries. This includes counseling on partner reduction, prevention-for-positives messaging, abstinence messaging and correct and consistent condom use messaging with condom provision (where appropriate). The integration of HCT, treatment and prevention programs will follow a family-centered, community-based approach, including a decentralized, community-based model in partnership with the GON at all levels, utilizing the nationally accepted testing algorithm. In COP09, internal quality control will utilize Western Blot analysis with a selection of positive and negative patient samples as compared to positive and negative controls. Quality assurance will be completed through externally provided panels for all sites conducting HIV diagnosis. Other partners working with the military, such as SFH and small indigenous organizations, will be involved in this approach. Counseling and testing centers will display the national logo in support of the National program and consistent branding.

Sites will also employ outreach HCT to increase the uptake of services by populations who do not access HCT at the military facility. Mobile HCT (utilizing tents) will continue to be incorporated into ongoing activities in the community, such as health bazaars, football matches or entertainment activities where military personnel frequent. Four hundred and forty-five Nigerian Air Force Hospital (Ikeja) will be provided with support to operate its mobile HCT van and outreach activities.

A unique aspect of this activity with the Nigerian Military is that its HCT policies include compulsory counseling and testing for specific populations: military applicants, personnel posted overseas and those selected for overseas training. Through PEPFAR, the DOD – NMOD partnership has ensured that prevention messages and pre/post-test counseling is provided during compulsory counseling and testing. Pre accession applicant testing will be supported by pushing testing availability to the initial point of entry, providing significant advantages to the GON and applications. Previously, counseling and results were not always provided to new applicants. The DOD will continue to support post-test counseling for military applicants. If the applicant is found to be positive, the individual will be counseled and referred to the nearest ART facility for evaluation. Data collection will provide critical prevalence information for the military eligible population. Support will continue in 2009 to the Armed Forces Programme on AIDS Control (AFPAC) to conduct recruitment/applicant HCT.

In collaboration with AFPAC, funding will support training, and refresher training, of 25 NMOD staff and volunteers, including PLWHAs, in counseling and testing, mainly through location, site-based programs and in conjunction with other partners and agencies, utilizing the national curriculum. An emphasis in COP09 will include the training of non-laboratory staff on the WHO/CDC HIV Rapid Test training package to assist in addressing a lack of laboratory manpower in the military.

To ensure confidentiality, support for clinic renovations and/or the purchase of privacy screens will be provided. This is particularly important for military settings as NMOD has had lower uptake of HCT by senior military officers due to fear of stigma and perceived lack of privacy.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, are essential components of this program. This includes quarterly site visits by NMOD/DOD staff and appropriate partners.

DOD has allocated \$25,000 of its HCT budget to SCMS for procurement of commodities. This amount is captured under the SCMS HCT activity.

Activity Narrative: By the end of COP09, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, and Anambra (15 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

The DOD-NMOD service will enable the identification of HIV positive individuals in an efficient and timely manner and feed into care and treatment services for both HIV and HIV/TB. This contributes to the PEPFAR Nigeria and GON goals of increasing access to counseling and testing, as well as linking HIV positive individuals to ART services. In addition, HCT services will add to the prevention strategies of averting new infections through efficient and effective post-test counseling and education.

LINKS TO OTHER ACTIVITIES:

HCT activities will be linked to activities in Abstinence/Be faithful, Condoms and Other Prevention, TB/HIV, PMTCT and SI, and will support other partners, including GON, in delivering quality, integrated services.

POPULATIONS BEING TARGETED:

This activity targets the military, civilian employees, dependents and the general population surrounding the 20 NMOD sites and in particular TB and other STI infected individuals. By networking with decentralized, community-based services, this activity will reach a wider range of individuals unwilling, or unable, to access services provided in more traditional settings.

EMPHASIS AREAS:

This activity has an emphasis on military populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13156	3241.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$225,000
6796	3241.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$710,833
3241	3241.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$440,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$16,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3688.09

Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5425.25275.09

Planned Funds: \$90,000

Activity System ID: 25275

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AIDSRelief (AR) will increase support for counseling and testing (HCT) services to a total of 84 sites. This would comprise the current 31 Local Partner Treatment Facilities (LPTFs) and 10 satellite (in 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Plateau, and Taraba) and to an additional 3 LPTFs, 9 satellite sites in COP09 in the 16 states. HCT services will also continue at the 31 TB DOT sites supported by AIDSRelief. An emphasis will be placed on satellite decentralization clinics and family members of in care clients. 9,000 persons will benefit from HCT and receive their results. This includes 8,100 adults and 900 pediatric clients. AR will build the capacity at existing and new LPTFs to enable them to integrate HCT services within care and treatment systems. In COP09 the AR HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities.

All HCT service outlets will continue to be branded with the "Heart to Heart" logo. AR will continue to encourage Provider Initiated Testing and Counseling (PITC) and point of service testing started in COP08 in all supported healthcare facilities. This approach to HCT will be actualized by AR technical and programmatic staff through onsite mentoring/preceptorship of providers and the engagement of leadership at AR-supported facilities. AR will also scale-up couples counseling and testing in all supported sites through organized training, family centered testing and on-site mentorship. AR will promote HCT as a necessary and important arm of HIV prevention in terms of averting new infections and providing treatment for those in need, and post-test counseling will be strengthened to lay emphasis on prevention for positives. Post test counseling will include full and accurate information on all prevention strategies. Referrals to outlets that provide other prevention services not available at AR-supported facilities will be provided.

All HCT sites will provide same day results and will use the current National serial testing algorithm. For infants and children less than 18 months, Early Infant Diagnosis (EID) will be available at PMTCT sites according to the national scale up plan; lab testing for EID will be done in conjunction with other IPs. The USG will provide AR with rapid HIV test kits and AR will be responsible for their warehousing, storage and distribution to LPTFs. Sites will be actively linked to the Government of Nigeria and other donor agencies to access extra kits and supplies needed, and supported to maintain their regular usage and feedback through the above mentioned strategies. Sites will be trained on forecasting and stock control using bin cards and will maintain a three month buffer stock. LPTFs will report on inventory and forecasting to the AIDSRelief central office on a monthly basis.

In COP09, AR will target the provision of HCT services mainly to People Affected by HIV/AIDS (PABAs) - especially children, as well as to STI patients and TB DOT clients at the LPTFs and satellite clinics. At rural satellite clinics, AR will also target women of reproductive age with combined HCT and STI screening. AR will also provide HCT services at blood transfusion points of service, following the multiple points of service model for facility based HCT. All HCT clients will be linked to prevention services, as well as treatment, care and support services where applicable.

AR will train 30 LPTF staff on counseling and testing using the GON HCT training curriculum. Counselor training will include couples counseling to strengthen this aspect of the program. This will ensure the availability of a pool of trained counselors to promote continuity. In addition, providers will be sensitized on the adoption of PITC and point of service testing in their facilities. Non-laboratorians will be used at multiple points of service for facility based HCT where appropriate and when allowed by national policy. To this effect AR will train HCW (counselors, nurses and outreach workers) that will be supervised by onsite laboratorians to assure quality. To expand HCT services within the network of faith based organizations and increase rural access to HCT, AR community based HCT will advocate for greater use of non-laboratory staff to conduct testing in the community setting as well.

AR will carry out quarterly monitoring visits which focus on quality assurance and onsite mentoring. There will be evaluations of counseling techniques, HCT testing algorithms, the utilization of the National CT Register, proper medical record keeping, referral coordination, patient flow, and use of National HCT tools. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Semi-annual subpartner meetings will provide an additional forum for sharing of new information between sites and communities.

AIDSRelief will collaborate with faith based and community based organizations, in particular the 7-Dioceses program of Catholic Relief Services, in carrying out community based and mobile HCT services. AR will also collaborate with state and local government HCT programs by carrying out joint trainings, monitoring visits and leveraging resources to test those who may require testing outside the USG supported numbers.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

AIDSRelief will provide HCT services at 84 sites at the primary and secondary levels in rural and previously underserved communities to provide services to 9,000 clients including 900 children thus contributing to the PEPFAR and GON targets for increasing access to HIV counseling and testing. HCT services will enable the identification of HIV positive individuals in a timely manner and will direct them into care and treatment services. HCT will add to the prevention strategies of averting new infections through efficient and effective posttest counseling and patient education. HCT will further contribute to the National goal of universal access to HIV/AIDS services. By building LPTF capacity through training, salary support to faith based institutions and refitting of LPTF counseling rooms, AR will contribute to the sustainability of HCT activities at these sites and in Nigeria.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in care and treatment (adult and pediatric), laboratory, PMTCT, OVC, AB, TB/HIV and SI. Linkage of HCT to care and treatment services shall be strengthened within and across

Activity Narrative: programs and between other implementing partners using standard referral tools. AR will establish referral linkages with National TB DOTs centers to ensure that TB patients are routinely screened for HIV and those testing HIV+ are referred to AR LPTFs for HIV/AIDS care and treatment. The LPTFs will ensure integration of the AR-supported HCT program with other departments to provide routine HCT services to all patients and to ensure that those testing HIV+ are referred for appropriate care.

POPULATIONS BEING TARGETED:

This activity targets particular PABAs (especially children), STI patients, and TB suspects/patients in the general population.

EMPHASIS AREAS

This activity has emphasis on training, including supportive supervision and quality assurance/quality improvement. There is an additional emphasis on local organization capacity building, community mobilization, infrastructure development/renovation, and the development of linkages/referral systems.

The expansion of free HCT services will ensure gender equity in access to HCT services in rural and previously underserved communities. It will also ensure that HIV-positive people are identified and linked to timely life-saving ART services and HIV-negative clients are educated on the importance of avoiding risky behaviors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13000	5425.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$980,000
6681	5425.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$1,025,000
5425	5425.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$240,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9404.09

Mechanism: HHS/CDC Track 2.0 URC

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 21693.25350.09

Planned Funds: \$23,215

Activity System ID: 25350

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION

In COP08, URC is providing HCT to clients in Enugu State at 12 sites. The project uses provider initiated, routinely offered, opt-out models to maximize uptake of HCT services at the healthcare facilities. Facility-based testing is fully integrated with other health services. Point of service testing is made available in the General Outpatient Departments (GOPD), Inpatient Wards, ANC and Immunization Clinics as well as TB/DOTS clinics. URC actively links all HIV positive clients to care. From all points of service, clients are referred to receive basic care and support services.

In COP09 URC will continue to support the HCT activities carried out in COP08. URC expects to counsel, test and provide HIV test results to 2,500 clients through these facilities, including results for TB. The URC HCT activities will also stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities. Over the course of the year, URC will train 17 health workers in HIV counseling and testing using the national HCT training curriculum. HIV testing will be conducted using the national serial testing algorithm. An ongoing quality assurance/quality control program which consists of quarterly proficiency testing and blinded re-checking will be linked to a reference laboratory. URC will work with the USG and GON laboratory technical working group and other partners to ensure an effective quality assurance/control (QA/QC) program. URC will ensure that trained counselors are available at HCT sites, especially PMTCT sites to provide couples counseling and testing following standard protocols and procedures as a means of reducing HIV transmission in sero-discordant couples/partners. Client-witnessed testing will be carried out to encourage client confidence in the test results. In this case, same day results will be provided for the clients. URC will assist facilities to effect strengthening of internal and external referrals and linkages in order to promote access and further care and treatment of all clients. URC will work with the State Department of Health to develop referral linkages to ensure that clients have easy access to services. Linkages between counseling and testing sites and sites offering ART treatment will also be developed and improved. URC will mobilize partnerships with community based organizations (CBOs), civil service organizations (CSOs) and faith based organizations (FBOs) and train community workers and PLWHAs to access, inform and encourage the most vulnerable populations in Enugu such as commercial sex workers, long-distance truck drivers and patrons of STI clinics. URC will establish detailed guidelines for referral and cross-referral for HCT with prenatal care, TB DOTS programs, PMTCT and ART services and will provide infrastructure upgrades to ensure adequate space and training for counseling and testing, including any necessary infrastructure support such as basic renovations, upgrading equipment and procuring supplies and consumables. The monitoring and evaluation (M&E) staff will work with sites to ensure that all HIV counseling and testing is properly reported to the Federal Ministry of Health (FMOH).

POPULATIONS BEING TARGETED

The counseling and testing component of URC activities will target most-at-risk populations (MARPs) such as commercial sex workers, truck drivers, men who have sex with men (MSM), discordant couples and migrants.

CONTRIBUTIONS TO OVERALL PROGRAM

This activity supports the national HCT scale-up plan by promoting the accessibility of HCT services using the FMOH-approved training curriculum and procedures. HCT services are essential to identify HIV positive people to maximize this impact. Training and support to improve the quality, scale and integration of counseling and testing services are consistent with FMOH and PEPFAR priorities. The aims are to scale up access and provision of counseling and testing services to those most-at-risk in Enugu state, followed by increased numbers of HIV+ people on ARVs, referrals to TB, STI, PMTCT and other clinics, improved lab services performing HIV screening tests and ultimately, improvement of the overall health system, including functional referrals among clinic areas and between facilities and communities.

EMPHASIS AREAS

The emphasis areas for this program activity are building of organizations and health facilities responsible for delivery of HIV interventions; improvement of referral systems within health facilities, between health facilities and from the community; community outreach and involvement; training; and access to most-at-risk populations. This project will also increase gender equity and programming through HIV counseling and testing, targeting adults, especially women of child-bearing age and men who do not routinely present to health care facilities. The activities will also support mobilization and palliative care programs targeted at reducing stigma and discrimination in project communities and encourage support and care of PLWHA.

LINKS TO OTHER ACTIVITIES

URC HCT program will be linked ART, PMTCT, TB/HIV and Strategic Information. In addition, positive clients will be referred into basic care and support services, TB/HIV and PMTCT services. Strategic Information programs will support data capture and facilitate feedback for further programming. HCT program will strengthen HIV prevention and palliative care in Enugu State and improve utilization of URC and other USG-supported care and treatment services.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21693	21693.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$125,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9692.09	Mechanism: HHS/CDC Track 2.0 APIN
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 22516.25341.09	Planned Funds: \$45,102
Activity System ID: 25341	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over four of its PEPFAR-supported sites to APIN Ltd. (APIN) an indigenous NGO. The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Health Center, and Mushin General Hospital. The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard.

ACTIVITY DESCRIPTION:

In COP09, APIN plans to support provision of comprehensive HIV counseling and testing (HCT) services to at-risk individuals, delivered through 49 service outlets (5 comprehensive sites, 1 Primary Health Care (PHC) and 43 Directly Observed Treatment (DOT) centers) in 3 states (Lagos, Ogun and Oyo). When including TB sites, 10,200 individuals (3,774 males and 6,426 females) will receive HCT and receive their results; when excluding TB sites, the number that will be counseled, tested and receive results is 4,500 (1,665 males and 2,835 females). Targeted populations include most-at-risk populations (MARPs), clients presenting to the health care facilities, blood donors, and family members of PLWHA. Provider-initiated HIV testing is utilized as an additional strategy to reach clients at the health care facilities. The sites will include DOT centers in at least one health facility in every local government area (LGA) in Oyo State. In COP09 the APIN HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services.

In COP08, APIN supported provision of comprehensive HIV counseling and testing (HCT) services to at-risk individuals, delivered through 45 service outlets (1 comprehensive site, 1 PHC and 43 DOT centers) in 3 states (Lagos, Ogun and Oyo).

Individuals identified as positive at APIN sites will be referred to PMTCT and ART clinics for treatment and palliative care services. Prevention for HIV positive individuals will be incorporated into HCT activities including promotion of HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and Information, Education & Communication (IEC) materials on disclosure. APIN sites use family counseling sessions and "love letter" strategies to encourage partners of HIV-infected patients to access HCT so that couples receive HIV counseling and testing together. Counselor training will include couple HIV counseling and testing (CHCT) to strengthen this program. Pediatric patients that are identified at testing points of service will be enrolled into the APIN supported OVC program and ART as necessary. HCT will also be offered to patients receiving TB services at each of the APIN-supported sites throughout TB/HIV program activities. HCT is offered to blood donors as per Blood Safety activities. Patients identified as HIV-infected are provided with referrals to ART and palliative care services.

APIN will use the National "Heart to Heart" logo at supported HCT sites so as to reflect the integration within the national program. At all HCT outlets, patients are provided with IEC materials on HIV prevention and referrals for ART services and palliative care as appropriate. The materials will address HIV prevention using the "ABC" model, providing information about healthy behaviors, safer sexual practices, STI prevention, PMTCT, and condom usage. The sites will also provide HIV testing as well as pre- and post-test counseling and condom distribution.

HCT services are also provided in community settings in conjunction with projects in Lagos state that serve specific MARPs including: outpatient STI patients, bar workers, and sex workers. Mobile HCT services coordinated through PHC-Iru will be used to reach these populations. Activities targeting these populations are linked with APIN sites to provide referral linkages to PMTCT, Palliative HIV/TB and ART services depending on eligibility for ART.

Condoms will be made available at all HCT sites in conjunction with the delivery of ABC messages. The Society for Family Health (SFH) will supply condoms. Training of 20 individuals in counseling and testing will use the new National serial testing algorithm and will educate trainees on appropriate counseling messages specific to the different high risk groups with which they work. Refresher training will be provided to a subset of the target trained during the year, particularly after final revision of the National training curriculum. HIV testing is performed with rapid test assays and same day results are given. Following HIV diagnosis with the National testing algorithm, immunoblot confirmation will be provided during assessment for ART in line with the national algorithm. This is done by HIV laboratories at APIN-supported comprehensive ART treatment centers.

To meet up with the increase demand for services, non-laboratorians, including nurses, counselors and lay counselors will be trained to provide counseling and testing services at one visit using finger prick. These will be supervised by laboratory scientists and the quality of testing would be ensured by proficiency testing and quarterly supervisory visits. The University College Hospital (UCH) Virology lab supported through Harvard will establish and coordinate a regular QA/QC program to insure that HIV serologic testing at APIN-supported HCT centers meets national and international standards. This lab will also ensure coordination of HIV testing standard operating procedures (SOPs) and provide regular training for new lab personnel. The USG team will be providing APIN with rapid test kits that will be managed by the pharmacy logistics team in Lagos and stored and distributed from the APIN central medical stores warehouse. APIN in collaboration with Harvard will continue to harmonize the logistics process with GON Logistics Management Information System (LMIS) and Inventory Control System (ICS) activities.

EMPHASIS AREAS:

These activities will also address gender equity issues by providing equitable access to HCT services for men and women. In some cases, the activities seek to target men who may be at high risk for HIV in order to provide a mechanism for HCT as a means of prevention and access to services for their sexual partners. Male targeted counseling seeks to address male norms and behaviors in order to encourage safer sexual practices. Counseling also seeks to address sexual norms and issues of HIV related stigma and

Activity Narrative: discrimination.

TARGET POPULATIONS:

These activities target adults for HIV counseling and testing, particularly those from MARPs, as described above. Targeting these populations is important to encourage utilization of HCT services and provide ART for eligible HIV-infected individuals. Counseling provided through these activities also seeks to target PLWHA who are newly diagnosed by encouraging them to bring their partners and other family members in for HCT. In addition, target populations include orphans and vulnerable children.

CONTRIBUTION TO OVERALL PROGRAM AREA:

APIN HCT activities are consistent with the PEPFAR 2009 goals for Nigeria, which aim to increase uptake of HCT by supporting HCT centers, which are linked to treatment and care services, to target MARPs. By continuing to support and build the capacity of HCT centers and provide linkages to treatment and care centers, these activities will be able to meet the increasing utilization of these services, expected to result from HCT outreach initiatives identifying infected individuals. The network of HCT centers linked to HIV services and care will provide a sustainable network for infected and affected individuals in APIN catchments areas.

Additionally, as part of the sustainability building efforts, APIN will receive technical assistance and support from Harvard to assume program management responsibility for these HCT activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in Adult Care and Treatment, Pediatric Care and Treatment, Sexual Prevention, TB/HIV, and OVC. APIN will link with the Harvard's network of community, research-based, and tertiary care institutions, which should provide sustainable and high quality HIV and related services to the communities served. Furthermore, both primary and satellite APIN sites are linked in order to provide laboratory and specialty care support, as related to the HCT activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22516

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22516	22516.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$140,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9406.09

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 21695.25311.09

Activity System ID: 25311

Mechanism: HHS/CDC Track 2.0 Pop Council

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$25,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

In COP08, Population Council initiated the Men's Health Network (MHN), a consortium of three key partners, including Sexuality Health Incorporated (AHI), Africa Regional Sexuality Resource Center (ARSRC), and Alliance Rights Nigeria (ARN). To ensure the long term sustainability of the project, MHN is structured as a multi-donor social franchising model utilizing both private and public sector service delivery points to provide sexually transmitted infection (STI) services, HIV counseling and testing (HCT), and targeted condom/lubricant provisioning to high risk men (MARMs), particularly men who have sex with men (MSM). During COP08, the project identified and trained 24 service providers in three intervention locations – Lagos, Ibadan (Oyo), and Abuja (FCT) – with skills development, certified training in STI syndromic management and HCT. At the same time, a network of Key Opinion Leaders (KOLs) who function as peer educators will stimulate demand for clinical services among MARM/MSM. Training protocols, quality assurance standard operating procedures (SOPs) and task shifting activities were undertaken to bring capacity in private and public sector service providers up to standards. A training curriculum in gender/sexual orientation communication for providers was initiated to reduce stigma and improve service delivery. In addition, a peer education and diversity training curriculum was developed using the 'Men as Partners' approach and delivered in an age/gender specific manner to MARM/MSM as well as adolescent boys and girls for abstinence/be faithful (AB) programming for prevention. A minimum of 18 KOLs were trained and deployed across the 3 sites. By the end of COP08, the project has successfully administered 8,000 HCT to MARM/MSM beneficiaries.

In COP09, Population Council's HCT activity will consist of the following inter-related components: 1) To promote abstinence and fidelity for male adolescents with abstinence messages, and target MSM with "be faithful" messages, as part of a comprehensive male involvement curriculum addressing homophobia and violence; 2) To increase demand for and availability of condoms/lubricants and other prevention activities including STI management to MSM and their male and female partners; 3) To provide clinic and community-based HCT to MSM in a culturally and gender-sensitive manner; and 4) To support a network of opinion leaders to advocate on behalf of MSM to service providers, community-leaders, and police, through strategic-information activities.

Nigeria has a population of approximately 140 million people with a current adult HIV prevalence of 3.1% in (UNAIDS, 2008) and about 2.6 million individuals living with HIV. The HIV epidemic in Nigeria has been recently described as "generalized", spreading from the high risk to the general population. The most-at-risks-populations (MARPS) continue to serve as "reservoirs" of the HIV infection, thereby fuelling the epidemic in Nigeria. This group includes female sex workers (FSW), MSM, injection drug users (IDU), long distance truckers, uniformed professionals, etc.

The 2007 IBBSS shows varied overall HIV prevalence among MARPS with MSM having the second highest prevalence of 13.5% (25% in Lagos) compared to 25% among FSW. MSM are a particularly at high risk population in Nigeria. The MSM community is socially stigmatized, and receives scanty services to promote healthy sexual behavior and HIV/STI prevention. In Nigeria, nearly all informational education messages focus on heterosexual transmission of STI/HIV, and MSM are not sensitized to their own risk for contracting an STI. In addition, health professionals are largely unaware of their special needs. It is therefore paramount to include MSM in programs to prevent HIV/AIDS, since they are at high risk for HIV/STIs but are historically ignored by prevention campaigns and limited in their access to sexual health services.

The HCT component of this intervention will include: provision of clinic and community-based HCT to MSM in culturally and gender-sensitive manner within identified networks and meeting places (those testing positive for HIV will be requested to give consent so their partners/family members can also be tested); provision of confidential HCT and screening for TB at 9 clinics; testing of 2,500 clients for HIV using nationally approved serial HIV rapid testing algorithms; and provision of results to clients. 2,500 clients will also be screened for TB using standard tools and appropriate referrals made. 24 counselors, consisting of health facility staff, key opinion leaders in the target community and volunteers from partner organizations will be trained in local languages in confidential counseling and testing of individuals/couples using the National HCT training curriculum. Test kits will be procured using the USG Supply Chain Management System. Test kits and other consumables will be stored centrally by Pop Council and distributed to the sites based on projected needs with proper LMIS and inventory management by designated staff. Condoms will be sourced from Society for Family Health (SFH) for distribution as part of HCT activities.

In addition, the project will provide technical assistance to support 2 networks of advocates around MSM service delivery for strategic information activities, as well as 8 individuals receiving training in strategic information (covered through other funding sources). This includes training in monitoring and evaluation, surveillance, and/or health-management information systems. Quality assurance and control (QA/QC) will be performed among public and private laboratories affiliated with the project, though no direct laboratory funding is provided under this grant. Activities around HCTs will be used as an entry point to also assess other services such as distribution of condoms and lubricants, STI management, TB screening, IEC (information, education, and communication) materials, referrals for ARV, and TB management.

Population Council intends to pilot a Computer-Assisted Self Interviewing (CASI) method to aid efficient delivery of HCT services and easy mapping of the network of MSMs in the target communities. This will be largely client initiated through referral from identified networks and key opinion leaders. The HCT component to this program provides a vital linkage to onward referral services for condoms and other prevention (OP) program areas, specifically for men engaged in high risk sexual practices, and serves as an essential gateway for linked/clustered services under the Global Fund strategy of clustered providers for STI treatment, ART, and care and support. Access to quality condoms and lubricants as well as STI syndromic management and other health services will improve through the establishment of an MSM-friendly network of healthcare providers. In the first year, three public/private sector clinics will be selected and shaped into MSM-friendly clinics. In subsequent years, the project will expand by 25% per year in terms of number of clinics and cities.

Activity Narrative: Policy-level interventions are not specified in this activity; however significant engagement with NACA, CISHAN, and complementary donors is essential to gradually move forward with rights-based agendas to support protection of services to MSM.

Appropriate protocols will be used to ensure adequate biomedical waste management system, in close collaboration with the biomedical management team of the CDC.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Emergency Plan five-year strategy in preventing new HIV infections specifically among male MARPS by improving knowledge and awareness on safe sex practices, create demand for and access to the use of condoms and lubricants, HCT and STI management, TB surveillance as well as reduction of stigma and violence. It also promotes mutual faithfulness, reducing STI and HIV transmission and abstinence/delayed sexual initiation among adolescent males.

The project will contribute approximately 1% of the 2009 PEPFAR targets in the region through the use of multiplier organizations and local NGOs, social networks and community advocates as key opinion leaders.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in Sexual Prevention (AB and other prevention (OP)).

The HCT component to this program provides a vital linkage to onward referral services for OP program areas, specifically for men engaged in high risk sexual practices, and serves as an essential gateway for referral services under the Global Fund strategy of clustered providers for STI treatment, ART, and care and support. Access to quality condoms and lubricants as well as STI syndromic management and other health services will improve through the establishment of an MSM-friendly network of healthcare providers.

POPULATIONS BEING TARGETED

Most-at-risk-populations of men especially men that have sex with men, male sex workers and at-risk youths/adolescents.

KEY LEGISLATIVE ISSUES ADDRESSED

The target group is largely a hidden population, faced with stigma, violence and social exclusion. This programme will build capacity on strategic information, policy analysis, routine data analysis and monitoring and evaluation (M&E). This is to enable the civil society organizations to generate appropriate information from data in order to approach relevant authorities with right based issues to reduce stigma, violence and discrimination among the networks of the MARPS.

The major legislative issues addressed will include increasing gender equity in HIV/AIDS programs; addressing male norms and behavior; reducing violence and coercion; and increasing men's access to information on safe sex and high-risk sexual practices.

EMPHASIS AREAS

The emphasis areas will center on gender issues – male norms, behavior, gender equity, legal rights, increasing gender equity in HIV/AIDS program – to reduce stigma and discrimination. The programme will also build local organizational capacity to strengthen the social networks of the MSM, support on project management, management information systems (MIS) and quality assurance in HCT and STI service centers.

COVERAGE AREAS In COP09, the program will cover Lagos, Ibadan (Oyo), and Abuja (FCT).

New/Continuing Activity: Continuing Activity

Continuing Activity: 21695

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21695	21695.08	HHS/Centers for Disease Control & Prevention	Population Council	9406	9406.08		\$140,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 9693.09**Prime Partner:** PROHEALTH**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 22504.26330.09**Activity System ID:** 26330**Mechanism:** HHS/CDC Track 2.0 ProHealth**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Prevention: Counseling and Testing**Program Budget Code:** 14**Planned Funds:** \$25,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, Pro Health International (PHI) provided HCT services at two (2) health facility sites in Plateau state. HCT was made available in the general outpatient department, TB/DOTS clinics, immunization clinics, inpatient wards and antenatal clinics. The project used provider initiated counseling and testing (PITC) to maximize the uptake of HCT services at the healthcare facilities. PHI actively referred all HIV positive clients to access ARV drugs.

HCT activities for COP09 will lay emphasis on providing services to individuals most in need of HCT and link positive clients to appropriate care services. The PHI HCT activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities. PHI will provide HIV Counseling and Testing services to 2,500 people who shall receive pre- and post-test counseling, testing services and their results. The project will take place in one health facility in Plateau state, and will utilize the provider initiated testing and counseling (PITC) model to maximize uptake of HCT services at the health care facility. The HCT services will be provided using two (2) facility-based HCT service points and will be fully integrated with other health services. Point of service testing will be made available in the general outpatient departments (GOPD), inpatient wards, TB/DOTS clinic, and ANC and immunization clinics. The overall framework of the program targets the most at risk populations (MARPS) in Plateau State.

The program shall be integrated into the national framework for HCT by using the national 'Heart to Heart' logo. All HCT services carried out shall be in accordance with the national algorithm. Individualized abstinence, be faithful and correct and consistent use of condoms shall be the main message design for the counseling sessions as well as the information, education and communication (IEC) materials provided during those sessions. Positive clients shall be provided with the appropriate prevention messages and linked to the appropriate support services. Other services that meet the needs of positive clients like HCT for family members and sex partners, counseling for discordant couples, counseling on positive lifestyles/disclosure and prevention messages shall be offered. Negative clients shall be counseled using the ABC approach and where appropriate follow-up tests shall be advocated.

PHI facility based HCT services shall be of the PITC approach. This shall be done with full participation of the facility authority while making adequate provisions for respect of client/patient right to refusal. A more intense advocacy will be directed towards high risk individuals who access clinical services at the facility. HCT services will be provided for all TB suspects/patients. All HCT clients will be screened for TB using standard questionnaires and referrals made as appropriate for TB diagnosis and treatment based on scores. Patients attending sexually transmitted infection (STI) clinics will have access to HCT while HCT clients will be screened for STI using a standard questionnaire and referrals made as appropriate. Patients who are positive shall be linked to ART services provided by other PEPFAR supported implementing partners.

10 health care providers (HCT counselors) will be trained to provide HCT services to clients at the facility using the national HCT curriculum. Training and retraining on HIV testing based on the WHO/CDC HIV testing training package will be conducted. This training will be provided by appropriately trained Lab scientist and will be aimed at trained counselors, lab scientists, nurses, community health workers in supported facilities of Plateau state.

Quality evaluation in counseling will be done using QA tools in counseling such as client exit interview forms to assess client satisfaction, counselor's reflection forms, supportive supervision of counselors by trained counselor supervisor, regular monthly meetings by counselors and testers. At the sites, External Quality Assurance (EQA) activities will be conducted by linking up with a reference laboratory or supporting lab, while quality control (QC) will be done daily by the counselor/tester.

Test kits will be procured using the USG supply chain management system. Test kits and other consumables will be stored in the PHI warehouse and distributed to the site based on projected needs using a proper inventory tracking system by designated staff. PHI will adopt the use of the National monitoring and evaluation tools to ensure standardized data capturing and reporting. PHI will collaborate with JSI/MMIS to provide training on medical waste management and injection safety for all supported staff. Orientation will also be provided on post-exposure prophylaxis (PEP) following a standard protocol.

Contribution To Overall Program Area

This activity supports the national HCT scale up plan by promoting the accessibility of HCT services using a Federal Ministry of Health (FMOH) approved training curriculum and procedures. PHI will provide HCT services to two thousand and five hundred (2,500) clients who will be counseled, tested and receive their results. HCT services are essential to identify HIV+ people to meet national prevention goals and the national ARV/HIV care scale up goals. HCT services will target most at risk persons to maximize this impact. In addition, it also compliments PHI's partnership effort with USAID in providing prevention through Abstinence and Be faithful messages, Prevention of Mother To Child Transmission, Condoms and Other Prevention (C&OP), and HIV Counseling and Testing. Furthermore, the PHI free healthcare program which has recorded much success has an HCT component which still further strengthens PHI's resolve to fight the spread of the HIV virus.

Link To Other Activities

This program is linked to Abstinence and Be faithful (AB) program area in that persons who are negative will be linked to AB after testing, based on their age. Also, other organizations carrying out AB messaging will be encouraged to refer their clients to PHI facility based HCT centers for testing as it has been discovered that people who have done their counseling and testing are more likely to retain and practice AB messages than people who have not. Condoms and other prevention is also linked by way of helping people who are

Activity Narrative: negative (but are at high risk of infection) or those who are positive to adopt correct and consistent use of condoms after testing. On the other hand it can also be a referral point for high risk persons who are being reached with C&OP messages. Orphans and vulnerable children who are above eighteen or who are sexually active can voluntarily access the HCT services. Where this is not applicable, their guardians may give the consent for them. Conversely, this group of children whose parents have been lost due to HIV/AIDS may be referred using national guidelines for HCT. Patients who are diagnosed with tuberculosis will be referred for HCT owing to the high prevalence of HIV infection among patients with TB. Partners and family members of exposed or high risk persons will also be actively sought after to ensure that timely and adequate intervention to curtail spread is initiated. Referral of positive clients to comprehensive PEPFAR sites to link them up with ART services will be implemented.

Populations Targeted

The program targets the general population as everyone is at risk in the HIV/AIDS epidemic. The program shall be gender sensitive and shall also attend to the needs of children when required by providing pediatric counseling as is stipulated in the national HCT guideline. Special attention shall be accorded to high risk populations like commercial sex workers, and partners/clients of commercial sex workers. Health workers and other indigenes of Jos East Local Government Area (LGA) in Plateau state will have their capacity built to ensure sustainability and eventual transfer of ownership of the program to the community.

Legislative Issues

Owing to the ability of HCT to contribute directly to stigma reduction, PHI intends through this program to help to reduce the stigmatization and ostracism associated with HIV/AIDS.

Emphasis Areas

In a bid to ensure program sustainability, the areas of emphasis will include developing local human capacity for the provision of quality HCT services within Plateau state, and targeting commercial sex workers as key MARPS in Plateau state.

Monitoring and Evaluation

PHI will adopt the use of the National monitoring and evaluation tools to ensure standardized data capturing and reporting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22504

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22504	22504.08	HHS/Centers for Disease Control & Prevention	PROHEALTH	9693	9693.08		\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 555.09	Mechanism: HHS/CDC Track 2.0 IFESH
Prime Partner: International Foundation for Education and Self-Help	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 5668.26338.09	Planned Funds: \$80,000
Activity System ID: 26338	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION:

HCT services under COP08 were provided at 20 sites; in COP09 IFESH will continue to maintain services in these 20 sites in Rivers and Imo states (10 per state). Under COP09, IFESH will provide access to quality HIV counseling and testing (HCT) services to 8,000 individuals who will also receive their results. Staff and volunteers will also conduct focused community outreach HCT activities from the 20 sites. In order to accomplish this, HCT services will be targeted to populations that have been shown to be at increased risk for being infected with HIV through high-risk behaviors. Targeting this population will identify HIV-infected individuals and provide them with appropriate counseling, care and treatment. All individuals requiring treatment will be referred to ART treatment sites in the states. Additionally, IFESH will work with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services. Under COP09, IFESH will continue to provide HCT at all points of service within all IFESH-supported health care facilities using provider initiated and opt-out approaches.

Counseling and information, education, and communication (IEC) materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC), providing this messaging in a balanced approach appropriate for each individual client. For clients testing HIV-positive, prevention with positives (PwP) services will be provided, including HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages, and IEC materials on disclosure. Post-test counseling for those testing negative will focus on prevention using the ABC approach as well, and partner testing will be strengthened. Based on risk assessment, a follow-up testing interval will be recommended.

Funding will be used to support the training of staff utilizing HIV counseling and testing standard operating procedures (SOPs) and the standardized National training curriculum. 30 people will be trained on counseling and rapid testing at the 20 service outlets. Some of those trained will be community health workers who will do mobile HCT in order to carry out family centered home-based HCT during home care visits for PMTCT, OVC, and basic care and support clients. Training will be appropriately tailored to the targeted population to which it will be delivered, and counseling will be provided in local languages whenever possible. In view of the remoteness of most communities in these states and the trend towards home-based testing, IFESH will establish mobile HCT teams specifically to target hard-to-reach high risk groups such as commercial sex workers and truck/long distance drivers at community and ward levels. Due to the risk of HIV infection among these populations, a key component of the HCT delivery will include enhancing the linkage of the HIV-infected individuals to HIV care and treatment services as necessary. IFESH will educate communities in local languages in order to increase awareness of such services. Counselors fluent in these local languages will be available to ensure that appropriate counseling messages are conveyed to the clients. Individuals who received counseling and testing for HIV and received their test results (including TB) will be 13,000.

All testing will be conducted using the nationally approved algorithm for HIV testing that utilizes rapid test kits and same day results. IFESH laboratory program officers will provide training and supportive supervision. A quality assurance program will be put in place to ensure the accuracy of testing particularly for testing conducted outside of health facilities. Quality Assurance (QA) for both counseling and testing will be carried out at timely intervals in COP09 through submitting blood samples to a designated reference laboratory for testing and sending certified counselors for site assessments. IFESH will communicate with the USG laboratory team and other IPs to ensure that its laboratory QA system is of high quality.

CONTRIBUTION TO THE OVERALL PROGRAM:

The activities supported with these funds are in line with both the Government of Nigeria and the Emergency Plan strategies for addressing HIV/AIDS. Increasing access to HCT, particularly to high risk populations, will be utilized to identify individuals that will benefit from prevention, care, and treatment activities. Clients found to be infected with HIV will be linked to prevention with positives and care and treatment services. Those individuals found to be HIV-negative will be provided with counseling and prevention services to remain negative.

LINKS TO OTHER ACTIVITIES:

This activity is linked to adult and pediatric care and treatment, PMTCT, condoms and other prevention, TB/HIV, OVC, AB, and strategic information.

POPULATIONS BEING TARGETED:

This activity targets those individuals known to be at increased risk of HIV infection in Nigeria. These include most at risk populations (MARPS), hospital patients, commercial sex workers, uniformed populations, mobile populations, truck drivers, and out of school youth. To accomplish this, HCT services will be located where such populations are known to congregate.

EMPHASIS AREAS:

This activity includes an emphasis on training.

COVERAGE AREAS:

Sites are located in states chosen upon high prevalence in the most recent 2005 ANC survey and include Rivers and Imo states.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13067

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13067	5668.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$300,000
6748	5668.07	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	4172	555.07	Cooperative Agreement	\$275,000
5668	5668.06	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	2774	555.06	Cooperative Agreement	\$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 6643.26358.09

Planned Funds: \$280,485

Activity System ID: 26358

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of counseling and testing (HVCT) related commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs.

In COP08, SCMS will procure HVCT related supplies and equipments including medical supplies, such as HIV test kits (TKs), and non medical supplies, such as vehicles for mobile HVCT, for IPs and DoD.

Through its continuous support to and strengthening of commodity supply in PEPFAR HVCT programs, SCMS works toward ensuring uninterrupted availability of needed commodities to populations targeted by these programs including children, adolescents and adults in the general population as well as most at risk populations.

The present budget will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS. The budget is broken out as follows: 1) Provision of HIV test Kits to all PEPFAR HVCT programs: Total \$253,700 to support DoD; Columbia University (CU)/ICAP; Family Health International (FHI)/GHAIN; Harvard University School of Public Health; APIN+; University of Maryland (UMD)/Institute of Human Virology (IHV)/ACTION; Catholic Relief Services (CRS)/AIDSRelief; Catholic Relief Services (CRS)/ 7 Dioceses; The International Foundation for Education & Self-Help (IFESH); Society for Family Health (SFH); Africare; LMS-ACT; Excellence Community Education Welfare Scheme (ECEWS); AED-Workplace; CHAN; PopCouncil; Vanderbilt; Partners For Development; John Hopkins University; University Research Co. (URC); Pathfinder International; and ProHealth International; as well as new partners deemed eligible via USAID's APS and CDC's RFA 2) Provision of other HVCT related supplies, equipment or technical assistance for one IP and DoD, each of which has attributed specific funds to SCMS for these services: DoD, \$25,000, and URC, \$ 1,785.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (GON) HIV testing algorithm, marketing authorization status (NAFDAC registration) and GON importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

In addition to procuring required test kits for both training and use, SCMS will handle all the test kits donated by GON to support PEPFAR programs.

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services (i.e. maintenance service). SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spend to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. With support from SCMS field office, USG Nigeria team will coordinate and aggregate HIV test kits requirements on behalf of PEPFAR IPs and DoD. IPs' requests for commodities other than test kits will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Activity Narrative: Delivery arrangements will be negotiated with the partners which have placed monies directly into SCMS for this purpose (URC and DOD); SCMS will either deliver to a central location or to point of services as needed. Centrally procured test kits for all HCT partners will utilize the SCMS warehousing option as point of centralized distribution. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the long term warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP08, SCMS will provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organization, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports and also assist IPs to monitor/report on stock levels and usage through the deployment of Pipeline databases. In COP 09, Supply Chain Support Teams (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with GoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised.

In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their HVCT planned targets.

EMPHASIS AREA
Human Resources for Health

New/Continuing Activity: Continuing Activity

Continuing Activity: 13084

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13084	6643.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$3,725,000
6742	6643.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$4,792,450
6643	6643.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4043	4043.06	SCMS	\$804,600

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1532.09 **Mechanism:** USAID Agency Funding
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 16938.24942.09 **Planned Funds:** \$102,306
Activity System ID: 24942

Activity Narrative: This activity represents the fully-loaded costs of a full-time expatriate technical advisor for drugs and commodities logistics, and the fully-loaded costs of three full-time program area technical staff, a program officer for logistics and program officer for pharmacy and an administrative assistant. These staff are continuing from COP08, but during COP09, the expatriate advisor will transition out and her position will be assumed by the FSN pharmacist, so that the full drugs team will be all Nigerian. The demand continues for this specialty within the USG team, so as to ensure appropriate technical guidance for availability of and shifts to new drug regimens (first and second line, development of generics, pediatric formulations, etc.), advising on alternatives in case of pipeline/procurement issues, and to ensure compliance with the Nigerian drug regulatory authorities. Moreover, as the dollar amounts to be programmed, the range of pharmaceutical and related commodities required, and the number of partners providing programming in this area continue to grow, the drugs logistics team have proven to be a key piece for effective coordination of these efforts.

The commodities logistics team oversees the system strengthening and institutional capacity building activities related to establishing a harmonized drugs procurement system for Nigeria. Negotiation to both harmonize systems and maximize accountability in this area is intensive and extensive. The commodities logistics team's responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG procurement activities. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing ART programs, as well as compliance with GON and FDA procurement and import regulations. In addition, the oversight of SCMS and coordination with other commodity providers, such as the Clinton Foundation and Global Fund, lie within this portfolio.

All staff in this program area spend 100% of their time advising in this program area and do not have primary program responsibilities in any other program area. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16938

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16938	16938.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$86,881

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7215.09 **Mechanism:** USAID Track 2.0 ICASS
Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 16934.24954.09 **Planned Funds:** \$3,060
Activity System ID: 24954
Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency HCT ICASS budget for FY09 is to provide necessary ICASS support for the one USAID employee under the HCT program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16934

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16934	16934.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$1,640

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4133.09	Mechanism: HHS/CDC Track 2.0 Africare
Prime Partner: Africare	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 6642.25296.09	Planned Funds: \$90,000
Activity System ID: 25296	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Services will expand to four (4) new HCT sites in COP09.

ACTIVITY DESCRIPTION

In COP08, Africare provided counseling and testing (HCT) services at 19 service outlets (15 integrated facilities and 4 stand alone sites) in Lagos, Rivers and Bayelsa states. The project used provider initiated, routinely offered, opt-out models to maximize uptake of HCT services at the healthcare facilities. Facility based testing was fully integrated with other health services. Point of service testing was made available in the General Outpatient Departments (GOPD), Inpatient Wards, ANC and Immunization clinics as well as TB/DOTS clinics. Africare actively referred all HIV-positive pregnant women into PMTCT, providing laboratory and transportation support. From all points of service, clients were referred to receive basic care and support services and then actively referred into treatment. The 4 stand-alone sites are located at motor parks in close proximity to red light districts and markets. Targeted testing of most at risk populations (MARPS), including long distance drivers, commercial sex workers, students, and prisoners, was embarked upon by Africare in COP08. To strategically meet the need for large numbers of people to receive HCT services, community focused HCT outreaches were also embarked upon. These highly effective and targeted programs were aimed at reaching specific local government areas and working with key community members (community development associations, traditional birth attendants, religious leadership and local government authorities) as well as state ministries of health, agriculture and rural development. Additionally, Africare conducted targeted workplace programs in conjunction with prevention activities. In addition, Africare partnered with CBOs including Rhema Care Partners and Initiative for African Youth Development in Rivers state; these organizations also provided community outreach activities.

These activities will be continued in COP09 at 19 outlets with the provision of HCT services (counseling, testing and receiving results) to 9,000 clients. In COP09 the Africare HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services.

HCT will also be occurring in TB DOTS and PMTCT sites under the TB/HIV and PMTCT program areas, respectively, as described in those program narratives. PITC services will be focused to integrate reproductive health services and maternal child health at primary health centers. This will facilitate the completion of referrals into care and treatment in these centers and will provide linkages to OVC and PMTCT services. HCT will be further incorporated into periodic health awareness programs/health fairs/health week activities and government ministry programs, and will also target institutions of higher learning through the use of Youth Friendly Centers. Africare will continue to partner with community-based organizations (CBOs) and faith based organizations (FBOs) to carry out community HCT activities to increase access to underserved and marginalized Most at Risk Populations (MARPs) in the communities. Africare's HCT program will ensure gender balance by providing services in collaboration with traditional gender based organizations: associations of road transport workers, taxi cab operators, hairdressers and barbers, and commercial sex workers (brothel and non-brothel based). Africare's HCT program is closely linked with its prevention services, including prevention with positives (which encourages HCT for family members and sex partners of HIV-positive clients), healthy lifestyles and positive living (whose activities promote disclosure), and referrals for STI syndromic management and treatment to partners and family members. Home based counseling and testing services will also be provided. Clients that test HIV positive will be referred to the project's co-located basic care and support programs; those subsequently identified as needing treatment will be referred to USG or GON-supported sites providing ART services. All individuals presenting to HCT sites, even those who ultimately opt-out or decline results, will be reached with balanced ABC messaging and offered condoms.

HIV testing will be carried out using the National HIV rapid test kit serial algorithm. An ongoing QA/QC program, which consists of quarterly proficiency testing and blinded rechecking, will be continued during COP09. Africare will work with the USG/GON laboratory technical working group and other partners (e.g., HARVARD, IHVN) to ensure an effective QA/QC program. Quality evaluation in counseling will be done using quality assurance tools in counseling, such as client exit interview forms to assess client satisfaction, counselor reflection forms, supportive supervision of counselors by trained counselor supervisors, and regular monthly meetings by counselors and testers. A total of 9,500 clients (including TB clients) will be counseled and tested and receive their results.

10 additional health care providers, laboratorians, counselors and volunteers will be trained (1) to provide HCT services to clients at the facilities and within the community using the national HCT training curriculum and (2) to make appropriate referrals for other services. Additional training will be provided in STI syndromic management and treatment. There will be refresher trainings for previously trained counselors on updated national guidelines on HCT. All trained HCT providers will receive standardized counseling and testing tools as reference materials. The capacity building of health workers, with training of state and local government-based providers, will ensure health systems strengthening and sustainability.

HIV rapid test kits will be procured by the USG using the Supply Chain Management System in Abuja. Test kits and other consumables will be stored centrally by Africare's Country Office in Abuja and distributed to the sites based on projected needs with proper LMIS and inventory management by designated staff. Condoms will be sourced from Society for Family Health (SFH) for distribution as part of HCT activities. Age/culturally appropriate behavior change communication/information, education, communication (BCC/IEC) materials will be adapted and reproduced by the project. Africare's monitoring and evaluation staff will track activities at project sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Africare's HCT program, through its advocacy and mobilization activities, is expected to increase the number of most at risk persons accessing HIV testing services. Increased availability of diagnostic counseling and testing services at health facilities and in the communities will assist in identifying the

Activity Narrative: number of clients with HIV infection who are potential candidates for treatment and palliative care services, and will also serve at-risk groups in the community. HCT activities targeting pregnant women at outpatient departments, primary health care centers and antenatal clinics will contribute to the PMTCT program. The networks and linkages established with CBOs/FBOs/state and local health facilities will close existing gaps in the provision of services to the communities. The referrals for treatment will help link clients to treatment programs provided by PEPFAR, GON and other partners. Africare will build the capacity of partner FBOs/CBOs on program management to ensure sustainability.

LINKS TO OTHER ACTIVITIES

Africare's HCT program will be linked to sexual prevention strategies, as outreach will focus on prevention education targeting MARPs. In addition, positive clients are referred into care and treatment, TB/HIV, and OVC services. Strategic information programs will support data capture and facilitate feedback for further programming. The HCT program will strengthen the HIV prevention and care programs in the states and improve utilization of Africare's and other (USG-supported) care and treatment services in the states. All clients will receive age appropriate sexual prevention messages. Newly diagnosed clients with HIV or who have dual TB/HIV infection will also be referred into basic care, TB/DOTS, treatment and/or PMTCT, as well as support groups as appropriate. Referral networks would be utilized to ensure these linkages are activated and maintained. Local and state government staff and officials will play supervisory roles in outreach activities within local government areas as well as in facility based activities to ensure sustainability.

POPULATIONS BEING TARGETED

Africare's HCT activities target MARPS, including transport workers, mobile populations, commercial sex workers, incarcerated persons, in and out-of-school youth, couples, and PLWHA family members. HCT services will be provided to caregivers and family members of PLWHA, themselves MARPs. Training on HCT programs will be made available to health care workers and volunteers.

KEY LEGISLATIVE ISSUES ADDRESSED

The project activities will increase gender equity in programming through HIV counseling and testing targeting adults, especially women of child bearing age and men who do not routinely present to health care facilities. Activities will support mobilization and palliative care programs targeted at reducing stigma and discrimination in project communities and will encourage care and support of PLWHA.

EMPHASIS AREAS

Emphasis will be on capacity building and increasing the number of MARPS accessing HCT. Other areas of emphasis include, community mobilization and participation along with building networks/linkages/referral systems especially with TB//DOTS sites to ensure completion of referrals, and supportive supervision. Networks will be formed with government agencies, NGOs, and other groups for support in mobilization activities to generate clients for HIV testing. Staff of health facilities and volunteers of partner organizations will be trained to conduct quality counseling and testing. Africare staff along with partners will carry out quality assurance in project sites and provide supervision.

COVERAGE AREAS

Activities will be carried out mostly at health facilities, and less at stand-alone sites and in the communities in Rivers and Bayelsa (South-South zone) and Lagos (South West zone). Branded "Heart to Heart" logos will be used for identification at all Africare HCT sites and in facilities where HCT is supported.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12987

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12987	6642.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$410,000
6673	6642.07	HHS/Centers for Disease Control & Prevention	Africare	4161	4133.07	Cooperative Agreement	\$550,000
6642	6642.06	HHS/Centers for Disease Control & Prevention	Africare	4133	4133.06	Cooperative Agreement	\$350,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,980

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9399.09

Prime Partner: Vanderbilt University

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 21676.25317.09

Activity System ID: 25317

Mechanism: HHS/CDC Track 2.0 Vanderbilt

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$25,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

In COP08, Vanderbilt counseled, tested, and provided results to 1160 individuals (excluding TB) in 5 sites including 2 comprehensive and 3 satellite sites. The project used client initiated and provider initiated, routinely offered, opt-out models to maximize uptake of HCT services at the healthcare facilities. Facility based testing was fully integrated with other health services. Point of service testing was made available in the General Outpatient Departments (GOPD), Inpatient Wards, ANC and Immunization clinics as well as TB/DOTS clinics. Vanderbilt actively linked all HIV positive clients to basic care and support services.

In COP09, Vanderbilt will build on the successes achieved in COP08 by continuing to provide high quality HIV counseling and testing services (HCT) to adult and pediatric patients at a total of 7 sites (2 comprehensive sites and 5 satellite sites). HCT services will be provided to a total of 2,500 new clients (excluding TB and 3,175 including TB), using the serial national testing algorithm. To meet this goal, Vanderbilt will train or retrain 8 individuals to provide HCT using the national HIV training curriculum. The Vanderbilt HCT activities will also stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities.

Testing and counseling for HIV is a critical first step in decreasing the spread of this disease. HCT services will be based at the comprehensive and the satellite sites. These centers will provide: 1) on site, walk-up HCT services to self- and physician-referred clients; 2) opt-out HCT for patients receiving treatment for TB at the comprehensive sites; 3) point-of-service testing in the GOPD, ANC, Immunization clinics and inpatient wards; and 4) point-of-service testing in the TB/DOTS clinics located within the catchment area. Vanderbilt will ensure that trained counselors are available at HCT sites, especially PMTCT sites to provide couples counseling and testing following standard protocols and procedures, as a means of reducing HIV transmission in sero-discordant couples/partners. An ongoing quality assurance/quality control (QA/QC) program, which consists of proficiency testing and blinded rechecking, will be linked to a reference laboratory. Vanderbilt will work with the USG/GON laboratory technical working group and other partners (IHVN) to ensure an effective QA/QC program. All patients who test positive will be referred to the care, support, and treatment program for further evaluation and determination of ART eligibility.

Community outreach activities will raise awareness of the program. Community based groups and local media will be utilized to disseminate HCT knowledge and address stigma. Stigma and shame are major barriers to using HCT services; lower stigma means more users of HCT services. The kind, sympathetic, and respectful staff will provide a welcoming, supportive atmosphere to all persons seeking HCT services. Clients can choose from among the 2 comprehensive and 5 satellite centers which are conveniently located. Vanderbilt will ensure that trained counselors are available at HCT sites to provide counseling and testing following standard protocols and procedures, as a means of reducing HIV transmission. Rapid HIV testing will assure that clients receive same day test results. As part of HCT promotion, HCT sites will be branded with the National "Heart to Heart" logo.

CONTRIBUTION TO PROGRAM

Vanderbilt's program activities are consistent with the PEPFAR goal of HCT to help stop the spread of HIV, and increase referrals to care and treatment. The program will also contribute to strengthening human capacity through training of health workers, community workers and PLWHAs and their families.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC, and Pediatric Care and Treatment for pediatric care, PMTCT, TB/HIV to provide ART to patients with TB, Lab to provide ART diagnostics, HCT as an entry point to ART, Adult Care and Treatment for HIV infected adults, and SI. The activities will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services by providing HCT to eligible pregnant women.

POPULATIONS BEING TARGETED

The counseling and testing component of the activities will target adults, pregnant women, couples, and children. The operational elements of these activities (monitoring and evaluation (M&E), personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of HCT services to satellite rural health facilities will increase access to necessary services in poor communities.

EMPHASIS AREAS

This program seeks to increase gender equity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming and improved quality services the program will contribute to reduction in stigma and discrimination and address male norms and behaviors by encouraging men to contribute to care and support in the families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21676

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21676	21676.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$225,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9403.09	Mechanism: HHS/CDC Track 2.0 Johns Hopkins
Prime Partner: Johns Hopkins University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21704.25333.09	Planned Funds: \$25,000
Activity System ID: 25333	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The project will be modestly scaled-up in Zamfara state with replication of activities in other Local Government Areas (LGAs).

Activity Description

In COP08, the ZAIHAP Project will have established three HCT sites in three LGAs of Zamfara State. Twenty health care workers were trained to provide quality HCT services.

In COP09, the Zamfara Akwa Ibom HIV/AIDS Project (ZAIHAP) will use evidence-based technical and programmatic approaches to improve access to quality HCT services by training 20 healthcare workers using the National HCT training curriculum. The project will be implemented in Zamfara state in by establishing two additional HCT sites using a health facility based model supported by community mobilization, for a total of five sites under COP09. It is projected that a total of 2,500 clients (1,500 women and 1,000 men) will undergo counseling and testing and receive their results. The project will be scaled-up to Akwa Ibom state in subsequent years subject to funding. ZAIHAP will also work with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service.

The overall goal of the proposed project is to establish sustainable approaches for the reduction of morbidity and mortality due to HIV/AIDS among vulnerable populations. By using platforms of integrated health services and community outreach to scale-up HCT programs, ZAIHAP will strengthen the capacity and expansion of primary prevention of HIV infection.

ZAIHAP will continue to work with the State Ministry of Health (SMOH) and State Agency for Control of AIDS (SACA) to increase access to and use of high quality HCT services at facility and community levels in Zamfara. This will be carried out by focusing on provider-initiated HCT services. Site strengthening for provision of high quality HCT services will also be carried out by the project. This will be preceded by site assessments and identification of low-cost solutions to improve client flow. HIV rapid test kits will be procured by USG using Supply Chain Management System (SCMS). Test kits and other consumables will be stored centrally by ZAIHAP and distributed to HCT sites based on projected needs with proper inventory management by designated staff. The project will work with SCMS to strengthen the re-supply system at supported sites. Provider-initiated testing and counseling (PITC) for TB and STI patients will also be established and providers working with such patients will be trained. Additional on-the-job training will be provided during supportive supervisory visits.

The project takes a holistic approach to interventions and will ensure that all individuals who test positive are referred to ART sites and are linked to care and support services. To this end, an LGA based referral network will be established that will map out public service delivery outlets, private providers, CBOs, FBOs and others involved in providing integrated HIV/AIDS services. Post-test clubs with both HIV-positive and HIV-negative participants will also be established and strengthened to improve links between PLWHAs and support services.

To establish an enabling environment and community support for HIV related services to create increased demand for uptake of HCT services, ZAIHAP will develop and support implementation of community level behavior change communication (BCC) interventions to provide accurate information about HIV/AIDS, help bring about attitudinal and social norm change, and encourage individuals to seek HCT services. The National HCT logo will be conspicuously displayed at all HCT sites.

To measure and report on progress toward achieving program objectives, Jhpiego will implement a detailed monitoring and evaluation (M&E) plan that acknowledges the critical importance of collecting and reporting on the PEPFAR program-level indicators for CDC/Nigeria. This information will be used for both project reporting and ensuring that the project is meeting its targets and achieving its goals. Program-level indicators will be collected quarterly during site visits through available project records, client registers, and the Nigerian National Response Information Monitoring System (NNRIMS), as appropriate. Jhpiego's Training Information Monitoring System (TIMS) will also be used to track persons trained and facilitate follow-up.

While recognizing that data from the Jhpiego-supported sites will be reported to the Ministry of Health to calculate the outcome indicators on a national level, Jhpiego will also calculate these indicators on a project level to ensure proper project implementation and management.

Contribution to Overall Program Area

HCT is a key component of comprehensive HIV/AIDS programs, serving as the link between prevention efforts, and care and treatment programs. ZAIHAP will contribute to the Federal Ministry of Health's (FMOH) National Policy's goals on HIV/AIDS to increase access to HCT.

Links to Other Activities

To reach target populations, ZAIHAP will use a two-pronged approach: (1) strengthening/establishing facility based HCT comprehensive care, and (2) creating an enabling environment for social and community support for HIV/AIDS related services. This will increase demand for and uptake of HCT services. Program implementation will be guided by a continuum of care model that ensures referral to prevention, support, care and treatment services for families and communities. The ZAIHAP project will build onto and link closely with Jhpiego's ongoing ACCESS program in Zamfara which has strong community mobilization and demand generation interventions to encourage women to utilize ANC and Emergency Obstetric and Newborn Care services. ZAIHAP will take advantage of this existing network and add messages on the benefits of HCT. The HCT activities will serve as a platform through which other family members are targeted for HCT services. HCT will be offered to families of PLWHAs through strategies such as couples counseling and testing. ZAIHAP activities will be linked to other important services such as HIV care and treatment, and other wraparound services such as ANC and delivery services, psychosocial support, economic empowerment schemes, and others.

Activity Narrative: Target Population

ZAIHAP will reach most-at-risk populations (MARPS) for the HCT component of the project. These include STI and TB patients/suspects, clients admitted to hospitals who perceive themselves at risk for HIV infection, commercial sex workers, transport workers, and youth.

Key Legislative Issues

ZAIHAP will work closely with the state and local government authorities to ensure compliance with HCT national guidelines. In addition to using M&E data to monitor project achievements, the data will also be used to ensure that the project is on target with financial goals such as the average cost of training each participant. Illustrative outcome indicators are based on PEPFAR recommended outcome indicators and the Nigeria HIV/AIDS Strategic Framework for Action (2005-2009).

Emphasis Areas

The project will apply several cross-cutting and capacity building interventions at two new HCT sites with input from state and local government authorities and HHS. ZAIHAP will ensure that quality HCT services are established by: site strengthening in each of the selected facilities, training of providers and supervisors, and implementation of Jhpiego's hallmark Standards-Based Management and Recognition (SBM-R) approach.

Site strengthening: ZAIHAP will work with the State Ministry of Health to open two new HCT sites in year two. The project will create linkages between HCT and PMTCT services integrating these services in many facilities and coordinating and promoting follow-up for both PMTCT and HCT. Because nursing staff are in short supply, ZAIHAP will encourage facility administrations to staff the VCT services with trained community counselors. Provider-initiated counseling and testing services will be established for TB and STI patients. This will ensure that patients with TB/HIV co-infection will receive antiretroviral therapy (ART) if they are HIV-positive.

The project will provide the HIV test kits and ensure that facilities have an effective re-supply system in collaboration with SCMS.

Training of health care providers: To establish/strengthen both client-initiated (HCT) and provider-initiated testing and counseling (PITC) services, ZAIHAP will train twenty providers using the national curriculum to conduct HCT services using appropriate training approaches. Training will include specific modules on interpersonal communication and counseling and friendly client oriented services, and address key barriers to uptake of services such as poor provider attitude and lack of confidentiality. In addition to the above, a training of trainers activity will ensure that if providers are transferred from their site, enough trainers are available to train new providers and do on-the-job refresher training. All of the training activities are highly participatory based on the latest evidence in adult learning.

Follow-up and supervision: To ensure that quality HCT services are established, ZAIHAP team will use the SBM-R approach for ongoing quality assessment and improvement. SBM-R involves the systematic use of performance standards and the rewarding of compliance with these standards. This process helps ensure that the implementation of skills and knowledge results in higher quality, more standardized services for beneficiaries. SBMR will improve the quality of services provided under this project and will promote sustainability by giving users tools they can use to assess their own performance. Providers and supervisors will be trained on HCT performance standards for SBM-R, record keeping procedures and the use of data for decision making. Since the MIP project is already applying the SBM-R approach, the ZAIHAP team can use local technical assistance for implementation. ZAIHAP will use existing National HCT standards for its SBM-R approach. Post-training follow-up will be conducted six weeks after to assess whether knowledge and skills are retained and provide on-the-job refresher training. ZAIHAP will work with the State Ministry of Health to conduct supportive supervisory visits to each of the selected facilities on a quarterly basis.

Establishing Referral Networks: To link ZAIHAP activities to other important services including care and treatment and wraparound services, LGA level referral networks will be created. The network will utilize existing procedures and tools for referral. Orientation of service providers will be organized to promote understanding of and buy into the network's objectives and procedures.

Behavior Change Communication and Community Mobilization: Drawing from evidence-based behavior change communication (BCC) methodologies, the project will dispel myths and misconceptions by providing correct and comprehensive information about HIV/AIDS to youth, PLWHAs, health care providers, men and women of reproductive age, as well as most-at-risk populations (MARPS) such as transport workers, and commercial sex workers. ZAIHAP will review and adopt existing BCC messages and train its community directed distributors to disseminate these messages.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21704

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21704	21704.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University	9403	9403.08		\$225,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,428

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7144.09	Mechanism: USAID Track 2.0 LMS Associate
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 15645.24912.09	Planned Funds: \$85,000
Activity System ID: 24912	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: LMS will train health workers to provide counseling and testing in TB clinics both within LMS-supported facilities and stand-alone TB DOTS clinics.

ACTIVITY DESCRIPTION:

This activity links to activities in PMTCT, adult and pediatric care and support, TB/HIV, OVC, and prevention activities of other implementing partners (IPs) and the Government of Nigeria (GON). LMS in COP08 is supporting provision of HCT services at 17 secondary and 22 feeder Primary Health Care (PHC) facilities in 6 states of Kogi, Niger, Taraba, Adamawa, Kebbi and Kwara. In COP09, the LMS AIDS Care and Treatment project will continue to build upon the counseling and testing activities initiated in COP08 and expand to 2 additional secondary facilities in the existing states. HCT services will be further decentralized and strengthened at satellite PHC sites within each Local Government Area (LGA) to identify HIV positive clients and refer them to the comprehensive care and treatment (CCT) sites for treatment, care and support services as appropriate. Therefore a total of 41 sites (19 Comprehensive Care and Treatment and 22 PHC) will provide HCT in COP09. LMS will continue to leverage resources from state governments through high level advocacy, to support service delivery in the 41 supported sites. The LMS HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities. In COP09 8,500 clients will be reached with HIV counseling and testing and receive their results.

Through this approach, the project proposes to saturate each LMS supported facility LGA with an integrated HIV/AIDS and TB service that is more accessible to remote communities and stimulates community ownership and personal behavioral modification for prevention and health-care seeking. Some PHC facilities will be supported to become refilling centers for ARVs once clients have been stabilized at the secondary CCT sites. Counseling skills will be strengthened in the existing secondary facilities and feeder sites through appropriate training and retraining of 70 counselors. The counselor training program will be revised to include emerging issues such as provider initiated testing and counseling (PITC), family centered counseling, pediatrics counseling, home based counseling and testing, laboratory quality control/external quality assurance (QC/EQA), biomedical safety, rapid test kit (RTK) supply management, the continuum of care, linkages between HCT and other HIV/AIDS, TB and sexually transmitted infection (STI) services, professional HCT ethics, and how to work with local communities. Within the 70 counselors to be trained, LMS will provide PITC training to some counselors in TB clinics both within LMS-supported facilities and stand alone TB DOTS clinics. Counselor training in couples counseling will be leveraged from other IPs for counselors drawn from all LMS supported sites. Training shall be line with the GON national and international standards. LMS shall support facility-based HCT counselors to provide Mobile HCT services in remote areas targeting most at risk populations (MARPS), such as commercial sex workers, long distance truck drivers and uniformed service men. HCT services will also be extended to incarcerated populations (prisoners) in two prisons in Kogi and Adamawa States and remote PHC in the focus states. LMS will also support home based care providers within the basic care and support team who have competence in HCT to provide home based HCT services to families of index clients as part of its family centered approach and a contribution to prevention with positives. Clients accessing the mobile HCT services shall be linked to treatment, care and support programs of LMS and other IPs in the focus areas based on clients' convenience and ease of access. A referral system that promotes facility-to-community linkages and ensures feedback from the referred facility to the referral site shall be adopted for this purpose. LMS has identified a referral coordinator in each supported comprehensive care and treatment facility to drive this process. LMS will provide training in management systems including referral systems and patient tracking.

LMS will begin to identify and partner with local NGOs and CBOs in the communities surrounding the 19 secondary facilities and their feeder sites to enlist them to mobilize and support the general population to be tested. These NGOs will also play a crucial role in supporting LMS family approach to service delivery, dealing with the stigma of HIV/AIDS, encouraging HIV positive parents to seek testing and treatment for their children, and supporting persons living with HIV/AIDS. LMS will also collaborate with private health care providers in the locality to provide HCT services with LMS support after appropriate training, following national guidelines. HIV testing at all sites will be conducted using the current national serial algorithm. LMS project will provide counseling and testing and give results to 9,350 individuals including those with TB in COP09. In order to promote sustainability of the program and the buy-in of the host state governments, LMS will conduct advocacy visits to state governments to leverage resources. LMS will also facilitate quarterly HCT program update meetings with relevant state officials. LMS will also train counselling supervisors to maintain quality of service delivery and promote the sustainability of HCT services in the facility. LMS will buy into the USG HCT TWG intention to leverage rapid test kits from GON. This will afford LMS the opportunity to increase access to HCT by providing counseling and testing to the general population.

LMS will strengthen the Provider Initiated Testing and Counseling (PITC) strategy in all supported health facilities. This shall be done by continuous mentoring and supportive supervision of trained staff that provide HCT at all points of service - the Outpatient Departments, Emergency units, TB and STI clinics, Laboratory, Dental department and other inpatient hospital wards. All patients visiting the hospital shall be routinely offered HIV counseling and testing using the opt-out model. LMS shall collaborate closely with the hospital administration to ensure compliance and uptake of services. HCT services shall also be provided routinely to blood donors as a component of the blood transfusion services in supported sites. This will enable blood donors to get to know their HIV status and to be linked to treatment, care and support as appropriate, and to benefit from HIV prevention messaging based on abstinence, be faithful and correct and consistent condom use as appropriate. In order to increase HCT uptake and help deal with issues of discordance amongst couples, LMS shall offer couples counseling and testing (CHCT), following international standard protocols and guidelines. In order to strengthen these services, LMS will support its staff to step down the CHCT training provided by USG as part of its couples counseling roll - out plan for Nigeria. Appropriate post-test counseling will be provided to discordant couples, with emphasis on prevention for positives. In pursuit of a family-centered HIV/AIDS, TB and STI services, index clients will be counseled to bring their family members for HCT and subsequent care. Prevention messages based on ABC will be provided to families.

Activity Narrative: Pediatric HIV testing also will be offered at pediatric clinics and wards following standard guidelines and protocols.

LMS will implement the Prevention with Positives strategy including provision of condoms and information on correct and consistent use, especially to MARPs, counseling discordant couples and prevention of re-infection in couples that are concordantly positive. Condoms will be sourced from the Society for Family Health. LMS will establish two HCT stand alone sites within LMS supported facilities in centers in Niger and Taraba States. These supported HCT sites will be branded with the national "Heart to Heart" logo for easy recognition as a center for high quality HCT services. Information, education, and communication (IEC) materials focusing on abstinence and be faithful, and correct and consistent use of male and female condoms (ABC), shall be made available in all of these sites. To ensure appropriate condom messaging, models shall be provided in all HCT sites for the demonstration of correct condom use and condoms provided through the Society for Family Health shall be made available at all HCT sites including mobile HCT units. To ensure uniform and consistent data collection and monitoring and evaluation (M&E) processing, LMS shall use the national HCT registers and other national M&E tools for data collection at the secondary and primary sites alike. Aggregate site data shall be summarized and reported to the State M&E program officer and the HCT TWG as required. LMS will through its dedicated quality control lab staff provide routine HCT sites monitoring and appropriate mentoring to site staff. Personnel involved in HIV testing shall undergo quarterly proficiency testing, while testing accuracy will be routinely re-checked using limited retesting of patient samples. EQA for HIV serology will be linked to other USG IPs EQA programs until LMS can develop its own program as detailed in the laboratory narrative. As part of quality control measures instituted at all HCT sites, the quality control staff will also ensure that standard procedures are strictly followed in the safe handling and disposal of medical waste and other lab waste materials. Training for PEP will also be provided to all staff involved in HCT services. HIV test kits shall be procured through the USG-SCMS partnership mechanism, while the LMS logistic partner, AXIOS, shall be responsible for the appropriate warehousing and distribution of the kits to the sites. To ensure consistent availability of test kits and supplies at the sites, LMS shall adopt the use of the Supplies Consumption Data Feedback Form from all the sites. This will be used to determine the actual test kits and reagent consumption and based on this, provide appropriate replenishment.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Counseling and testing serves as an entry point for HIV positive individuals into treatment and support for positive living. HCT activities support and contribute to the success of ARV treatment, TB-HIV, PMTCT, OVC, and prevention, and strengthen the capacity of facility and community based resources to provide comprehensive HIV/AIDS services, serving the wider interest of improving the lives of adults, children and families directly affected by HIV. LMS shall promote TB/HIV collaboration by providing HCT training to service providers in DOTS clinics and including community TB screening in mobile HCT activities

LINKS TO OTHER ACTIVITIES:

This activity links to activities in Laboratory, PMTCT, Adult Care and Support, TB/HIV, OVC, and prevention activities of other IPs and the GON.

POPULATIONS BEING TARGETED:

This activity focuses on clients attending the various clinics at the 19 CCT and 45 PHC health facilities. Clinics targeted include TB, outpatient, ANC, inpatient wards, STI and Pediatric clinics. Adults and children from the catchment areas of the project supported sites are also targeted for HCT. The project will specifically target MARPs who have a relatively higher HIV prevalence and will require enrollment into care and treatment.

EMPHASIS AREAS:

This activity focuses on increasing the availability and accessibility of HCT (a crucial entry point to comprehensive AIDS care and treatment, and prevention) through provider initiated counseling and testing, establishing stand alone HCT centers, and provision of mobile HCT services which target MARPS. It also addresses gender concerns related to HIV/AIDS care and treatment by promoting access to diagnosis, care and treatment for women, particularly pregnant women through PITC in antenatal clinics and delivery wards. This activity addresses the need to counsel and test in order to link infected persons to care and treatment and prevent future infections in persons who test negative.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15645

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15645	15645.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$1,320,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3809.09

Prime Partner: Excellence Community
Education Welfare Scheme
(ECEWS)

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16907.25287.09

Activity System ID: 25287

Mechanism: HHS/CDC Track 2.0 ECEWS

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$25,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP08, ECEWS provided HCT services to 12,000 clients across 11 sites including 1 mobile site in Akwa Ibom and Cross River states. Additionally, 25 health care workers including 5 volunteers were trained in HCT.

In COP09, ECEWS will continue provide HIV Counseling and Testing (HCT) services to 2,500 individuals who will be counseled, tested, and receive their results. These HCT services will be provided at 10 HCT sites (7 public health care facilities and 3 private health care facilities) and 1 mobile site that will target most at risk persons (MARPs) including incarcerated populations, youth, police, customs workers, immigration workers and commercial sex workers, for a total of 11 points of service in the states of Akwa Ibom and Cross River. Staff and volunteers on the mobile team will actively visit communities where MARPs are located through community outreach HCT activities. The ECEWS HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT as described above, and (2) working with sites to identify potential additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities.

The national "Heart to Heart" branding logo will be utilized at HCT points of service for easy recognition. Counseling and information, education, and communication (IEC) materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC), providing this messaging in a balanced approach appropriate for each individual client. For clients testing HIV positive, prevention with positives services will be provided, including HCT for family members and sex partners, counseling for discordant couples, counseling on healthy lifestyles and positive living, prevention messages and IEC materials on disclosure. Post-test counseling for negative clients will focus on prevention using ABC approach and partner testing will be encouraged. Based on risk assessment, a follow-up testing interval will be recommended.

Facility based HCT services will ensure that services are available to all high risk individuals within the institution and the catchment area. For example, HCT services in a given facility will be available at TB DOTS, inpatient wards and the general outpatient clinics including where STI patients are seen. HCT staff will round regularly on the wards and, where applicable, with the medical staff will identify inpatients in need of HIV testing. Each of the ECEWS-supported facility point of service (POS) will be linked to comprehensive treatment hospitals and facilities for referring HIV positive patients for full evaluation including eligibility for ART. Additional strategies such as equipping home based care teams with HCT capacity to implement home based testing and prevention outreach will be evaluated to target high risk discordant couples and family members. ECEWS mobile HCT services will reach substance abuse populations in selected locales. HIV testing will be conducted by counselors using the nationally approved HIV rapid test algorithm with results available immediately.

In appropriate settings and in line with Government of Nigeria (GON) HCT guidelines, testing will be carried out by non-laboratorians or lay counselors. Where this is the case, ECEWS master trainers (Laboratory Scientist and Nurses) will train and work with these staff to ensure that HIV testing provided within the HCT context is of high quality by incorporating HCT sites into the laboratory QA program. Whenever feasible, client witnessed testing will be carried out to encourage client confidence in the result. As part of QA program for HIV testing, quarterly proficiency testing will be conducted by a reference laboratory. ECEWS will partner with PEPFAR IPs specializing in lab programs to facilitate this and ensure quality of services.

Using established standard operating procedures (SOPs) and a standardized National training curriculum, new counselors will be trained either centrally or at the site level, and refresher courses for existing counselors will be conducted. Counselors will be trained to counsel clients concerning disclosure to spouse and/or sexual partners and to encourage disclosure, while exploring and addressing potential negative consequences. ECEWS will also seek out training opportunities for counselors on couples counseling using a standardized curriculum. ECEWS will train, either itself or through leveraging training programs provided by other PEPFAR implementing partners (IPs), 10 counselors in the provision of HCT. The quality assurance (QA) strategy for counseling will include QA tools in counseling such as: client exit interview forms to assess client satisfaction, counselor reflection forms, mystery clients, supportive supervision of counselors by trained counselor supervisor, regular monthly meetings by counselors and testers and periodic refresher training. Existing site staff will be used as counselors. At high throughput centers, temporary additional staff support may be provided, but sites must agree to include funding for any new position in the next fiscal year site budget.

Condoms, supplied by other donors (DFID) and provided to all IPs through Society for Family Health, will be available at ECEWS-supported centers at no charge or a limited charge. HIV rapid test kits and consumables for testing will be warehoused by ECEWS, and where feasible in collaboration with the state Ministry of Health. They will be provided to sites based on a pull system using a site level inventory control system linked to the ECEWS warehouse logistics management information system. The current system can be easily harmonized with the national test kit logistics management information system and inventory control system once implemented.

The M&E system will utilize the National HCT registers to maximize time devoted to service provision and facilitate services at primary health center and community mobile settings. National patient management and monitoring (PMM) forms will also be used. Aggregate site data will be summarized and reported to the national M&E program officer monthly. HCT services will be provided at 11 sites (10 fixed and 1 mobile) in the following 2 states: Akwa Ibom and Cross River.

Contribution to Overall Program Area

This activity supports the national HCT scale up plan by promoting the accessibility of HCT services using an FMOH approved training curriculum and procedures. HCT services are essential to identify HIV positive people to meet national prevention goals and the national ARV/HIV care scale up goals. HCT services will

Activity Narrative: target most at risk persons to maximize this impact.

Link to Other Activities

This activity is linked to AB, Condoms and Other Prevention, Care and Support, Orphans and Vulnerable Children, TB/HIV and SI. Prevention for positives counseling will be integrated within post-test counseling for HIV positive persons, thereby providing this care service at HCT POS. Other at risk family members including vulnerable children will be identified through HCT and referred to services such as OVC programming.

Populations Targeted

This activity serves children, youth and adults in the general population who will be offered HIV counseling and testing. However, most at risk persons including commercial sex workers, discordant couples, and uniformed service men, out of school youth, mobile populations, and partners/clients of commercial sex workers (CSW) will be specifically targeted. Other health care workers and community volunteers will be targeted for training.

Legislative Issues

This activity addresses the key legislative issue of "Stigma and Discrimination", since HIV counseling reduces stigma associated with HIV status through education.

Emphasis Area

The major emphasis area for this activity is human capacity development as nearly all supported personnel are technical experts who focus on this at the site level. Minor emphasis is on commodity procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16907

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16907	16907.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$275,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,209

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 632.09

Prime Partner: University of Maryland

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5426.25246.09

Planned Funds: \$135,012

Activity System ID: 25246

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The narrative has been updated to reflect COP09 goals and targets. As a result of the necessary shift in resources to maintain care and treatment activities across the PEPFAR-Nigeria program, there is a reduction in funding and targets for HCT services from COP08 to COP09. The ACTION narrative reflects the consolidation of activities in this program area for COP09; HCT Points of Service (POS) will be co-located with Condoms and Other Prevention sites to focus on most at risk populations, and hospital and community based HCT will be phased out of direct commodity support. In anticipation of this and in order to minimize the potential impact on the availability of services, ACTION will also work with these sites during COP08 to evaluate the opportunity to seek out other sources of funding for these activities. In COP09 the ACTION HCT site and community level activities will stress: (1) providing technical assistance, particularly in identifying most at risk persons in need of HCT, and (2) working with sites to identify and obtain additional resources (from the GON, other donors, Global Fund, etc.) to provide commodities and increase uptake of HCT services in all points of service in the facilities.

ACTIVITY DESCRIPTION:

In COP08, ACTION provided support to 121 Points of Service (POS). In COP09 ACTION will provide Counseling & Testing (HCT) services complementing Condoms and Other Prevention services targeting 13,500 persons at 12 points of services in 9 states (Anambra, Benue, Delta, Edo, Imo, Kwara, Lagos, Ogun, and Osun). With a mobile HCT van in 2 regions, ACTION will collaborate with indigenous NGOs to offer testing focusing on most at risk persons (MARPs) using a mobile strategy linking HCT to Condoms and Other Prevention (C&OP) activities. HCT carried out at an additional 110 TB DOTS POS will reach 25,000 persons under the TB/HIV program area will provide HCT services to an additional 5,500.

HCT services will be provided by trained counselors using the national testing algorithm and opt-out approach in accordance with the national HCT guidelines. The national "Heart to Heart" branding logo will be utilized at all POS. Counseling and information, education and communication (IEC) materials will focus on abstinence, be faithful, and consistent and correct condom use (ABC). In addition, IEC materials will include information promoting couple counseling and counselors will be trained on Couple HIV counseling and testing (CHCT). Discordant couples will receive a package of services including safer sex behavior messages, condoms and information targeting both positive and negative partners. This activity will be linked to PwP (prevention with positives) as detailed in the Care and Treatment narrative. Client witnessed testing will be carried out to encourage client confidence in the result. Intensive advocacy for implementation of HIV testing by non-laboratorians has taken place, thus counselors will carry out rapid tests in most settings. To ensure the quality of test results, laboratory program officers will provide training and QA program focused on rapid testing. Prevalence will be monitored regularly to optimize targeted screening of populations with high rates of infection.

Post-test counseling for negative clients will focus on prevention using a balanced ABC approach, and partner testing will be encouraged. Based on risk assessment, a follow-up testing interval will be recommended. Post-test counseling for positive clients will include PwP counseling which also includes balanced ABC messaging as appropriate. Counselors are trained in CHCT to address disclosure to spouse and sexual partners while addressing potential negative consequences of such disclosure. PLWHA treatment support specialists are employed at ART treatment sites to ease the referral and linkages for newly diagnosed clients. Newly identified HIV+ clients will be linked to HIV care centers in the network.

Community based mobile HCT services will be supported with one van based at two of the ACTION regional offices in Edo and Lagos States, to assist hospital based HCT teams that frequently provide HCT in the community setting and to link HIV+ clients into care and support services. The monitoring and evaluation (M&E) staff will compile data on rates by target population and venue; this will facilitate their use of data to guide systematic screening strategies. HIV sero-prevalence among MARPs tested in mobile settings has been consistently above the national average, 19.1% in COP06, 27.5% in COP07 and 15.4% in the first quarter of COP08 demonstrating the ability to identify communities at high risk of HIV acquisition and transmission. Another strategy to increase access to HCT outside of facilities is to train and equip home based care (HBC) teams to provide home-based HCT to family members of HIV+ clients. In COP09, 12 community based testing sites will be developed through collaborations with indigenous NGOs and local public health clinics as mentioned above. These are co-located with C&OP sites so that activities will be properly linked. The NGOs will establish stationary HCT sites and utilize the mobile HCT van at truck stops and other venues appropriate to access hard to reach MARPs as detailed in the C&OP narrative. MARPs testing HIV- will be linked to C&OP services offering education, counseling, social support, and syndromic STI management.

The M&E system will be primarily ledger based to maximize time devoted to service provision and facilitate services in the primary health center and community mobile settings. Aggregate data will be reported to the ACTION regional M&E program officer monthly. A referral tracking system for HIV+ clients has been developed and will be utilized. The quality assurance (QA) strategy for counseling will include post-test client surveys, quarterly site monitoring visits using an existing quality assessment tool, and routine reviewing of M&E data. A major metric of the QA process will be the percentage of positives entering care. Feedback to sites will occur quarterly with targeted refresher courses and regional TA for those needing capacity building. An extensive laboratory QA program (described under lab program area) is in place to ensure the accuracy of HIV rapid testing. Test kits and consumables will be warehoused by ACTION and provided to sites based on a pull system using site level inventory control systems linked to ACTION's logistics management information system. The current system can be easily harmonized with the national test kit logistics management information system and inventory control system once implemented.

Five HCT counselors each will be trained at the 12 HCT sites co-located with C&OP sites for a direct training target of 60 individuals. The 10 day National HIV training curriculum will be utilized. The National "Heart to Heart" logo will be used at HCT sites for integration with National Branding of HIV testing services.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity supports the national HCT scale up plan by promoting the accessibility of HCT services using

Activity Narrative: the FMOH approved training curriculum and procedures. HCT services are essential to identifying HIV-positive people to meet national prevention goals and the national ARV/HIV care scale-up goals. HCT services will target most at risk persons to maximize this impact. The activity will support the FMOH and EP goal of having high quality HIV testing available at all sites.

LINKS TO OTHER ACTIVITIES:

This activity is linked to care and support, OVC, ARV services, condoms & other prevention, AB, lab and SI. PwP counseling and a prevention care package will be integrated with post-test counseling for HIV+ persons. Access to care services and ARV services will be provided. Other at risk family members including vulnerable children will be identified through community based HCT approaches and referred to services. In appropriate settings, testing will be carried out by counselors with training and oversight by ACTION laboratory staff. HCT sites are incorporated into the laboratory QA program to ensure that HIV testing is of high quality.

POPULATIONS BEING TARGETED:

This activity serves youth and adults with special focus on MARPs, including commercial sex workers, discordant couples, mobile populations, partners/clients of commercial sex workers and those who abuse alcohol and other substances. Training will be targeted to health care workers, counselors and community volunteers.

EMPHASIS AREAS:

An emphasis for this activity is human capacity development as nearly all supported personnel are technical experts who focus on this at the central and site level. Other areas of emphasis include local organization capacity building and SI. This activity addresses the issue of stigma and discrimination since HIV counseling reduces stigma associated with HIV status through education.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13113

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13113	5426.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$1,705,000
6772	5426.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$2,495,383
5426	5426.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$682,150

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$104,371,905

Program Area Narrative:

In COP 09, \$103,802,106 will be allocated for antiretroviral (ARV) drugs and disbursed among 14 implementing partners (IPs) providing ARV treatment to 300,000 patients in Nigeria. These partners are: Catholic Relief Services (CRS)/AIDS Relief; Columbia University (CU)/ICAP; Harvard School of Public Health; APIN Ltd.; Family Health International (FHI)/GHAIN; Management Sciences for Health (MSH/LMS); University of Maryland, Institute of Human Virology (IHV)/ACTION; Department of Defense (DOD); University Research Company (URC); Vanderbilt University; Partners for Development; CHAN; AIDSTAR; NEPWHAN

The extended USG lead Logistics Technical Working Group (Log TWG) will continue coordinating the activities of these partners.

USG Nigeria's long-term goal is to support a sustainable supply chain management system for antiretroviral treatment (ART) that incorporates and bolsters existing Nigerian institutional structures and is harmonized with Government of Nigeria (GON) activities. In keeping with the PEPFAR Nigeria strategy, COP 09 will focus on the following tasks: 1) providing an uninterrupted supply of ARVs to patients; 2) consolidate acquisition and leverage volume purchasing through SCMS; 3) participate in product selection, forecasting, procurement, warehousing and distribution, and vital data collection from the field; 4) move toward generic formulations; 5) leveraging resources from other stakeholders; 6) creating a single harmonized nation-wide logistics system; and 7) developing viable solutions for expired ARV waste disposal.

In COP09, PEPFAR Nigeria will continue its efforts to provide an uninterrupted supply of quality ARVs to patients across the country. Partners' clinical teams, together with other stakeholders from the HIV/AIDS clinical community participated in a country-wide development of Standard Treatment Guidelines (STG). The 2007 STG was recently printed and widely distributed among existing and new partners. The new STG plays a crucial role in product selection for new and existing partners. Partners also select only Federal Drug Administration (FDA) approved or FDA tentatively approved drugs.

In August 2008, PEPFAR Nigeria conducted a forecasting exercise with all IPs. The exercise was facilitated by the Supply Chain Management Systems (SCMS)/Nigeria office. The purpose of the exercise was to establish requirements for ARV drugs for COP09. Most partners were able to come up with their own projections, which were cross-checked with forecasts from SCMS. The result of the forecast was captured in budget distributions among partners during COP planning.

All partners must procure drugs in line with STG, FDA and National Agency for Food and Drug Administration and Control (NAFDAC) regulations. If an FDA approved drug is required by a partner and not yet approved by NAFDAC, the USG Logistics Team will request a NAFDAC waiver for the product. A waiver is compiled yearly and on behalf of all the treatment partners.

In COP09, partners will continue utilizing their existing procurement mechanisms. Partner procurements of ARV drugs are managed by SCMS, AXIOS, IDA Foundation, UNICEF, AIDS Relief, as well as corresponding university mechanisms, such as University of Maryland or Harvard. SCMS Nigeria has taken on an increasing role in partner procurements. In line with OGAC guidelines, SCMS will be pooling procurement for two ARV commodity lines on behalf of all the partners; Truvada and ZDV-3TC-NVP Fixed Dose Combination. The "high cost, high volume" criterion was used in selecting the commodities. Funding for the activity was taken off the top of all partners' budgets, based on their established needs during the forecasting exercise.

All ARV drugs and other HIV/AIDS related commodities are imported under diplomatic status. Port clearance administrative requirements and duty waiver requests are managed by the US Embassy on behalf of PEPFAR Nigeria. A fast track mechanism for perishables has been put in place to ensure timely clearance of corresponding commodities. Several registered customs agents clear products on behalf of IPs. However, as more partners come on board, a need for an alternative mechanism will be inevitable. The USG Logistics TWG is working on the request for a PEPFAR managed duty waiver, which will lessen the work load for the US embassy, save costs, and speed up the pre-clearance approval process.

To date, warehousing and distribution are specific to each IP. As part of the harmonization efforts, shared facilities and channels have been explored within PEPFAR and with the GON. Many partners maintain their regional warehouses in addition to state and zonal stores. This practice has ensured continuous knowledge sharing between pharmacists and logistics managers. Every partner has a mechanism in place to support optimal stock management; however, there is a limit to the logistics information that travels back to the donor level.

Limited access to logistics information will be addressed in the upcoming year by increased emphasis on central level reporting of logistics data. The Logistics TWG is creating a per-IP ARV report, which will allow the USG team to assess stock balance of IPs and provide an early warning for signs of inappropriate logistics management. This will prevent unnecessary expiries by trading stock among the various IPs and facilitate cross collaboration among IPs in terms of commodity utilization (e.g., loans, exchange, etc). Monitoring indicators of the supply chain systems will also be rolled out in the next year. These indicators will assess the viability and sustainability of various logistics networks and will give USG management in country a tool to access partners' performance in the supply chain process.

In 2007, 63% of drugs purchased were generics while the rest were branded (this is an increase since 2005). Lower cost generic ARV drugs are and will continue to be procured in place of their equivalent branded versions as soon as they have received FDA

approval or tentative approval and a waiver has been granted for importation and use from NAFDAC.

USG Nigeria leverages resources from the Global Fund for AID, Tuberculosis, and Malaria (GFATM) and GON to supply some first line ARVs to hybrid sites in several states. This collaboration has an ad hoc nature and is not orchestrated from higher levels. Frequent personnel changes within the Federal Ministry of Health (FMOH) make harmonization efforts more difficult. However PEPFAR/Nigeria is resolved to staying the course towards a single centralized drug logistics system for ARVs. The Clinton Foundation is also partnering with the USG and the GON National Program to provide second line adult regimens and pediatric formulations, including fixed dose combinations for IPs. USG and partners still budget for first line, second line and pediatrics formulations for both new and maintenance patients. Should some of the drugs come from GON, GFATM or the Clinton foundation, additional targets will be reached or more funds will be available for system strengthening activities.

The USG will increase its coordination and collaboration with the GON to develop shared logistics management tools, processes, structures, guidelines, standard operating procedures (SOPs), training curricula, and assessment tools. In that regard, all treatment IPs will coordinate with policy and system strengthening as well as strategic information (SI) activities under PEPFAR and with the GON to ensure the development of a sustainable national logistics system. USG and IPs will continue to participate in and support the harmonization process for procurements led by the GON. In COP08, members of the extended Logistics TWG as well as colleagues from the IP community sat in on various harmonization committees chaired by the GON. Several systems strengthening exercises conducted by SCMS have helped create a more sustainable GON distribution network operating from the Central Medical Store in Lagos. SCMS / JSI logistics training helped bring the concept of logistics management to key government colleagues in various divisions of the Federal Ministry of Health.

As the program matures, more effort needs to be placed on developing viable solutions for ARV waste disposal. As per guidance from OGAC, partners are encouraged to think of expenses associated with proper waste management of expired ARVs. In COP09, the USG Logistics TWG and the Prevention TWG will continue advocating for approval of the National Health Care Management Plan developed by several key stakeholders in 2007. In the mean time we will map out a network of existing incinerators in Nigeria and create partnerships with these waste management facilities for PEPFAR partners to use.

In COP09, the Logistics TWG will continue managing in-country distribution by coordinating forecasting exercises, monitoring partners' pipelines on ARV spending, receiving logistics management information system (LMIS) reports from the partners on ARV consumption and stock balance, and receiving information on logistics indicators, as well as continue facilitating cross-partner collaboration. We will continue working closely with the Government of Nigeria on harmonization efforts. We will also spend considerable effort on centralizing forecasting, procurement and overseeing functions in the hands of USG management team. Strong oversight on ARV spending and compliance with various guidelines are top priorities for the group. The team will also continue disseminating news and ensuring proper adherence to various guidelines. We will visit partners' warehouses, depots and sites to better understand issues and challenges they face every day. As a cross agency group we will continue working with each and every partner on issues and challenges they may have.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 632.09	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 5429.25247.09	Planned Funds: \$10,388,930
Activity System ID: 25247	

Activity Narrative: If continuing, paste your COP08 narrative here and put one of the following at the beginning of your narrative:

ACTIVITY UNCHANGED FROM FY2008
No change except for targets.

ACTIVITY DESCRIPTION:

In COP09 ARV drugs will be procured so that ARV treatment can be provided to 70,953 adults (7,953 new) and 8,000 children (2,450 new) at 110 clinical sites in 23 states in Nigeria. Sites are located in states chosen consistent with the National ARV Scale-Up Plan with the goal of universal access and include: Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, and Sokoto. This support is an increase from the 78 ARV treatment sites supported under COP08.

The first component of this activity includes forecasting and procurement of ARV drugs. As part of the COP09 budgeting process, a forecast was jointly carried out by ACTION and SCMS and utilized to project COP09 ARV requirements. It is estimated that 90% of patients begun on EP-provided ARVs will be adults and the remaining 10% will be children. Patients on ARVs include those started on ARVs in prior years, patients in care who roll over into treatment, and newly diagnosed patients needing ART. Overall, it is assumed that 5% of both adults and children begun on ARVs during prior years will ultimately require second line treatment under COP09. Forecasting and pipeline is reviewed and adjusted if necessary monthly based upon site level consumption data provided by Axios.

ACTION will follow the National Treatment Guidelines in the provision of ARV regimens for adults and children. The regimen mix has been forecasted based on current utilization and balancing best clinical evidence with scalability. The present preferred first line adult regimen is zidovudine/lamivudine/NNRTI with the alternative regimen tenofovir/emtricitabine/NNRTI with stavudine rarely employed. PEPFAR and FDA-approved generic formulations will be utilized whenever available, and we anticipate 70% of the budget will be utilized to purchase generics. For all regimens, a four-month buffer stock is maintained to minimize the likelihood of problems with drug supplies. ACTION staff develop ARV projections, and plan procurements accordingly. In COP09 all purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be purchased via SCMS pooled procurement mechanism, in line with OGAC's recommendation. A standing open purchase order for up to 50% has also been established with IDA Foundation as a backup. Based on current drug unit costs, an additional 14% for procurement and Insurance/ shipping has been added to the budget for IDA Foundation. Both SCMS and IDA inspect drugs for authenticity and test selected batches prior to accepting for shipping. SCMS and IDA certify packaging and storage conditions during shipping and provide insurance to the point of delivery at the frontier. Drug procurement will follow USG regulations, FDA and National Treatment Guidelines, as well as comply with requirements for NAFDAC registration or waiver.

Although collaboration with the FMOH may facilitate some sites being provided with first line ARV formulations through Global Fund or GON support, the full cost of ARV drugs required to care for new and maintenance ARV patients has been budgeted in the COP at this time. Should FMOH be able to provide first line ARV formulations, targets will be adjusted accordingly, and ACTION will ensure access to alternative first line and second line ARVs, pediatric formulations, and wrap around services including lab monitoring. Similarly, IHVN will continue leveraging resources with other stakeholders such as the Clinton Foundation. In that case, a similar procedure will be followed. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. The key principle adopted by ACTION is that all patients receive equal high quality clinical, laboratory, and community services regardless of the drug source.

The second component of this activity includes expediting commodities through the port of entry, followed by storage, distribution, and management of the commodities. This includes site assessment of pharmacies and storage facilities with corrective recommendations and actions. Needed site renovations for proper security and storage conditions in pharmacy stores will be undertaken by ACTION. Training of site pharmacists for drug commodity management using a computer or card-based inventory control system at the site level and training in proper drug storage will be carried out. Storage and distribution of ARVs, maintenance of a site level commodities management system, and instruction to site staff regarding the system, has been subcontracted to the Axios Foundation. Axios documents proper storage conditions at the central warehouse, regional warehouse, and site levels. With an expansion of ARV access to community venues including mobile clinics, local health centers, DOTS centers, and community pharmacies, logistical management of ART drugs will require increasingly resource intensive logistical and technical support due to geographic spread. The success of such approaches is vital to increasing adherence and avoiding patient default which program evaluations have shown is often linked to distance traveled from home to the ARV center.

Quality control involves routine monitoring visits by ACTION staff from the central Abuja office or from regional offices to all sites every six months to review the implementation of SOPs and to compare reported usage based on monitoring and evaluation data with local manifests and pharmacy logs. The ACTION training department analyzes data for patterns of deficiencies as well as individual site deficiencies in order to improve training and target weaknesses to address through retraining.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity supports the scale up of ARV treatment in Nigeria, a major priority for the FMOH. Through these activities, ACTION will continue to strengthen the structure of its ART drug procurement system, in accordance with PEPFAR goals in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure improvements such as pharmacy and drug storage facility renovations and training mechanisms are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, ACTION seeks to provide support to USG efforts to build capacity related to drug procurement and distribution in Nigeria. This

Activity Narrative: activity also supports the ARV program for adults and children as well as the PMTCT program for provision of ARVs to pregnant women and infants..

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in TB/HIV (3254.08), ART services (3255.08), and strategic information (3253.08). This activity will maintain significant linkages with PMTCT (3257.08) and ART services through the procurement of ARV drugs for individuals served by these programs. Additionally, linkages to TB/HIV activities will be developed and maintained. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

POPULATIONS BEING TARGETED:

The primary targets of these activities are health care workers, including program managers doctors, nurses, and pharmacists who are involved in the drug procurement and distribution process. Furthermore, by building mechanisms for drug procurement, these activities seek to target PLWHA, both adults and children, who are in need of or already receiving ART care.

EMPHASIS AREAS:

Human capacity development is an emphasis area. Training initiatives have been incorporated into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system. Other areas of emphasis include the development of SI management, through M&E activities, to provide feedback on the cost effectiveness of these drug procurement activities. SI management also ensures accurate drug projections in order to prevent stock-outs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13114

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13114	5429.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$11,406,128
6773	5429.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$19,850,000
5429	5429.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$12,928,058

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7144.09	Mechanism: USAID Track 2.0 LMS Associate
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 15646.24913.09	Planned Funds: \$1,876,580
Activity System ID: 24913	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09 LMS will build upon its achievements and experiences of COP08 to meet its COP09 target of providing antiretroviral (ARV) drugs to 6120 existing clients and 1768 new people living with HIV/AIDS (PLWHA) - adults and children - during the reporting period. The cumulative number of PLWHA that LMS will have supported with ARV drugs by the end of COP09 will be 7,888. This will be achieved by supporting seventeen (17) existing antiretroviral therapy (ART) sites in Kogi, Niger, Adamawa, Taraba, Kebbi and Kwara States, and upgrading 2 sites to full Comprehensive Care and Treatment (CCT) and further decentralizing access to drugs at selected linked primary health care (PHC) units in existing states. The project will therefore operate a total of 19 CCT sites in COP09.

This activity has several components namely: product selection, forecasting, procurement, inventory management, warehousing and quality delivery of antiretroviral (ARV) drugs to people living with HIV/AIDS (PLWHA). This narrative also describes the system strengthening efforts done by LMS and its subcontractor Axios.

First step of the process is product selection. LMS follows USG and FDA regulations, National Treatment Guidelines, National Agency for Food and Drug Control (NAFDAC) regulations.

LMS participated in the August 2008 forecasting exercise organized by the USG and SCMS project. The following assumptions were used in the forecasting for ARVs: Children will constitute 10% of all ARVs to be procured. 80% of patients will be on AZT-based containing regimens and 20% on D4T-containing regimen. Second line drugs will account for 3% of all treated clients. For PMTCT, 40% will receive single dose AZT 300 mg orally twice daily starting at 28 weeks through labor and delivery to one week post partum; and 60% will receive dual therapy of AZT/3TC 300/150 mg orally twice daily starting at 34 weeks through labor and delivery to one week post partum. One-hundred percent of mothers will receive NVP 200mg at onset of labor. One-hundred percent of the babies will receive 0.6 ml NVP within 72 hours of birth followed by 4mg/kg AZT orally twice a day for the next six weeks.

LMS will during COPO9 use the following drug regimens: First Line ART for adults will comprise of AZT+3TC+NVP (65%) or D4T+3TC+NVP (15%) or AZT+3TC+EFV (15%) or D4T+3TC+EFV (5%). Second line regimen will comprise of TDF/FTC+LVP/r. First line pediatric regimen will comprise of AZTs +3TCs +NVPs (15%) or AZTs +3TCs +EFV 50 (10%) or D4T6/3TC30/NVP50 (20%) or D4T12/3TC60/NVP100 (40%) or D4T20+ 3TCs +EFV (10%) or D4T12/3TC60 +EFV (5%). Second line pediatric regimen will comprise of ABC+DDI+LPV/r (100%). PMTCT regimen will comprise of Nevirapine 200mg Tablet and Zidovudine/Lamivudine 300/150mg.

For the procurement portion of the process, LMS partner Axios Foundation has developed a functional logistics system to ensure consistent availability of secure and high quality ARVs and related commodities plus accountability for the deliveries/usage. COP09 drug orders are determined by the result of the forecast. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be purchased via SCMS pooled procurement mechanism in line with OGAC's recommendation. Generic formulations will be used preferentially. Axios will use its distribution and warehousing network to deliver goods to patients.

LMS will ensure uninterrupted availability of ARV to all ART facilities through close relationship and leveraging resources with Government of Nigeria (GON), USAID and other stakeholders as well as PEPFAR implementing Partners (IPs). This concerted effort will efficiently promote a sustainable supply of ARVs and other HIV related products to all health facilities covered by the project. The project will leverage second line pediatric ARVs from the Clinton Foundation.

To effectively manage ARV inventory system, LMS supported facilities will continue to use a paper based Logistics Management Information System (LMIS). A computerized Inventory Management System with ability to interface with the Patient Management and Monitoring System (PMM) has also been developed and will be introduced at 2 selected supported sites in COP09. This system will ensure generation of management reports required for decision-making at facility and program management level. LMS will closely monitor the expiry dates on all the ARVs, so a timely re-allocation of drugs to high volume sites can help manage the system better. Should any drugs expire within the pipeline, LMS will destroy them in line with national waste management guidelines.

AXIOS, the LMS SCM agency is guided by the memorandum of understanding with the FMOH and the States Central Medical Stores in continuing to build capacity for warehousing and distribution by implementing already-developed standard operating procedures (SOPs) for warehousing and distribution at the central medical stores. In pursuance of increased government capacity to manage the SCM system and lead HIV/AIDS control efforts, LMS and AXIOS will in COP09 implement the following strategic priorities: (1) strengthening health facility commodity management systems to build sustainable logistics management capability for ARV drugs, Drugs for Oils, Rapid Test Kits (RTKs) and Lab reagents; (2) continued effort to improve the efficiency and effectiveness of mechanisms for procurement, warehousing, distribution and Logistics MIS; (3) continued rollout of our computerized Inventory Management System and ensuring a feedback mechanism that will promote analysis and utilization of collected data for making appropriate policy decisions; (4) integrating the warehousing function into the MOH system at Federal, State and Local Government wherever applicable; (5) consolidation of capacity building through, tools development, training, on-site training, supportive supervision and mentoring; (6) Continued implementation of the established Supply Chain Management Quality Assurance, (7) Collaborating with the SCMS project on joint forecasting and harmonization of procurement efforts to harness the economies of scale, and (8) establishing effective collaboration mechanisms with the GoN, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and other development partners for sustainability of program activities.

The Project State Logistics Officers will provide technical support to the State Governments to improve management of supplies and link SCM with the state M&E system and decision-making.

The LMS phase-out and sustainability plan includes building capacity of health unit stores officers, program

Activity Narrative: staff and state stores managers in the using the LMIS data to implement a “pull system” for commodities. IN COP09, LMS will strengthen its capacity building efforts in 2 states of Niger and Adamawa. The plans will include an assessment phase, customized plan for building capacity, and a set of clear objectives and indicators for measuring capacity as well as a timeline based on key benchmarks. The sites will be assessed using the site assessment tool and implementation will be based on the minimum start up requirements of the site. Specific attention will be paid to ensuring security of drugs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Commodity availability at facility level is the cornerstone of the strategy to increase access to the drugs and diagnostics for PLWHA, and to significantly contribute to the achievement of PEPFAR goals of access to care. The provision of ART services through this program will contribute to strengthening and expanding the capacity of the Government of Nigeria’s response to the HIV/AIDS epidemic, and increasing the prospects of meeting the Emergency Plan’s goal of providing life-saving antiretroviral treatment to infected individuals. This program will also contribute to strengthening the national drug/commodity logistics management systems, especially as it relates to ARVs, OIs, Test Kits, lab reagents and consumables among others.

LINKS TO OTHER ACTIVITIES:

This program element relates to activities in HVCT, MTCT, HTXS, and HBHC. Links to these programs include covering areas such as logistics/ supply chain management and management of test kits (CT), ARV drugs for adults and children, drugs for opportunist infections – OIs, prophylactic ARV drugs for pregnant women and infants.

The provision of supplies for laboratory diagnostics links directly into the ART program by providing for monitoring patient progress, toxicity levels and clinical chemistry.

POPULATIONS BEING TARGETED:

The drugs are for HIV positive clients enrolled on care and requiring HAART. Both adult and pediatric HIV infected clients are targeted. Also drugs for PMTCT prophylaxis

EMPHASIS AREAS:

Emphasis areas for the COP09 ART Drugs component will include strengthening of health facility logistic systems to sustainably manage ARV drugs, Drugs for OIs, RTKs and lab reagents and quality assurance, quality improvement and supportive supervision. This will be achieved through the integration of the project’s distribution system into the national network and also building capacity at state and site level to ensure sustainability of the developed supply chain management system. Building upon the Integrated Inventory Management Systems implemented at the facility levels, the project will continue to provide regular on site support to sustain usage. Finally LMS will continue to work with GON and implementing partners to ensure the harmonization and standardization of the LMIS tools & standard operating procedures in pharmacy.

The establishment of drugs storage facilities in or close to the LMS focus states will ensure that the drugs are proximal to health facilities and thus will increase access of such drugs and services to the resource-poor communities. By this endeavor, beneficiaries have closer access to drugs and are able to live healthier lives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15646

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15646	15646.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$3,500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 9692.09

Prime Partner: AIDS Prevention Initiative, LTD

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 22509.25344.09

Activity System ID: 25344

Mechanism: HHS/CDC Track 2.0 APIN

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: \$3,455,563

Activity Narrative: If continuing, paste your COP08 narrative here and put one of the following at the beginning of your narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over four of its PEPFAR supported sites to AIDS Prevention Initiative Nigeria, Limited. (APIN Ltd). The sites include Lagos University Teaching Hospital, Nigerian Institute of Medical Research, Onikan Women's Hospital, and Mushin General Hospital. The activity narrative reflects the transfer of targets from Harvard to APIN Ltd. APIN Ltd. will support the management of the Central Medical Store (CMS) for both Harvard and APIN Ltd. supported sites. The activities will build on the structure and systems put in place through Harvard. APIN Ltd. will maintain a strong collaboration with Harvard.

ACTIVITY DESCRIPTION:

Through these activities, APIN Ltd. will provide antiretroviral (ARV) drugs to 13,100 adult and 1,050 pediatric patients at six APIN Ltd. sites in three states (Lagos, Ogun and Oyo), all of which are comprehensive antiretroviral treatment (ART) sites serving pregnant women, adults and children. Two of the six sites are also supported by the Government Of Nigeria (GON) with close to 14% of patients receiving ARV drugs from GON. At all sites APIN Ltd. will provide prevention of mother to child treatment (PMTCT) drugs including all prophylaxis options and triple drug ART regimens for eligible pregnant women consistent with the national PMTCT and ART guidelines. Thus, a total of six APIN Ltd. sites will be providing ARV drugs through ART or PMTCT services.

All drug orders are based on projections of patient numbers as determined by annual forecasts conducted in August 2008 in conjunction with the Harvard/APIN Ltd country team, SCMS and USG Logistics Technical Working group. The determining factors were rate of patient enrollment, weight class of patients affecting drug dosage, gender, rates of toxicity, and rates of failure. 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, splitting of most orders, delays in National Agency for Food, Drug Administration and Control (NAFDAC) registration and lengthy clearance of drugs in country. As a result, our drug forecasts and orders had been adjusted to accommodate with an increase in buffer stocks. This year, we have buffer stocks for approximately 3-5 months for all of the requisite PMTCT, first and second line ARV drugs. Based on patient baseline data, fixed dose combinations (FDC) of CBV+EFV/NVP will be used for first line regimen; patients with anemia or Hepatitis B/C will be placed on TDF+FTC+NVP/EFV. Other first line alternative regimens and second line regimens will be dictated based on individual patient data or history. FDC and generic drugs will be used preferentially. Currently 7% of patients on ART are on second-line and 93% on first line regimens. APIN Ltd. will receive technical assistance from Harvard and Northwestern University for drug ordering and supply chain management. Drug usage updates are provided to all APIN Ltd. and Harvard investigators by email on a monthly basis.

APIN Ltd. will purchase the drugs in accordance with USG, FDA and National Agency for Food and Drug Administration and Control (NAFDAC) regulations as well as with the 2007 National Standard Treatment Guidelines. In COP09, APIN Ltd. will continue to collaborate with the Clinton Foundation for the receipt of second line adult and all the pediatric drugs. APIN LTD. will also work closely with the Government of Nigeria to leverage resources for the sites supported by both PEPFAR and GON. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be procured via pooled procurement mechanism by SCMS in line with OGAC's recommendation. The rest of the drugs will be purchased via IDA and other procurement mechanisms. Drugs will be shipped to APIN Ltd.'s Central Medical Stores (CMS) in Lagos, from where they will be distributed to sites in accordance with the internal supply chain management system, which is collaboratively managed by APIN Ltd. and Harvard. APIN Ltd. maintains a subcontract with Fed-Ex to provide monthly distribution to all site pharmacies. An electronic bin card system is utilized to track and monitor drug stores and the distribution..

APIN Ltd. has developed standard operating procedures (SOPs) for supply chain management, drug usage, drug regimen tracking, drug distribution, warehouse storage, waste management and individual pharmacy site management. These SOPs are also used for procurement and distribution of opportunistic infection (OI) drugs and certain lab supplies and test kits.

Capacity building and training for individual site pharmacies is ongoing to support pharmacy management and implementation of the National ART Program. APIN Ltd. and Harvard are participating in the ART harmonization process with the GON. The goal of these activities is to facilitate the pharmacies' ability to scale up capacity as patient utilization of ARV increases. Assessments of all facilities to determine infrastructure needs have been conducted in COP07 and COP08 and will continue in COP09 for new sites. These site capacity assessments have been the basis for efforts to strengthen the supply chain management system for new sites. Ongoing assessments ensure sustainability of pharmacies and supply chain management at the sites. All site pharmacists have participated in regular training sessions and work with site data managers in providing regular supply chain information electronically to our central pharmacy. The computerized supply chain information system linked through APIN Ltd. to patient clinical records also provides reporting data for monitoring & evaluation (M&E) efforts at each site. In COP08, additional logistician and supply chain management staff were hired to provide additional support in the implementation of the supply chain management system.

Our long-term goal is to support a sustainable supply chain management system for ART program that incorporates and bolsters existing Nigerian institutional structures. Continued collaboration with the GON procurement efforts contribute to this goal. APIN Ltd. will also continue its efforts in systems strengthening the existing pharmacies by sending technical staff from APIN Ltd. and Harvard to assess procedures within these units. Recommendations for drug storage, equipping of pharmacies and minor renovations will be considered. All APIN Ltd. pharmacists will complete the IDA ARV training program. Pharmacists hold meetings on a quarterly basis and training updates are provided. Pharmacists and their data entry staff also participate in the electronic data tracking system; regular training in computer entry and database management are also provided by in country and US-based program management staff.

Activity Narrative: EMPHASIS AREAS

Emphasis areas include proper commodity and logistics system management and development of the human capacity. Training initiatives have been incorporated into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system.

POPULATIONS BEING TARGETED

The primary target of these activities are health care workers, including program managers doctors, nurses, and pharmacists who are involved in the drug procurement and distribution process. Furthermore, by building mechanisms for drug procurement, these activities seek to target people living with HIV/AIDS (PLWHA), both adults and children, who are in need of or already receiving ART care.

CONTRIBUTION TO OVERALL PROGRAM AREA

Through these activities we will have provided ARV drugs to 14,150 patients at 6 ART service outlets. In addition, we have scaled up our PMTCT activities with 6 points of service providing access to PMTCT services for 852 women. Through these activities, we will continue to strengthen the structure of the APIN Ltd. ARV drug procurement system, as described above, in accordance with PEPFAR goals in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Such capacity building activities will focus on the transition of supply chain management from Harvard to APIN Ltd.. Furthermore, efforts to build local capacity through infrastructure building and training mechanisms are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, we seek to provide support to efforts to build national capacity related to drug procurement and distribution.

Additionally, as part of our sustainability building efforts, APIN Ltd. will receive technical assistance and support from Harvard to assume program management responsibility for the ARV Drug activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN Ltd.. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in TB/HIV, Adult Care and Treatment, Pediatric Care and Treatment, and Strategic Information. Through this activity, we will maintain significant linkages with PMTCT and Adult and Pediatric Care and Treatment through the procurement of ART drugs for individuals served by these programs. Additionally, we will develop and maintain linkages to TB/HIV activities, with expansion focusing on co-locating ARV sites with existing DOTS sites. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22509

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22509	22509.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$290,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9399.09

Mechanism: HHS/CDC Track 2.0 Vanderbilt

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 21677.25318.09

Planned Funds: \$389,082

Activity System ID: 25318

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP08 Vanderbilt provided antiretroviral therapy (ART) to 1200 adults at 2 comprehensive care centers in Kwara state. In COP09, Vanderbilt will provide ARV drugs to additional 600 individuals bringing the total to 1800 adults. 200 children will also be provided with ARV drugs in the same 2 comprehensive care centers in Kwara state.

Vanderbilt's ARV Drugs needs for COP09 have been forecasted based on the Nigerian ART Guidelines. Drug needs were established during a PEPFAR-wide ARV forecast conducted with the help of SCMS and USG Logistics Technical Working Group. In COP09, Vanderbilt estimates that 90% (1800 out of 2000) of patients receiving ART in this program will be adults and 10% (200 out of 2000) will be children. An estimated 40% (800 /2000) of clients receiving ART in COP09 will be new; the remaining will be clients who initiated ART in 2008 (or earlier through another provider). Clients are routinely begun on NVP-based first line regimens consistent with the National ART Guidelines. Most will be started on a regimen which contains zidovudine (ZDV) although we anticipate that 30% will begin on a tenofovir (TDF) containing regimen due to co-existing anemia. Efavirenz-based regimens will be available for individuals with NVP-related hepatotoxicity or skin toxicity, and for use in patients on rifampicin-containing TB regimens.

We anticipate that approximately 96 patients (8% of the 1200) who began ART in 2008 (or earlier) will switch to second line regimens in 2009. These regimens will contain a boosted protease inhibitor. The most frequently prescribed second-line regimen is TDF+FTC+lopinavir 200mg and ritonavir 50 mg (LPV/r). The remaining 1704 adults (1104 from 2008 and 600 new in 2009) will be receiving first line regimens.

Vanderbilt will solicit support from the Clinton Foundation in the receipt of pediatric formulations and second line adults ARVs. PEPFAR and FDA-approved generic formulations will be utilized whenever available.

Delivery of optimal care depends on reliable access to the necessary drugs and supplies. Drug procurement will follow USG regulations, National Treatment Guidelines, and comply with requirements for NAFDAC registration or waiver. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be purchased via pooled procurement mechanism by SCMS, in line with OGAC's recommendation. The rest of the drugs will also be procured via SCMS. Prior to shipping, SCMS will inspect drugs for authenticity. During shipping, SCMS certifies packaging and storage conditions and insures the shipment to the point of delivery in country.

Vanderbilt has subcontracted Axios Foundation to manage drug storage and distribution in country, and provide commodity management and staff instruction at the site level. Axios documents proper storage conditions at the central warehouse, regional warehouse, and site levels. The system strengthening initiatives provided by Axios will become increasingly important as ARV access expands to our primary level facilities. Vanderbilt staff will conduct routine quality control visits to review SOP compliance and compare reported usage based on monitoring and evaluation data with local manifests and pharmacy logs. We will collaborate with SCMS and Axios on issues such as pricing trends, national ARV demand forecasts, strengthening local supply chains and in-country quantification and forecasting. Such collaborations will include harmonized procurements with other agencies involved in ARV drug logistics and continued discussions with GoN and other donors for commodities. We will keep close track of all ARV supplies to prevent stock-out or overstocking and subsequent wastage.

During COP09, four pharmacists and/or pharmacy technicians at the comprehensive care sites will be trained or re-trained in drug commodity management. Vanderbilt plan to upgrade some of the satellite clinics (launched in 2008) to comprehensive care centers, which may conduct ART follow-up visits and may prescribe ART. This transition will involve additional training of pharmacy staff in drug forecasting, procurement, distribution and management. This transition will also include pharmacy renovations to ensure proper security and storage conditions. Pharmacists will receive training in inventory control system management at the site level and proper drug storage.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of providing ARV drugs, care and treatment services and lab support to serve more HIV+ people. The program will also contribute to strengthening human capacity through training of health workers and strengthen the ART drug procurement system.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs (HTXD), OVC (HKID) and Pediatric ART Care and Treatment (PDTX and PDCS) for pediatric care, PMTCT (MTCT), TB/HIV (HVTB) to provide ART to patients with TB, Lab (HLAB) to provide ART diagnostics, HCT (HVCT) as an entry point to ART, and SI (HVS1) and will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. This program is linked to PMTCT services to optimize the PMTCT by providing ART to eligible pregnant women and to basic care and support by providing an access point to HIV positive individuals.

POPULATIONS BEING TARGETED

The populations being targeted with these activities include clinical staff, predominantly pharmacists and other pharmacy workers involved in drug procurement and distribution.

EMPHASIS AREAS

This program area involves system strengthening through training and building local human resource capacity to manage drug forecasting, procurement, and distribution.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21677	21677.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$520,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7215.09
Prime Partner: US Department of State
Funding Source: GHCS (State)
Budget Code: HTXD
Activity ID: 16935.24955.09
Activity System ID: 24955
Activity Narrative: ACTIVITY DESCRIPTION:
 The USAID Agency ARV Drugs ICASS budget for FY09 is to provide necessary ICASS support for the four USAID employees under the ARV Drugs program area.
New/Continuing Activity: Continuing Activity
Continuing Activity: 16935

Mechanism: USAID Track 2.0 ICASS
USG Agency: U.S. Agency for International Development
Program Area: ARV Drugs
Program Budget Code: 15
Planned Funds: \$28,693

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16935	16935.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$27,984

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1532.09
Prime Partner: US Agency for International Development
Funding Source: GHCS (State)
Budget Code: HTXD
Activity ID: 5410.24943.09
Activity System ID: 24943

Mechanism: USAID Agency Funding
USG Agency: U.S. Agency for International Development
Program Area: ARV Drugs
Program Budget Code: 15
Planned Funds: \$298,175

Activity Narrative: ACTIVITY DESCRIPTION

In COP 09, URC expects to be serving a total of 1,500 individuals (1,350 adult clients including clients referred from PMTCT and 150 paediatric clients) with antiretroviral (ARV) drugs in Enugu State including 900 from COP 08. URC, together with its partners, will facilitate training of care providers in the use of ARV using the nationally approved curriculum.

URC will provide ARV drugs in concurrence with the Nigerian National Treatment Guidelines for HIV and AIDS Treatment and Care in Adolescent, Adults and Paediatrics. All drug orders will be based on projections of patient numbers as determined by annual forecast conducted in August 2008 in conjunction with the SCMS and USG Logistics Technical Working group. URC will utilize the recommended first line regimen for ART in Nigeria Tenofovir/Emcitrabine/Nevirapine (Efavirenz). The first two drugs come as a fixed dose combination called Truvada and this improves drug adherence - the most important variable for treatment success. The second line regimen to be used will be Abacavir (Didanosine)/ Emcitrabine and Ritonavir boosted Lopinavir (Kaletra). URC anticipate a second line rate of approximately 2%, while 98% of clients will be on the first line regimen. Paediatric clients will be on the nationally recommended combination of Zidovudine/Lamivudine/Nevirapine(Efavirenz). We anticipate a second line rate of less than 1% for children. A small proportion of single drug or double drug substitute will be maintained to counter adverse side effects associated with the first line for adults (renal impairment for Tenofovir, and Anaemia for Zidovudine).

URC will purchase the drugs in accordance with USG, FDA and National Agency for Food and Drug Administration and Control (NAFDAC) regulations or waiver. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be purchased via pooled procurement mechanism by SCMS, in line with OGAC's recommendation. Our partner, Crown Agent, will procure, distribute and provide consistent oversight for the supply chain management of the remaining drugs.

In COP09, URC will collaborate with the Clinton Foundation for the receipt of second line adult and all the pediatric drugs. URC will also work closely with the Government of Nigeria to leverage resources for the sites supported by both PEPFAR and GON..

URC will work to strengthen the logistics capability of public sector healthcare facilities in Enugu. We will work with the Central Supply Mechanism (SCM) to ensure that the desired products are supplied to Nigeria based on an agreed delivery schedule. A quarterly ordering schedule will be adhered to, based on 12 month lead-in forecasting. The adjusted forecasting will be based on the use of data on consumption, stock use, storage, patient numbers both new and old, default rates and will use the state of the art quantification tools as developed by Crown agents, SCMS, implementing partners and the Government of Nigeria (GON).

URC will work at the site level to help identify ARV drug needs by using nationally approved paper based logistics management tools. We will define the needs and develop a work plan that will clearly define the activities needed to forecast one year ahead, do quarterly drug ordering based on forecasts, collect and utilize data, train staff, assess the supply chains and follow up the performance of actual drug delivery systems.

URC will undertake capacity building activities to raise the performance levels and deliver sustainable improvements in the management and technical skills of pharmaceutical and procurement practitioners in Nigeria. At the site level, URC will mentor pharmacy based staff to implement the nationally approved ARV and allied drug management systems. This includes improving the reporting on consumption, drug ordering and re-ordering and maintenance of emergency stock levels. Our team, led by the Clinical Services advisor will work with the sites to understand treatment needs.

POPULATIONS BEING TARGETED

People Living with HIV/AIDS (PLWHA), health care providers, pharmacists.

CONTRIBUTIONS TO OVERALL PROGRAM

As URC undertakes these activities, we will also be raising performance levels and deliver sustainable improvements in the management and technical skills of procurement practitioners and managers in Nigeria in addition to strengthening the procurement capacity and skill level at all participating health facilities. This includes significant, sustainable improvements in procurement systems, staff competency in forecasting, documentation and reporting, system set-up and maintenance.

EMPHASIS AREAS

The major emphasis area for this program activity is capacity building of agencies, organizations and health facilities involved in delivery of HIV intervention.

LINKS TO OTHER ACTIVITIES

This activity is also linked to PMTCT, TB/HIV, OVC and Strategic Information

New/Continuing Activity: Continuing Activity

Continuing Activity: 21697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21697	21697.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$365,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3688.09	Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 9889.25276.09	Planned Funds: \$7,012,776
Activity System ID: 25276	

Activity Narrative: ACTIVITY MODIFIED AS FOLLOWS:

In COP09, AIDS Relief (AR) will procure anti-retroviral (ARV) drugs so that ARV treatment can be provided to 33,450 patients including 30,150 adults and 3,300 children at 34 Local Partner Treatment Facilities (LPTFs) and 19 satellite clinics in 16 states of Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba. In COP09 AR will open 3 new LPTFs and 9 satellite clinics to broaden access to the ARV Drugs. In setting and achieving COP09 targets, consideration has been given to modulating AR's rapid COP08 scale up activities in order to concomitantly work towards continuous quality improvement.

AR's supply chain management system will ensure that the necessary infrastructure, systems and skills are in place for efficient forecasting, procurement, storage, and distribution of quality anti-retrovirals (ARVs) to AR-supported LPTFs. Assessment of new sites will follow the AR Information Gathering Tool and the Pharmacy Support and Assessment Standards Checklist. Pharmacies will be refitted to improve commodity security. Technical support to LPTFs to institutionalize standard operating procedures (SOPs) for drug management will continue in COP09. AR will train and retrain 40 pharmacists and 50 other health workers including pharmacy technicians or assistants in the use of developed standard operating procedures (SOPs) that are in line with national guidelines. These SOPs include drug requests, receipts, recording, dispensing, discrepancy reporting, temperature control and disposal of expired drugs. In-depth training of the LPTF staff in the utilization of SOPs, forecasting and quantification for ARVs and general drug management issues will be conducted.

AR annual forecasting exercise was done in conjunction with the USG Logistics Technical Working Group and SCMS in August 2008. Based on the projections, AR is moving towards a predominantly Tenofovir-based first line regimen in accordance with National Treatment Guidelines. An estimated 25% of people living with HIV/AIDS (PLWHA) already enrolled in care will qualify for and be placed on ART during the year. According to projections, 5% of the patients are expected to be on second line ARV regimens. The use of pediatric Fixed Dose Combinations (FDC) will be stepped up in COP 09.

Procurement procedures will follow USG, FDA and National Agency for Food and Drugs and Control (NAFDAC) regulations. NAFDAC importation waivers are secured through the USG for unregistered drugs. All ARVs are procured from Good Manufacturing Practice certified sources which are FDA approved/pre-approved. Generic batches are tested by an independent laboratory (VIMTA Laboratories) in India or Center for Quality Assurance of Medicines (CENQAM), North West University, South Africa for compliance with all requirements before shipping. They are warehoused and transported under air-conditioned environments in-country and have in-transit insurance coverage. IDA Foundation and Phillips Pharmaceuticals are contracted for procurement and CHAN Medi-Pharm for warehousing and distribution. AR will substitute innovator proprietary ARVs with FDA approved generic equivalents taking into consideration issues of safety, quality and cost. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be purchased via SCMS pooled procurement mechanism in line with OGAC's recommendation.

The Pharmaceutical Management Team manages country operations with a Therapeutic Drug Committee (TDC) comprising of clinicians, pharmacists, palliative care specialists, strategic information advisors and program managers. The TDC reviews drug utilization patterns across all LPTFs, assesses scale-up progress and develops required technical support plans. AR will support the strengthening or establishment of Therapeutics Drug Committees (TDC) at all Local Partner Treatment Facilities. The TDC will have the key responsibility of developing policies for managing medicines use and administration, evaluating the clinical use of drugs and managing a formulary system. The TDC will promote rational use of medicines (RUM) through the medication use reviews, provision of drug information to patients, monitoring medication errors, development and implementation of pharmacovigilance plans and development and implementation of continuing education plans. The AR technical team will provide technical assistance through training and on site mentorship for these committees. Technical assistance will be provided to the LPTFs in development and implementation of Pharmacovigilance plan (data gathering activities relating to detection, assessment and understanding of adverse drug events/reactions i.e. Adverse Drug Effects or Adverse Drug Reactions and treatment failure). The TDC is replicated at the LPTF level to ensure that the ARV supply chain management is clinically informed and logistically supported. Quality assurance covers the entire spectrum from procurement to dispensing. All sites will be provided with ongoing TA by AR's Health Supply chain technical team. Pharmacy and logistics management procedures will be assessed and will be part of site development planning. The Logistics Management Information System (LMIS) will include an inventory tracking tool that allows drug tracking from procurement to dispensing and interfaces with the ART Dispensing Software developed by Management Sciences for Health installed at LPTFs. AR will participate in the ongoing harmonization of the national LMIS system.

AR will continue to work with the Government of Nigeria, Clinton Foundation (Pediatric ARVs and Second-line Adult ARVs) and other stakeholders to leverage resources for ARVs.

CONTRIBUTION TO OVERALL PROGRAM AREA:

The ARV drug activity will ensure that quality ARVs are supplied to all patients in a timely manner. Appropriate product selection and forecasting will ensure the effective use of scarce resources. By scaling out ARV drug services to 3 new LPTFs and 9 satellite clinics in COP09 (mostly rural based primary and secondary faith based facilities), AR will contribute towards the National and PEPFAR plans of increasing access to ARV drugs in previously underserved communities. As expansion of ARV drug services is prioritized to rural areas, AR will strengthen existing referral channels and will support network coordinating mechanisms. By providing ARV drug services to 33,110 clients, the activity will contribute to the PEPFAR target of providing ARV drugs to 350,000 PLWHAs in Nigeria by 2009 as well as to the Government of Nigeria's (GON) plan for universal access to ARV drugs by 2010.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in ARV services, laboratory, care and support, PMTCT, and SI.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13001	9889.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$8,535,519

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 Program
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 3242.25198.09	Planned Funds: \$1,226,323
Activity System ID: 25198	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

- Patient numbers updated

ACTIVITY DESCRIPTION:

This activity is linked to ARV services, Strategic Information, and Other Policy/System Strengthening. The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP09, the U.S. Department of Defense (DOD) – Nigerian Ministry of Defense (NMOD) HIV Program will continue to extend free ARV services in 20 military facilities and communities.

All drug orders are based on projections of patient numbers as determined by annual forecast conducted in August 2008 in conjunction with SCMS and USG Logistics Technical Working group. The NMOD-DOD Program will continue to utilize the SCMS for drug acquisition and logistics management strengthening. DOD, NMOD and SCMS adhere to USG, FDA, Federal Ministry of Health (FMOH) and National Agency for Food and Drug Administration and Control (NAFDAC) policies and requirements, and support National Treatment Guidelines. Funding under the SCMS award through USAID will continue to provide quality ARV drugs during COP09 year to treat a total of 9,805 adults and 938 pediatric patients (overall total of 10,743 patients) under the NMOD-DOD program. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose Combination will be bought via SCMS pooled procurement mechanism in line with OGAC's guidelines. When possible, the Program will continue to utilize generic drugs and add additional generics as approved. In addition, DOD will support coordination for utilization of ARVs provided by the GON or Nigerian Air Force (currently over 200 individuals on NAF purchased ARVs) at NMOD sites.

Procurement will be through SCMS. The total funding for DOD's ARV drug area is \$3,726,323. Breakout includes \$2,500,000 to SCMS and \$1,226,323 to DOD.

The DOD program will continue to provide support to the NMOD-owned, contractor (SCMS) operated warehouse developed under COP07-08 funding. NMOD customs agents will clear imported supplies. Under training and supervision by SCMS contractors, the facility will distribute supplies directly to all NMOD points of service. The warehouse will function as both a receiving/distribution center and as a storage facility for buffer stock of drugs maintained in-country to protect against unforeseen shortages. This program fully adheres to USG and FGON policies and acquisition regulations, minimizes indirect costs and accomplishes NMOD capacity building in supply chain management. The program design ensures continued USG visibility and accountability at all levels of implementation.

Pharmacy training activities are under development, and will include all aspects of drug management, dispensing and housing. At this time, pharmacists are instructed in national treatment guidelines and Standard Operating Procedures (SOPs) on security, quality control and storage. As with clinicians trained in ART, pharmacists who have been trained and have been supporting treatment at facilities operating since 2005 will be sent to new facilities in the initial phases of operation to provide mentoring and ensure continuity of services among military facilities. Continued site support will be conducted using these preceptors as a central pharmacy Quality Assurance (QA)/ Quality Control (QC) team is developed.

SCMS and DOD have been working closely with the NMOD in training officers on quantification and accountability tools at the NMOD level. In 2009, activities under this submission will continue to guarantee long-term sustainability by ensuring that the necessary infrastructure, systems and technical skills are in place for efficient forecasting, ordering, warehousing, distribution and management of quality ARVs at the 20 NMOD sites as well as at the central level procurement office of the NMOD. DOD will continue to support and participate in the harmonization process led by the GON with regard to Logistic Management Information System (LMIS) and Inventory Control System (ICS).

Where necessary, infrastructure improvements are undertaken to ensure the best use of resources through leveraging counterpart funding of the NMOD and through competitive tendering. Pharmacies at the point of drugs dispensing are modeled to provide ease of service for the patient to allow adherence counseling as well as safe storage of the drugs within the dispensing unit. Proper housing for drugs at sites, including A/C with thermostat controls, proper refrigeration and locked storage are instituted. Back up power supplies to ensure proper temperature for cold chain dependent drugs will be installed.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

DOD activities will contribute to the effective and efficient management of the ARV services and to the Emergency Plan's goal of providing life-saving antiretroviral treatment to more than 350,000 individuals.

LINKS TO OTHER ACTIVITIES:

This activity will directly link with ART Services (6678.08). The DoD will continue to collaborate with other PEPFAR implementing partners for information sharing on procurement mechanisms and for sharing of supplies when necessary. The DoD will continue to support systems strengthening and capacity building in the NMoD.

POPULATIONS BEING TARGETED:

This activity targets all health care workers directly involved in the management of ARV drugs for ART services including pharmacists, doctor and nurses.

EMPHASIS AREAS:

This activity has an emphasis on military populations, and renovations of a government-owned warehouse to store and distribute ARVs for the Nigerian Military.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13157	3242.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$325,000
6797	3242.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$300,000
3242	3242.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$200,000

Emphasis Areas

Construction/Renovation

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 544.09

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 9888.25222.09

Planned Funds: \$1,654,051

Activity System ID: 25222

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+/Harvard activities between Harvard University and APIN, Ltd., our activity narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN, Ltd (which will be submitting a separate narrative under the name APIN). Narrative has also been updated to reflect COP09 goals and targets. In addition, APIN will be taking over all activities for Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH), Harvard will support the management of the Central Medical Stores (CMS) for both Harvard and APIN supported sites. In accordance, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN narrative.

ACTIVITY DESCRIPTION:

This funding will specifically support the procurement of antiretroviral (ARV) drugs. Through these activities, Harvard will provide ARV drugs for 51,850 patients (46,300 adult and 5,550 pediatric) at 24 Harvard sites in nine states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). These sites include ten tertiary level comprehensive antiretroviral treatment (ART) sites serving pregnant women, adults and children, 13 secondary level sites and one primary health care center that provide only pediatric ART. Nine of ten tertiary level ART sites are also supported by the government of Nigeria (GON) with 14% of patients receiving GON provided drugs. We also provide prevention of mother to child transmission (PMTCT) services at 33 additional primary health care level PMTCT sites and eight secondary level PMTCT sites. At all sites Harvard will provide the ART prophylaxis options and triple drug regimens for eligible pregnant women consistent with the national guidelines. Thus, a total of 65 Harvard sites will be providing ARV drugs through ART or PMTCT services. As part of the transition of Harvard PEPFAR activities to APIN Ltd, four Harvard COP08 Sites (LUTH, NIMR, OWH, and MGH), will be supported by APIN in COP09. Harvard and APIN will collaborate in order to ensure a smooth transition of clinical services. ARV drugs for such sites will be provided by APIN and supply chain management mechanisms will be coordinated by both APIN and Harvard to ensure proper tracking and stocking of needed pharmaceutical stocks. Harvard will continue to directly purchase drugs for Harvard sites, and supply chain activities will continue through the existing system, which is managed by APIN, with strategic technical support from Harvard.

All drug orders are based on projections of patient numbers as determined by annual forecast conducted in August 2008 in conjunction with the Harvard / APIN Ltd country team, SCMS and USG Logistics Technical Working group. The determining factors were rate of patient enrollment, weight class of patients affecting drug dosage, gender, rates of toxicity, and rates of failure. 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 NAFDAC registration and lengthy clearance of drugs in country. As a result, our drug forecasts and orders had been adjusted to accommodate with an increase in buffer stocks. This year, we have buffer stocks for approximately 3-5 months for all of the requisite PMTCT, first and second line ARV drugs. Based on patient baseline data, fixed dose combinations (FDC) of CBV+EFV/NVP will be used for first line regimen; patients with anemia or Hepatitis B/C will be placed on TDF+FTC+NVP/EFV. Other first line alternative regimens and second line regimens will be dictated based on individual patient data or history. FDC and generic drugs will be used preferentially. Currently 7% of patients on ART are on second-line and 93% on first line regimens. Drug usage updates are provided to all Harvard investigators by email on a monthly basis.

APIN Ltd. will purchase the drugs in accordance with USG, FDA and National Agency for Food and Drug Administration and Control (NAFDAC) regulations as well as with the 2007 National Standard Treatment Guidelines. In COP09, APIN Ltd. will continue to collaborate with the Clinton Foundation for the receipt of second line adult and all the pediatric drugs. Harvard will also work closely with the Government of Nigeria to leverage resources for the sites supported by both PEPFAR and GON. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be procured via pooled procurement mechanism by SCMS in line with OGAC's recommendation. The rest of the drugs will be purchased via IDA and other procurement mechanisms. Drugs will be shipped to Harvard Central Medical Stores (CMS) in Lagos, from where they will be distributed to sites in accordance with the internal supply chain management system, which is collaboratively managed by APIN Ltd. and Harvard. Harvard maintains a subcontract with Fed-Ex to provide monthly distribution to all site pharmacies. An electronic bin card system is utilized to track and monitor drug stores and the distribution.

APIN Ltd. has developed SOPs for supply chain management, drug usage, drug regimen tracking, drug distribution, warehouse storage, waste management and individual pharmacy site management. These SOPs are also used for procurement and distribution of OI drugs and certain lab supplies and test kits.

Capacity building and training for the CMS at NIMR and individual site pharmacies is ongoing collaboratively with APIN and Harvard. to support pharmacy management and implementation of the National ART Program. Harvard is participating in the ART harmonization process with the GON. The goal of these harmonization activities is to facilitate the pharmacies' ability to scale up capacity as patient utilization of ART increases. Assessments of all facilities to determine infrastructure needs have been conducted in COP07 and COP08 and will continue to be conducted in COP09 for new sites. These site capacity assessments have been the basis for efforts to strengthen the supply chain management system for new sites. Ongoing assessments ensure sustainability of pharmacies and supply chain management at the sites. All site pharmacists have participated in regular training sessions and work with site data managers in providing regular supply chain information electronically to the APIN central pharmacy. The computerized supply chain information system linked through APIN to patient clinical records also provides reporting data for monitoring and evaluation (M&E) at each site. In COP08, additional logistician and supply chain management staff were hired to provide additional support in the implementation of the supply chain management system.

Our long-term goal is to support a sustainable supply chain management system for ART that incorporates

Activity Narrative: and bolsters existing Nigerian institutional structures and is harmonized with the GON activities. Continued collaboration with GON procurement efforts contribute to this goal. Implementation of the PEPFAR-Nigeria LGA coverage strategy in the program areas of PMTCT and TB/HIV, designed to ensure the provision of PMTCT and TB/HIV services in at least one health facility in every local government area (LGA) of 6 identified states, will help guiding the ongoing site expansion for ART and PMTCT. As part of that plan, secondary health care facilities covering all 17 LGAs in Plateau state will be targeted for pharmacy support and drug distribution. As expansion of ARV drug services is prioritized to rural areas, Harvard will strengthen existing referral channels and support network coordinating mechanisms. Each new site will be visited by a team of technical staff from APIN and Harvard as well as other sub-partners. Pharmacy and logistics management procedures will be assessed and be part of the site development plan. Recommendations for drug storage, equipping of pharmacies and minor renovations are considered. All Harvard pharmacists have completed the IDA ARV training program. Pharmacists hold meetings on a quarterly basis and training updates are provided. Pharmacists and their data entry staff also participate in the electronic data tracking system; regular training in computer entry and database management are also provided by in-country and US-based program management staff.

EMPHASIS AREAS

Emphasis areas include military populations, through support and training for pharmacy staff and counselors at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

POPULATIONS BEING TARGETED

The primary target of these activities are health care workers, including program managers doctors, nurses, and pharmacists who are involved in the drug procurement and distribution process. Furthermore, by building mechanisms for drug procurement, these activities seek to target PLWHA, both adults and children, who are in need of or already receiving ART care.

CONTRIBUTION TO OVERALL PROGRAM AREA

Through these activities we will have provided ARV drugs to 51,850 patients at 24 ART service outlets at the end of the reporting period. In addition, we have scaled up our PMTCT activities with 64 points of service providing access to PMTCT services for 3275 HIV-infected pregnant women. Through these activities, we will continue to strengthen the structure of our ARV drug procurement system, as described above, in accordance with PEPFAR goals in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure building and training mechanisms are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, we seek to provide support to efforts to build harmonized national capacity related to drug procurement and distribution.

Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for our ARV Drugs activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in TB/HIV, Adult Care and Treatment, Pediatric Care and Treatment, Strategic Information, and Human Capacity Development. Through this activity, we will maintain significant linkages with PMTCT and Adult and Pediatric Care and Treatment through the procurement of ART drugs for individuals served by these programs. Additionally, we will develop and maintain linkages to TB/HIV activities, with expansion focusing on co-locating ARV sites with existing DOTS sites. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13059

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13059	9888.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$7,154,288

Emphasis Areas

Military Populations

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.15: Activities by Funding Mechanism****Mechanism ID:** 552.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HTXD**Activity ID:** 3233.24898.09**Activity System ID:** 24898**Mechanism:** USAID Track 2.0 GHAIN**USG Agency:** U.S. Agency for International Development**Program Area:** ARV Drugs**Program Budget Code:** 15**Planned Funds:** \$16,910,934

Activity Narrative: ACTIVITY DESCRIPTION:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has several components namely: forecasting and procurement, inventory management, warehousing and quality delivery of antiretroviral (ARV) drugs and other related commodities for care, treatment and support of an anticipated 4,000 pregnant women who need ARV prophylaxis to prevent mother-to-child transmission, 63,317 adult and 7,035 pediatric clients on antiretroviral treatment (ART) in COP09.

In COP 09, Global HIV/AIDS Initiative Nigeria (GHAIN) will focus on the following key areas: human capacity building and health systems strengthening, forecasting for ARVs, opportunistic infections (OIs) drugs, laboratory reagents and consumables, procurement, port clearance, warehousing, and distribution of ARVs and related commodities to facilities under the project.

The first component of this activity includes forecasting and procurement of ARV drugs. As part of the COP09 budgeting process, a forecast was jointly carried out by Ghain and SCMS and utilized to project COP09 ARV requirements. It is estimated that 90% of patients begun on EP-provided ARVs will be adults and the remaining 10% will be children. Patients on ARVs include those started on ARVs in prior years, patients in care who roll over into treatment, and newly diagnosed patients needing ART. Patients are distributed over first and second line regimen in a ratio of 99%:1%. In addition AZT, NVP and AZT/3TC for PMTCT will be procured along with other drugs while provision has been made for PMTCT in children in the original ART forecast. The forecast will be monitored with emerging consumption data from the facilities quarterly and necessary adjustments will be made to the forecasts and subsequent procurements.

The following regimens will be used in COP09: First Line Adult: d4t (30mg)/3TC/NVP, d4T(30mg)/3TC/NVP, AZT/3TC/NVP, AZT/3TC + EFV, TDF/FTC + EFV, TDF/FTC + NVP. Second Line Adult: TDF/FTC + LPVr/r, TDF/FTC + IDV, ABC + DDI + LPVr/r. First Line Children: AZT10mg/ml + 3TC 10mg/ml + NVP 10mg/ml, AZT100 + 3TC 10mg/ml + NVP 10mg/ml, D4T6/3TC30/NVP50, D4T12/3TC60/NVP100. Second Line Children: ABC20mg/ml + DDI 50 + LPVr/r80/20

The procurement process is guided by USG regulations, National Treatment Guidelines, National Agency for Food and Drug Control (NAFDAC) registration or waivers, with a view towards utilizing generic ARVs, once they are United States Food and Drug Administration (FDA) approved. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be procured via pooled procurement mechanism by SCMS in line with OGAC's recommendation. Axios Foundation will serve as the procurement agent for the rest of the drugs using its existing international procurement structures to explore the most cost-effective products from reputable manufacturers with approval from WHO, USFDA, and NAFDAC. The shipping cost is about USD0.50 for each unit price of the drugs procured, representing insurance and freight. Timeliness in the delivery of all orders is also a key factor in choosing suppliers.

The in-country distribution will be handled by Axios Foundation. Estimated 10% of the cost of drugs will be used to cover distribution expenses. GHAIN and Axios have developed a functional logistics management system to ensure consistent availability of secure and high quality ARVs and related commodities and to properly account for the deliveries/usage. The system has a central program depot (CPD) in Abuja, with six state program depots (SPDs) in Plateau, Edo, Kano, Lagos, Cross River and Anambra states respectively. This structure has enabled the positioning of ARV drugs and related commodities, as proximal as possible to the service provision sites and to the patients, and reduces the lead time for availing drugs to the facilities. Establishment of additional SPDs may be considered during the year.

In COP 09 GHAIN will continue to implement an Inventory Management System to track logistics data needed for the proper management of ARV drugs and other related HIV / AIDS commodities, and will support the use of consolidated tools for managing and tracking TB, STI, Malaria, and RH-FP commodities at the project storage facilities and service provision sites. This same system will also be used to support the effective management of other commodities that GHAIN is not providing. In COP08, GHAIN will ensure that Lafiya Management Information System (LAMIS) software package rolled out in selected sites is utilized to improve the collection, analysis and utilization of logistics management data for making appropriate programmatic and policy decisions. The LAMIS is fully operational in at least eight sites; namely, FMC Jalingo and FMC Yola in Taraba states; Mainland Hospital, Yaba and Massey street Childrens Hospital in Lagos state; Infectious Disease Hospital, and Murtala Mohammed Specialist Hospital in Kano state; Maitama District Hospital and in Abuja FCT; and Calabar General Hospital in Cross Rivers state.

In COP 09, in addition to patient management and monitoring, the LAMIS will be used in selected sites both for backlog; as well as, real time entry of logistics management data at the pharmacy and laboratory points of service. Pharmacists and medical laboratory scientists in these selected sites will be trained and mentored to routinely use LAMIS for tracking drugs and diagnostics supplied and dispensed, making forecasts, and complying with national reporting requirements. The LAMIS will also be used by facility management for continuous quality assurance/quality improvement by providing a timely and responsive mechanism for replenishing supplies and monitoring supply versus utilization to minimize wastage. At national level, the LAMIS will enable program managers and government counterparts to identify priority action areas and continuously improve the quality of ART service delivery and logistics management in Nigeria.

Furthermore, continued integration of the Logistics Management Information System (LMIS) into the DHIS by GHAIN in collaboration with NACA and FMOH will be on going in COP 09, to enhance the analysis of health information at the state and zonal levels. This will ensure that LMIS information is routinely integrated with management statistics on a monthly basis to support improved forecasting, commodity flow, and analysis of data from all sites at state and national levels.

Activity Narrative: Guided by the memorandum of understanding with the Federal Ministry of Health (FMOH) and State Central Medical Stores and in view of the scale-up of project activities in COP 08, and scale-out to PHCs, GHAIN will continue to establish model warehouses/storage facilities at states and Local Governments respectively, depending on programmatic priorities and funding conveniences. In addition, capacity will be built for warehousing and distribution management by continuous tools development, implementation of warehousing management systems (Tally software) and development of Standard Operating Procedures (SOPs) manuals for warehousing and distribution at the state central medical stores. It will also consolidate on building capacity of the government of Nigeria (GON) at the State Central Medical Stores through centralized training, on-site / on-the-job training, supportive supervision and technical assistance. GHAIN will continue to support the implementation of the change from Push-to-Pull inventory control management and supply system, with the aim of building capacity at the site level to quantify and order their actual commodity needs.

In COP09, the strategy will focus more on the integration of logistics management activities into the State Ministry of Health (SMOH) owned medical stores, and utilize their linkages to the ART facilities. GHAIN will continue to collaborate with Global Fund through the National Agency for the Control of AIDS (NACA) procurement supply management unit, other stakeholders and implementing partners and GON with the aim of improving the national distribution system. GHAIN will provide continuous mentorship for the logistics management at the facility, as well as, ensure uninterrupted availability of commodities for service provision by setting up a loan support and exchange arrangement for both programs, that could also expedite the utilization of short-dated commodities to forestall their expiration on shelf. Based on identified gaps in the operations of the logistics system, GHAIN will build partnership with private/not-for-profit sector, by sub-contracting warehousing and distribution services at State and Local Government level. Quality assurance/improvement and monitoring of the logistics system will continue to be maintained at all levels. GHAIN, working in collaboration with other partners, will continue to strengthen sustainability plans by harmonizing commodities logistics systems with the GON, and providing technical assistance and training in forecasting, inventory management and reporting for pharmacists through on-site training and mentoring. The long term plan is to ensure sustainability of the project logistics system.

Ghain will continue to properly dispose the expired drugs by incineration. However, Ghain hopes that with intense systems strengthening efforts in place to forestall expiration and deterioration of commodities, the amount of drugs expiring will be brought to a minimum.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Commodity availability at facility level is the cornerstone of the strategy to increase access to all drugs, diagnostics and other related commodities for HIV/AIDS, Tuberculosis, Reproductive Health/Family Planning, Sexually Transmitted Infections and Malaria; and this significantly contributes to the achievement of the Emergency Plan's goals of access to care. The provision of ART and integrated disease related services through this program will contribute to strengthening and expanding the capacity of the Government of Nigeria's response to the HIV/AIDS epidemic, and increases the prospects of meeting the Emergency Plan's goal of providing life-saving antiretroviral treatment to more than 350,000 individuals. This program will also contribute to strengthening the national drug / commodity logistics and management systems, especially as it relates to ARVs and test kits among others.

LINKS TO OTHER ACTIVITIES:

This program element relates to activities in HVCT, MTCT, HLAB and Adult and Pediatric care and treatment. Links to these programs include covering areas such as logistics and management of test kits (CT), ARV drugs for adults and children, drugs for opportunistic infections – Opportunistic infections (OIs), prophylactic ARV drugs for pregnant women and infants (PMTCT). The provision of supplies for laboratory diagnostics links directly into the ART program by providing for monitoring patient progress, toxicity levels and clinical chemistry.

POPULATIONS BEING TARGETED:

This activity targets all health care workers directly involved in the management of ARVs and diagnostics for ART services; TB, RH/FP, STI, and Malaria; including pharmacists, doctor, nurses; as well as, people affected with AIDS.

KEY LEGISLATIVE ISSUES ADDRESSED:

The established drugs storage facilities in each of the GHAIN focused states and LGAs; including the HAST LGAs, will increase access of drugs and services to the resource-poor communities, and increase gender equity in HIV/AIDS, and other integrated diseases management programs. By this endeavor, beneficiaries have closer access to drugs and are able to live healthier lives. Increasing access to drugs also provides a supportive environment for women's access to income and productive resources, given an improved health status.

EMPHASIS AREAS:

In COP 09 the major emphasis for ARV Drugs will include commodity procurement to ensure desired stock levels in-country, while minor emphasis will be on local organization capacity development, quality assurance, quality improvement and supportive supervision. This will be achieved through the integration of the project's distribution system into the national network to ensure sustainability of the current supply chain management system. Building upon the integrated inventory management systems implemented at the facility levels, GHAIN will continue to provide regular on site support to sustain proper usage and will continue to work with the GON and implementing partners to ensure the harmonization and standardization of the tools & standard operating procedures in the pharmacy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13042

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13042	3233.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$21,619,751
6705	3233.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$15,540,370
3233	3233.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$5,995,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5330.09	Mechanism: HHS/HRSA Track 1.0 Harvard SPH
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 6714.24859.09	Planned Funds: \$6,401,952
Activity System ID: 24859	

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+/Harvard activities between Harvard University and APIN, Ltd., our activity narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN, Ltd (which will be submitting a separate narrative under the name APIN). Narrative has also been updated to reflect COP09 goals and targets. In addition, APIN will be taking over all activities for Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH), Harvard will support the management of the Central Medical Stores (CMS) for both Harvard and APIN supported sites. In accordance, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN narrative.

ACTIVITY DESCRIPTION:

This funding will specifically support the procurement of antiretroviral (ARV) drugs. Through these activities, Harvard will provide ARV drugs for 51,850 patients (46,300 adult and 5,550 pediatric) at 24 Harvard sites in nine states (Benue, Borno, Ebonyi, Enugu, Kaduna, Lagos, Oyo, Plateau, Yobe). These sites include ten tertiary level comprehensive antiretroviral treatment (ART) sites serving pregnant women, adults and children, 13 secondary level sites and one primary health care center that provide only pediatric ART. Nine of ten tertiary level ART sites are also supported by the government of Nigeria (GON) with 14% of patients receiving GON provided drugs. We also provide prevention of mother to child transmission (PMTCT) services at 33 additional primary health care level PMTCT sites and eight secondary level PMTCT sites. At all sites Harvard will provide the ART prophylaxis options and triple drug regimens for eligible pregnant women consistent with the national guidelines. Thus, a total of 65 Harvard sites will be providing ARV drugs through ART or PMTCT services. As part of the transition of Harvard PEPFAR activities to APIN Ltd, four Harvard COP08 Sites (LUTH, NIMR, OWH, and MGH), will be supported by APIN in COP09. Harvard and APIN will collaborate in order to ensure a smooth transition of clinical services. ARV drugs for such sites will be provided by APIN and supply chain management mechanisms will be coordinated by both APIN and Harvard to ensure proper tracking and stocking of needed pharmaceutical stocks. Harvard will continue to directly purchase drugs for Harvard sites, and supply chain activities will continue through the existing system, which is managed by APIN, with strategic technical support from Harvard.

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EMPHASIS AREAS

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POPULATIONS BEING TARGETED

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CONTRIBUTION TO OVERALL PROGRAM AREA

Through these activities we will have provided ARV drugs to 51,850 patients at 24 ART service outlets at the end of the reporting period. In addition, we have scaled up our PMTCT activities with 64 points of service providing access to PMTCT services for 3275 HIV-infected pregnant women. Through these activities, we will continue to strengthen the structure of our ARV drug procurement system, as described above, in accordance with PEPFAR goals in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure building and training mechanisms are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, we seek to provide support to efforts to build harmonized national capacity related to drug procurement and distribution.

Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for our ARV Drugs activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in TB/HIV, Adult Care and Treatment, Pediatric Care and Treatment, Strategic Information, and Human Capacity Development. Through this activity, we will maintain significant linkages with PMTCT and Adult and Pediatric Care and Treatment through the procurement of ART drugs for individuals served by these programs. Additionally, we will develop and maintain linkages to TB/HIV activities, with expansion focusing on co-locating ARV sites with existing DOTS sites. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13048

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13048	6714.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	\$9,401,952

Emphasis Areas
Military Populations
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1561.09 **Mechanism:** HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** ARV Drugs

Budget Code: HTXD **Program Budget Code:** 15

Activity ID: 12436.25979.09 **Planned Funds:** \$200,000

Activity System ID: 25979

Activity Narrative: ACTIVITY DESCRIPTION:
 These funds will be used by CDC for the preclearance fees of perishable ARV drugs for HHS treatment partners in Nigeria including University of Maryland, Harvard University SPH, APIN LTD, Columbia University SPH, Catholic Relief Services, Partners for Development, Vanderbilt University, and University Research Co. In COP09 a larger portion of the ARVs will be procured through SCMS for all PEPFAR Nigeria treatment partners, and embassy clearance charges for these ARV drugs charged directly to CDC. The total value of ARV drugs to be cleared by CDC is estimated at \$80,000,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13141

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13141	12436.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$350,000
12436	12436.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$50,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9408.09 **Mechanism:** USAID Track 2.0 CHAN

Prime Partner: Christian Health Association of Nigeria **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 25652.09

Activity System ID: 25652

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: \$243,295

Activity Narrative: If continuing, paste your COP08 narrative here and put one of the following at the beginning of your narrative:

ACTIVITY UNCHANGED FROM FY2008

In COP09 ARV drugs will be procured so that ARV treatment can be provided to 2263 adults (1350 new) and 226 children (150 new) at 12 clinical sites in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba chosen consistent with the National ARV Scale-Up Plan with the goal of universal access.

This activity has several components. The first component of this activity includes forecasting and procurement of ARV drugs.

It is estimated that 90% of patients begun on emergency program (EP)-provided ARVs will be adults and the remaining 10% will be children. Patients on ARVs include those started on ARVs in prior years, patients in care who roll over into treatment, and newly diagnosed patients needing ART. Overall, it is assumed that .5% of both adults and children begun on ARVs during prior years will ultimately require second line treatment under COP09. The CHAN NICaB project will follow the Nigerian Treatment Guidelines in the provision of ARV regimens for adults and children. The regimen mix has been forecasted based on current utilization and balancing best clinical evidence with scalability. For adults the NICaB project will use Zidovudine, Lamivudine and Nevirapine as first line with Tenofovir, Emtricitabine and Efavirenz as alternate first line drugs and Didanosine, Abacavir and Lopinavir/Ritonavir as second line drugs. The children regimen will include Zidovudine, Lamivudine and Niverapine or Efavirenz as first line drugs and Abacavir, Didanosine and Lolinavir/Ritonavir or Nelfinavir as second line drugs. All drug orders are based on projections of patient numbers as determined by annual forecast conducted in August 2008 in conjunction with SCMS.

In COP09 all of NICaB's ARV procurement will be done by SCMS in order to provide support to efforts of building a centralized capacity related to drug procurement. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose Combination will be bought via SCMS centrally pooled procurement mechanism in line with OGAC's guidelines. SCMS inspects drugs for authenticity and test selected batches prior to accepting for shipping. SCMS certify packaging and storage conditions during shipping and provide insurance to the point of delivery at the port. Drug procurement will follow USG, FDA regulations and comply with requirements for NAFDAC registration or will be part of the USG obtained importation waiver. FDA-approved and tentatively approved generic formulations will be utilized whenever available. For all regimens, a four-month buffer stock is maintained to minimize the likelihood of problems with drug supplies.

The second component of this activity includes expediting commodities through the port of entry, followed by storage, distribution, and management of the commodities. CHAN Medipharm will do the warehousing and distribution as well as maintenance of a site level commodities management system, and instruction to site staff regarding the system. CHAN Medipharm documents proper storage conditions at the central warehouse and at site levels. CHAN NICaB will conduct site assessment of pharmacies and storage facilities, will renovate pharmacies for proper security and storage conditions where necessary. Training of site pharmacists for drug commodity management using a computer or card-based inventory control system at the site level and training in proper drug storage will be carried out by SCMS. With an expansion of ARV access to community venues including mobile clinics, local health centers, DOTS centers, and community pharmacies, logistical management of ARV drugs will require increasingly sophisticated monitoring strategies. The success of such approaches is vital to increasing adherence and avoiding patient default which program evaluations have shown is often linked to distance traveled from home to the ARV center.

The CHAN NICaB project will continue leveraging resources from other stakeholders. Although collaboration with the FMOH may facilitate some sites being provided with first line ARV formulations through Global Fund support, the full cost of ARV drugs required to care for new and maintenance of ARV patients has been budgeted in the COP09 at this time. Should FMOH be able to provide first line ARV formulations, targets will be adjusted accordingly, and CHAN NICaB will ensure access to alternative first line and second line ARVs, pediatric formulations, and wrap around services including lab monitoring. Similarly, collaborations with the Clinton Foundation will result in obtaining pediatric formulations and second line adult ARVs. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. The key principle adopted by CHAN NICaB is that all patients receive equal high quality clinical, laboratory, and community services regardless of the drug source.

Quality control involves routine monitoring visits by SCMS and CHAN NICaB staff from Abuja office to all sites every six months to review the implementation of SOPs and to compare reported usage based on monitoring and evaluation data with local manifests and pharmacy logs. SCMS and the CHAN NICaB training coordinator and M&E specialist analyze data for patterns in order to improve training.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity supports the scale up of ARV treatment in Nigeria, a major priority for the FMOH. Through these activities, CHAN NICaB will continue to strengthen the structure of its ARV drug procurement system, in accordance with PEPFAR goals in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure building and training mechanisms are consistent with PEPFAR goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, CHAN NICaB seeks to provide support to efforts to harmonize drug procurement and distribution. This activity also supports the ARV program for adults and children as well as the PMTCT program for provision of ARVs to pregnant women and infants.

LINKS TO OTHER ACTIVITIES:

This activity relates to activities in TB/HIV, ART services, and strategic information. This activity will maintain significant linkages with PMTCT and ART services through the procurement of ARV drugs for individuals served by these programs. Additionally, linkages to TB/HIV activities will be developed and

Activity Narrative: maintained. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

POPULATIONS BEING TARGETED:

The primary targets of these activities are health care workers, including program managers doctors, nurses, and pharmacists who are involved in the drug procurement and distribution process. Furthermore, by building mechanisms for drug procurement, these activities seek to target PLHA, both adults and children, who are in need of or already receiving ART care.

EMPHASIS AREAS:

Human capacity development is an emphasis area. Training initiatives have been incorporated into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 2768.09	Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 5493.28551.09	Planned Funds: \$5,288,642
Activity System ID: 28551	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, ICAP supported procurement and distribution of antiretroviral (ARV) drugs; and has expanded antiretroviral therapy (ART) services support to 13 additional hospital networks, resulting in coverage in 6 states (Akwa Ibom, Benue, Cross River, Gombe, Kaduna and Kogi states). A total of 27,777 patients are targeted to be enrolled in ART programs by the end of the program year.

Expansion of the supply chain and logistics system: In COP08, ICAP supported a supply chain management system to ensure a continuous supply of ARV drugs with FDA approval or tentative approval, and which are National Agency for Food and Drug Administration and Control (NAFDAC) registered or have received a waiver. ICAP will continue utilizing generic drug formulations where possible. Product selection is based on existing national adult and pediatric treatment guidelines. In COP09, ICAP will continue to forecast, quantify, procure and deliver ARVs and other clinical supplies for all supported sites; share monitoring tools and skills with the site pharmacists and logisticians to ensure proper assessing of usage and needs, and timely and proper stocking. ICAP will continue to work mainly with the UNICEF Supply Division, which presently procures ARV drugs for ICAP, handles customs clearance and delivers to a secure warehouse at the ICAP office in Abuja. ICAP will also leverage the economies of scale provided through the utilization of the Partnership for Supply Chain Management (SCMS) for ARV drug procurement as SCMS increases its services in Nigeria. Columbia has allocated \$800,000 of its ARV Drugs budget to SCMS for procurement of commodities. All of ZDV-3TC-NVP Fixed Dose Combination will be bought via SCMS pooled procurement mechanism. Quantities procured are based on projections of patient numbers as determined by annual forecast conducted in August 2008 in conjunction with the ICAP country team, SCMS and USG Logistics Technical Working group. ICAP will enlist a logistics company such as FEDEX in order to facilitate prompt and efficient delivery of drugs and other commodities to regional offices and sites. As expansion of ARV drug services is prioritized to rural areas, ICAP will continue to strengthen existing referral channels and support network coordinating mechanisms.

Systems Strengthening:

ICAP will assess the pharmacy and logistics management procedures available at new sites in the six supported states as part of the site development plan for each new site. ICAP will support the renovations and expansion of storage facilities in all supported sites. In COP09, ICAP will assess pharmacy capacity in all new sites, working towards secure storage and stock management. Standard Operating Procedures (SOPs) in line with national SOPs will be provided to guide quality ARV drug management. ICAP will also support the maintenance of all existing stores at its older sites. For sustainability and maintenance of logistics and timely supply, ICAP will use state stores as regional stores for commodities to enable faster distribution and build the capacity of state facilities in supply chain management.

ICAP will work closely with the state counterparts to renovate and revitalize identified state medical stores and state logistic systems where available. Staff of these state medical stores will be retrained in current approaches to logistics and supply chain management using national curricula where available. ICAP will also strengthen the state logistics system through continued partnership with the states and private organizations to provide logistics support to sites. Additionally, ICAP will decentralize commodities distribution as a means of facilitating smoother and quicker distribution to the sites. ICAP will also continue to support training of site pharmacy staff and provide onsite mentoring and technical support as needed. ICAP will also strengthen site logistics system by introducing monitoring tools and strengthening Logistics Management Information System (LMIS) and inventory control systems with the gradual progression towards electronic supply databases.

Quality Assurance and Systems monitoring: ICAP has integrated quality assurance, monitoring and evaluation systems into its existing logistics system. ICAP's procurement and store managers provide technical assistance including: training pharmacists in forecasting, stock management, record keeping, quality assurance, and distribution; and providing infrastructure support for pharmacies and storerooms, including renovation, refurbishment, and provision of equipment, supplies and job aids. In addition to the hands-on training above, ICAP uses a state-endorsed pharmacy technician in-service training course, and trains key staff on record keeping for ARV drug storage and distribution at points of service. Pharmacists at every site participate in multidisciplinary team ART training activities.

Harmonization of Procurement Mechanisms and Leveraging resources: ICAP will work closely in conjunction with other implementing partners, the GON and the Global Fund to harmonize and institute a nationwide supply chain and logistics management system that will not only cater for ARV drugs but will increase efficiency and effectiveness of distribution of other commodities and supplies especially procured by governments at all levels. Key areas in need of further integration with the GON program such as medical records systems, personnel, monitoring and evaluation, and supply chain management systems will be strengthened during the COP09 year. ICAP will continue to participate in and support the harmonization process led by the GON in line with one national program at all levels for sustainability. In addition, ICAP will work towards sustainability by strengthening existing structures and building capacity of health care providers in all health facilities that it supports. As expansion of ARV drug services is prioritized to rural areas, ICAP will strengthen existing referral channels and support network coordinating mechanisms.

ICAP will also continue to partner with the Clinton Foundation for second line adult and first and second line pediatric drugs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

In COP09, ICAP activities under ARV drugs will support the PEPFAR goals of ensuring a continuous supply of ARV drugs to HIV infected adults and children who require treatment. In COP09, 3,774 individuals (3238 adults and 536 children) will newly initiate ART. By the end of COP09, 28,076 people will be receiving ART at ICAP-supported sites, thus contributing to the national goal of treating 350,000 patients by Sept 30, 2010.

LINKS TO OTHER ACTIVITIES:

This activity also relates to activities in ART, Palliative Care, OVC, HCT, PMTCT and TB/HIV for the

Activity Narrative: provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED:

Health care workers especially pharmacists doctor and nurses, will acquire skills to manage ARV drugs appropriately along the supply chain.

EMPHASIS AREAS:

Emphasis areas include human capacity development and gender equity. Due to the staffing challenges at the sites, ICAP will encourage the use of volunteer pharmacists from private pharmacies especially on clinic days at supported sites; encourage the use of Post NYSC and consultant pharmacists in the more rural areas where the volunteers are not available. ICAP will support the use of pharmacists in already established sites as consultants to mentor decentralized and outreach sites. These pharmacists will be trained using existing national training curricula.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13029

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13029	5493.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$9,393,931
6691	5493.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$4,845,000
5493	5493.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$1,270,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$183,600

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 9401.09

Prime Partner: Partners for Development

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 21696.26814.09

Activity System ID: 26814

Mechanism: HHS/CDC Track 2.0 PFD

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: \$213,920

Activity Narrative: In COP 09, PFD/DC (Partners for Development) will continue with the same two project sites as for COP 08 and will have antiretroviral (ARV) targets of 900 adults (cumulative including 750 new), 200 PMTCT treatments and 180 pediatric treatments. The project name for the activities we will provide will be known as Counseling, Care, and Antiretroviral Mentoring Program, otherwise known as CAMP. CAMP will maintain 1080 individuals on ARV treatment between the two project sites. Patients on ARVs include those started on ARVs in prior years, patients in care who roll over into treatment, and newly diagnosed patients needing ART.

CAMP will prioritize maintaining uninterrupted quality ARV supply for all clients that are enrolled in the ARV drugs program.

PFD/DC will follow the Nigerian National Treatment Guidelines in the provision of ARV regimens for adults and children. PEPFAR and FDA-approved generic formulations will be utilized whenever available. CAMP staff develop ARV projections, and plan procurements accordingly. All drug orders are based on projections of patient numbers as determined by annual forecast conducted in August 2008 in conjunction with the USG Logistics Technical Working group. Overall, it is assumed that 2% of both adults and children begun on ARVs during prior year will ultimately require second line treatment under COP09. PFD/DC will use Tenofovir and Zidovudine based regimens as a first line treatment. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be purchased via SCMS pooled procurement mechanism, in line with OGAC's recommendation. The rest of the drugs will be procured through IDA. SCMS and IDA will inspect drugs for authenticity and test selected batches prior to accepting for shipping. SCMS and IDA will certify packaging and storage conditions during shipping and provide insurance to the point of delivery at the frontier. Drug procurement will follow USG regulations, and will comply with requirements for NAFDAC registration or waiver. For all regimens, a three-month buffer stock is maintained to minimize the likelihood of problems with drug supplies.

PFD/DC will collaborate with the Clinton Foundation for the receipt of pediatric and second line ARVs.

COP '09 budget projections include costs for refresher training on ARV administration and logistics, as well as technical assistance, as needed. CAMP program officers and pharmacists will meet once a month to review SI data on drug storage, usage and wastage and adjust forecasts for necessary procurement. CAMP program officers will then work with other support staff to make logistical arrangements for the ordering, transportation and distribution of the drugs to the pharmacy. Each CAMP pharmacy will be equipped with a refrigerator and all necessary equipment to ensure steady electricity supply for maintaining the cold chain. Drugs will be kept in locked cabinets which will be maintained by pharmacists and assistant pharmacists. A pharmacy store will also keep any currently unneeded drugs, from which cabinet stocks can be replenished. PFD will arrange training for pharmacists and their staff on logistics management, drug forecasting, and record-keeping.

Contribution to overall Program:

This activity also supports the ARV program for adults and children as well as the PMTCT program for provision of ARVs to pregnant women and infants, and contributes to the national goal of treating 1,750,000 people living with HIV/AIDS.

Links to other Activities:

This activity relates to activities in TB/HIV, ART services, and strategic information. This activity will maintain significant linkages with PMTCT and ART services through the procurement of ARV drugs for individuals served by these programs. Additionally, linkages to TB/HIV activities will be developed and maintained. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

Emphasis Area:

Human capacity development is an emphasis area. PFD will work with staff at each project site to help them make plans to ensure seamless procurement of the drugs, and to build local capacity in logistics management, warehousing, inventory management and forecasting of drug needs.

Target population:

The direct targets of the ARV drugs activities will be the HIV+ adult men and women who will receive the drugs. CAMP clinical and support staff will also be targets for ARV drug activities as they will be involved in administering the drugs, ensuring procurement and proper handling of the drugs.

Links to other activities:

As ensuring drug availability is critical to the well-being of HIV+ CAMP clients, this program component underpins other CAMP program components including adult and pediatric care and treatment, and strategic information (SI) activities. SI data will help to provide feedback on the effectiveness of the procurement plans that are implemented, as well as provide feedback on the cost effectiveness of these drug procurement activities. SI data will also help alert program support staff of when new procurement of drugs is necessary, and ensure accurate drug projections in order to prevent stock-outs.

Key legislative issues:

While it is generally understood that local programs should receive ARV drugs from the national government, there is must advocacy and capacity building on logistics management and procurement that needs to be done to ensure that this happens. It is critically important that HIV+ patients can readily access the drugs that keep them alive, and therefore, in COP 09 PFD will work with the Daughters of Charity CAMP sites in Delta and Akwa Ibom to advocate with the state and local governments for procurement and purchase of drugs. PFD and Daughters of Charity will adhere to national Nigerian policy, PEPFAR guidance, and its own internal policy on ARV drug provision. PFD will ensure that the program respects relevant guidelines on FDA-approved versus generic drugs, and if appropriate, will engage with local government authorities on planning ARV purchases and local procurement cycles.

Activity Narrative: Monitoring and Evaluation:
 CAMP pharmacists and their assistants will register and catalogue all drugs, and maintain a register which will feed into the overall CAMP database and be used to monitor drug use patterns and to make forecasts for stock replenishment. CAMP program officers will use SI data to make corrections to the procurement and distribution processes. Quality control involves routine monitoring visits by CAMP staff every six months to review the implementation of SOPs and to compare reported usage based on monitoring and evaluation data with local pharmacy record and logs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21696

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21696	21696.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$210,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10807.09

Mechanism: USAID Track 2.0 NEPWHAN
TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 26697.09

Planned Funds: [REDACTED]

Activity System ID: 26697

Activity Narrative: These funds will be used to award grants to implementing partners to provide adult and pediatric antiretroviral (ARV) drugs in underserved areas in Nigeria. It will provide ARV drugs to an estimated 1700 HIV-positive adults and children affected by HIV and AIDS. The recipient will support the treatment components of the PEPFAR Nigeria program by ensuring an uninterrupted availability of high quality first and second-line ARV drugs to clinic sites.

Choice of ARVs to be used on the program will be based on the guidance provided in the national treatment guideline disseminated by the Government of Nigeria. Zidovudine and Tenofovir based regimen will dominate the first line regimen for adult patients to be placed on treatment, and second line regimen will basically be a combination of NRTI and protease inhibitors (PI). Children ARV regimen to be used include Zidovudine and Stavudine based combination for first line, and a combination of NRTI and PI for those requiring second line regimen. Procurement will be based on the COP year ARV morbidity based forecast by team of supply chain experts on the program, taking into consideration the patients targets and enrollment rates. Provision for a 6 months buffer will be made in the forecast to ensure an uninterrupted supply of ARVs in the COP year.

High quality ARVs (predominately generic formulation) will be procured in line with FDA, PEPFAR and NAFDAC (Nigeria Drug regulatory agency) guidance. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose will be purchased via SCMS pooled procurement mechanism in line with OGAC's recommendation. Other ARVs will be procured via other suitable procurement agencies on need basis. SCMS and procurement agencies used by USG agencies certify packaging and storage conditions during shipping and provide insurance to the point of delivery at the frontier. Potential collaboration with other agencies will facilitate leveraging of resources (ARVs supplies and technical assistance) for this program area. Clinton Foundation will be approached for donation of second line adult ARVs, first and second line children ARVs .

The storage and distribution of ARVs to service delivery points will be coordinated from the program central warehouse, the program will exploit opportunities of integrating this activity with the Nigerian government Logistics system at the federal and state level where possible. To ensure proper management and utilization, storage facilities at service delivery points will be assessed and supported to meet standard requirements that will ensure optimum storage; support will include renovations of storage infrastructures, training of Pharmacists and support staff on logistics management with emphasis on ordering, storage, inventory management and Logistics Management Information System (LMIS). Periodic LMIS reports from various sites will be collated and used for program management and improvement. The program will work closely with the FMOH in achieving the Nigeria's long-term goal of supporting a sustainable supply chain management system for ART that incorporates and bolsters existing Nigerian institutional structures and is harmonized with Government of Nigeria (GON) activities.

Quality control measures involve routine monitoring visits by Program staff from the central level to sites at least on a quarterly basis during with implementation of SOPs related to commodity management with be reviewed and improvement measures discussed with the site staff. This program area may likely result to generation of hazardous waste products through expiries of ARVs, affected items will be inventoried and destroyed in line of relevant national policies at recommended sites using the appropriate mode of destruction.

CONTRIBUTION TO OVERALL PROGRAM AREA: This activity supports the scale up of ARV treatment in Nigeria, a major priority for the FMOH. Through these activities, NEPWHAN will continue to strengthen the structure of its ART drug procurement system, in accordance with PEPFAR goals in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure building and training mechanisms are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, NEPWHAN seeks to provide support to efforts to build capacity related to drug procurement and distribution. This activity also supports the ARV program for adults and children as well as the PMTCT program for provision of ARVs to pregnant women and infants

LINKS TO OTHER ACTIVITIES: This activity relates to activities in TB/HIV, ART services, and strategic information. This activity will maintain significant linkages with PMTCT and ART services through the procurement of ARV drugs for individuals served by these programs. Additionally, linkages to TB/HIV activities will be developed and maintained. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

POPULATION BEING TARGETED: ARV drugs will be offered to HIV positive infant, children and adults.

EMPHASIS AREAS: Emphasis include strengthening of health facility logistics systems to manage ARV drugs in a sustainable manner, drugs for OI, RTKs and lab reagents and quality assurance, quality improvement and supportive supervision. areas will

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 4043.09

Mechanism: USAID Track 2.0 SCMS

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 6402.26060.09

Activity System ID: 26060

USG Agency: U.S. Agency for International
Development

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: \$48,021,552

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY NARRATIVE:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of antiretroviral (ARV) drugs as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs. Through its continuous support and strengthening of commodity security in PEPFAR treatment programs, SCMS works towards ensuring uninterrupted availability of ARV drugs to the target population of people living with HIV/AIDS.

In COP09 SCMS will procure ARV drugs and provide needed technical assistance for PEPFAR IPs and DoD when requested. Procurement for a range of adult and pediatric ARV drugs used in first and second line treatment regimens, salvage therapy for the treatment of HIV infected eligible patients and ARV drugs for post exposure prophylaxis purpose will be undertaken to support ART services. The budgets will cover the cost of commodities as well as logistical and administrative services from the field office for the coordination and management of the procurements undertaken by SCMS. The budget also supports the cost of TA and SS. In addition to these funds, a pooled procurement arrangement will be implemented to support the full requirements of all IPs for two ARV commodity lines: Truvada and ZDV-3TC-NVP Fixed Dose Combination. Funding for this exercise will be pooled directly into the SCMS contract. This will pave the way for eventual harmonization of supply plans across IPs.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGON) National Treatment Guidelines and National Agency for Food and Drugs and Control (NAFDAC) registration. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals or tentative approvals by the US Food and Drug Administration. SCMS will assist in forecasting and quantification of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning.

SCMS will identify suitable sources of supply and will coordinate with the USG team to ensure selected ARV drugs are appropriately registered in Nigeria. For ARV drugs not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global resources to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for ARV drugs will be addressed to and coordinated with SCMS field office directly.

ARV drugs procured by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensure that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Another important advantage of using the RDC is reduced shipping cost for PEPFAR/Nigeria IPs. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Delivery arrangements will be negotiated with the implementing partners: SCMS will either deliver to IP central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options for pharmaceutically compliant warehouse and continue making use of its recently acquired cross-docking facility in Abuja. For in country distribution, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier service operator.

SCMS will also assist IPs to monitor/report on ARV stock levels and usage through the deployment of pipeline databases. Additionally SCMS will monitor product safety and tracking for recalls (pharmacovigilance).

SCMS provides TA and SS services in all areas of the supply chain including product selection, forecasting & quantification, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will provide TA and SS services to IPs through training in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07 including the establishment of a government owned, contractor operated warehouse, as part of SCMS strengthening of the host government's ARV which is expected to bring a long term solution contributing to the sustainability of the military HIV/AIDS programs in Nigeria. By providing training and supporting capacity building of local organizations, SCMS addresses the emphasis area of human capacity development.

Activity Narrative: SCMS will provide the USG team with regular reports on ARV drugs as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their planned treatment targets.

EMPHASIS AREA:
Human capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13085

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13085	6402.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$21,799,506
6741	6402.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$4,155,000
6402	6402.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4043	4043.06	SCMS	\$1,695,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7405.09
Prime Partner: John Snow, Inc.
Funding Source: GHCS (State)
Budget Code: HTXD
Activity ID: 25671.09
Activity System ID: 25671

Mechanism: USAID Track 2.0 FS AIDSTAR
USG Agency: U.S. Agency for International Development
Program Area: ARV Drugs
Program Budget Code: 15
Planned Funds: \$195,804

Activity Narrative: These funds will be used to award grants to implementing partners to provide adult and pediatric antiretroviral (ARV) drugs in underserved areas in Nigeria. The recipient will support the treatment components of the PEPFAR Nigeria program by ensuring an uninterrupted availability of high quality first and second-line ARV drugs to clinic sites.

Choice of ARVs to be used on the program will be based on the guidance provided in the National Treatment Guideline disseminated by the Government of Nigeria. Zidovudine and Tenofovir-based regimens will dominate the first line regimen for adult patients to be placed on treatment, and second line regimen will be a combination of nucleoside reverse transcriptase inhibitors (NRTI) and protease inhibitors (PI). The ARV regimen to be used with children include Zidovudine and Stavudine-based combination for first line, and a combination of NRTI and PI for those requiring second line regimen. Procurement will be based on the COP year ARV morbidity-based forecast by team of supply chain experts on the program, taking into consideration the patient targets and enrollment rates. Provision for a 6-month buffer will be made in the forecast to ensure an uninterrupted supply of ARVs in the COP year.

High quality ARVs (predominately generic formulation) will be procured in line with US FDA, PEPFAR and NAFDAC (Nigeria Drug regulatory agency) guidance. Bulk of the ARVs will be procured through the SCMS mechanism and other suitable procurement agencies to achieve cost effectiveness resulting from economies of scale. All purchases of Truvada (TDF/FTC) and ZDV-3TC-NVP Fixed Dose Combination will be procured via SCMS pooled procurement mechanism in line with OGAC's guidelines. SCMS and procurement agencies used by USG agencies certify packaging and storage conditions during shipping and provide insurance to the point of delivery at the frontier. Potential collaboration with other agencies will facilitate leveraging of resources (ARVs supplies and technical assistance) for this program area and the Clinton Foundation will be approached for donation of second line adult ARVs, first and second line children ARVs .

The storage and distribution of ARVs to service delivery points will be coordinated from the program's central warehouse and the program will exploit opportunities of integrating this activity with the Nigerian Government Logistics system at the federal and state levels where possible. To ensure proper management and utilization, storage facilities at service delivery points will be assessed and supported to meet standard requirements that will ensure optimum storage; support will include renovations of storage infrastructures, training of Pharmacists and support staff on logistics management with emphasis on ordering, storage, inventory management and Logistics Management Information System (LMIS). Periodic LMIS reports from various sites will be collated and used for program management and improvement. The program will work closely with the Federal Ministry Of Health in achieving Nigeria's long-term goal of supporting a sustainable supply chain management system for ART that incorporates and bolsters existing Nigerian institutional structures and is harmonized with Government of Nigeria (GON) activities.

Quality control measures involve routine monitoring visits by program staff from the central level to sites at least on a quarterly basis during with implementation of SOPs related to commodity management with be reviewed and improvement measures discussed with the site staff. This program area may likely result in the generation of hazardous waste products through expiries of ARVs; affected items will be inventoried and destroyed in line with relevant national policies at recommended sites using the appropriate mode of destruction.

CONTRIBUTION TO OVERALL PROGRAM AREA: This activity supports the scale up of ARV treatment in Nigeria, a major priority for the FMOH. Through these activities, AIDSTAR will continue to strengthen the structure of its ARV drug procurement system in accordance with PEPFAR goals in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure building and training mechanisms are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Additionally, through procurement via SCMS, AIDSTAR seeks to build capacity related to drug procurement and distribution. This activity also supports the ARV program for adults and children as well as the PMTCT program for provision of ARVs to pregnant women and infants

LINKS TO OTHER ACTIVITIES: This activity relates to activities in TB/HIV, ART services, and strategic information. This activity will maintain significant linkages with PMTCT and ART services through the procurement of ARV drugs for individuals served by these programs. Additionally, linkages to TB/HIV activities will be developed and maintained. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

POPULATION BEING TARGETED: ARV drugs will be offered to HIV positive infant, children and adults.

EMPHASIS AREAS: Emphasis include strengthening of health facility logistics systems to manage ARV drugs in a sustainable manner, drugs for OI, RTKs and lab reagents and quality assurance, quality improvement and supportive supervision. areas will

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$41,706,290

Program Area Narrative:

USG Nigeria's COP09 Laboratory strategy builds on the laboratory network created in previous years and works with the Government of Nigeria (GON) on coordinated high-quality expansion that improves the lab services offered in Nigeria. The PEPFAR program in Nigeria currently works with eight implementing partners (IPs) that support 261 labs. In COP09 the number of implementing partners within the lab program area will expand to 17. These partners will be supporting activities in 316 tertiary, secondary, and primary labs (including 5 mobile labs) in all 36 states of the federation and the Federal Capital Territory (FCT). Current and new sites will be supported by an additional 2,784 trained laboratorians to increase capacity to conduct an estimated 3,666,953 tests.

Emphasis areas for COP09 include: (1) actualizing the tiered lab system in support of the network of care model; (2) implementing expanded and harmonized lab quality assurance/quality control (QA/QC) activities, (3) undertaking limited expansion of lab services to new sites in current and new PEPFAR supported states, (4) continuing the support for the implementation of a national network for early infant diagnosis (EID), (5) implementing a standard, tiered lab equipment platform for HIV clinical monitoring, (6) strengthening lab management capacity, (7) supporting improved TB and Malaria diagnostic capability, (8) implementing selected site biotech engineers training in equipment maintenance, (9) supporting training in shipping and transport of diagnostic and infectious specimens, (10) working with Strategic Information (SI) team and IPs to standardize and harmonize the already developed or conceptualized Laboratory Information Management Systems(LIMS) in line with the national guidelines, and (11) supporting the development of a National Laboratory Strategic Plan.

The USG currently has 11 laboratory staff, most are CDC employees: Associate Director for Laboratory; Senior Laboratory Specialist; 5 lab specialists (focused in HIV molecular, QA, surveillance/blood safety, TB and procurement/inventory control), 2 Lab staff each for USAID and DOD . USG lab staff and senior IP laboratorians are active participants in the USG supported Laboratory Technical Working Group (LTWG) which meets monthly to discuss current lab issues, define lab strategies and to improve harmonization on lab issues. DOD laboratory staff members function additionally as implementing partners for the DOD program.

Due to funding constraints, expansion of lab infrastructure will occur through maximizing the use of the current lab system with limited growth to new sites. Development of a true tiered lab system will require continuing coordination with governing bodies at various levels (tertiary healthcare facilities which are federal institutions, secondary sites are state institutions and primary sites are supported by Local Government Areas). Down referral of stable ART patients from tertiary level facilities and up referral of specimens requiring complex testing will become more widespread. The LTWG with the PEPFAR IPs will work with FMOH to strengthen linkages between labs at various levels to create national lab networks.

In COP09 training for laboratory staff continues to be a priority in order to keep pace with PEPFAR plans. All laboratorians will continue to receive training on Good Laboratory Practices (GLP), lab safety, and Quality Assurance (QA), presented as a combination of didactic lectures and lab practical. In COP09, facility based Biotech engineers and equipment maintenance technicians will be trained on equipment maintenance and repairs as part of sustainability and strategic plan for the Lab system strengthening. Training will be provided by partners in collaboration with the equipment manufacturers/vendors.

The LTWG in collaboration with American Society for Clinical Pathology (ASCP) standardized, harmonized and adapted Hematology, Chemistry and CD4 training curriculum in COP08. The LTWG also in collaboration with Association of Public Health Laboratories (APHL) developed and delivered Laboratory Management training modules to all PEPFAR IPs and Government of Nigeria staff as a Training of Trainers (TOT) in COP08. Partners will continue to use these training packages for lab trainings in COP09. Training packages will be stepped down and appropriately customized to match the education and work experience of the lab staff functioning at the lower levels. Refresher training will be offered to all laboratorians on a yearly basis.

Nine PEPFAR training labs currently provide high quality lab training to large numbers of laboratorians from sites supported by IPs and GON. In FY09, an additional 2 training labs will be created to further expand trainings provided through these training sites to larger number of staff from non-EP supported labs. PEPFAR will also support improved TB/OI training and in-service curriculum for practicing laboratorians.

A systems approach to QA will be continued in 2009; this includes adequate training for all laboratorians using standardized SOPs / job aids. All labs IPs are responsible for conducting quarterly site monitoring visits using a standardized tool developed by the IPs, supporting Proficiency Testing (PT) and reporting results to the USG LTWG. In COP09 the LTWG will provide all IPs with a standardized site monitoring tool developed and piloted in COP08 by the LTWG. The Medical Laboratory Science Council of Nigeria (MLSCN) is the federal body responsible for licensing laboratory scientists, technicians and assistants and accrediting medical labs. In COP08, IPs were required to seek accreditation for a limited number of their supported labs with the MLSCN. This phased lab accreditation process will continue in COP09. PEPFAR will support the MLSCN in the development of a national PT program and will lend technical support to improve the accreditation tool and provide training in its use.

All IPs developed Standard Operating Procedures (SOP) for their HIV post exposure prophylaxis (PEP) programs in line with the national guidelines. IPs provide appropriate sharps and bio-medical waste disposal containers to supported sites and ensure appropriate waste disposal using standard tools developed in collaboration with Making Medical Injection Safe(MMIS/JSI).

In COP08, 21 PCR sites (made up of 19 PCR labs for non-routine viral load and DNA testing of dried blood spots (DBS) for early infant diagnosis (EID), 1 PCR dedicated to TB testing (HAIN assay), and 1 dedicated to HIV sequencing), were supported by 3 PEPFAR partners. Two additional PCR sites will be established in COP09 to support the growing demand on PCR services for the expanding EID program. Three of these PCR sites are GON supported labs with technical support from a PEPFAR IP and equipment procured through Global Fund (GF). In COP07 an EID pilot led to the development of a phased implementation plan with all participating PCR labs enrolled into the HIV DNA Dried Blood Spots (DBS) PT of CDC Atlanta. Other phases of implementation of this program will continue in COP09 and PEPFAR Nigeria will continue to work closely with the Clinton Foundation for procurement of test kits, collection supplies (bundle kits), transport of specimen and results.

The GON has approved the report of the phase one HIV rapid test kit evaluation and the country has adopted serial testing algorithm that is based completely on non-cold chain-dependent test kits. In COP09 USG will provide technical support to the GON in the second and third phase evaluation of these HIV diagnostic rapid tests through a multi-GON Agency working group.

All IP supported labs will have appropriate supplies, equipment and trained staff to perform TB diagnosis. In COP09, IPs supporting sites with high volume TB samples will be providing fluorescence microscopy to improve diagnostic sensitivity and efficiency. The USG has worked closely with the National TB and Leprosy Control Program (NTBLCP) to adapt and disseminate the new AFB smear microscopy training package. PEPFAR has supported the National TB Training Center for improved diagnostic capacity. Appropriate technical guidance on TB culture and sensitivity testing will be provided to the IPs and the GON by the LTWG to ensure sustainability and efficiency in TB lab diagnosis.

Data management within clinical labs is currently paper-based; which can be time consuming and highly prone to transcriptional errors. In 2007 and 2008, some IPs have developed and piloted lab information management tools. The LTWG will work with SI team and IPs in COP09 to standardize and harmonize these Lab information systems across partners in line with the National Guidelines on SI.

In COP09 USG LTWG will continue to provide technical support in the following areas: lab management training, support for national QA program, standardized training for CD4/chemistry/hematology, improvements to in-service curriculum, international accreditation of two tertiary labs, improved TB/OI diagnosis (comprehensive QA system) and improved TB/OI training curriculum, enhanced smear microscopy TB diagnosis, training of facility based biotech engineers and lab equipment maintenance technicians.

The approach outlined in this document supports ongoing IP activities as contained in the USG Five-Year Plan for AIDS Relief in Nigeria and is consistent with the goals of the Technical Advisory Committee for Laboratory of the HIV/AIDS Division (HAD) of Federal Ministry of Health (FMOH). Over the past years the USG has provided support to the FMOH in the development of the first National Medical Laboratory Policy. The development of increased laboratory capacity requires policy adoption, strategic planning, and implementation of activities as defined by the Maputo Declaration on Strengthening of Laboratory Systems in 2008. In COP09, the LTWG will support the FMOH in developing a National Laboratory Strategic Plan. This will be a 5 year plan that provides charted course or roadmap for improvement and strengthening the provision and delivery of laboratory services to ensure equitable access to quality services based on the adequacy and availability of skilled human and other resources inputs (financial and material). The objective is to improve, strengthen and promote the institutional and operational capacities of laboratories that will improve their diagnostic and monitoring capabilities.

PEPFAR will continue to support the GON in COP09, in developing the capacity of the Central Public Health Lab. HIV epidemic has emphasized the Public Health Laboratory's critical role in assessing, leading, and developing health policies. The public laboratory system has recognized the need for established laboratory priorities for bio-terrorism, emerging and re-emerging pathogens (e.g., anthrax, SARS, avian influenza). This facility will provide reference support to the GON's HIV program and will be a lab base for the Field Epidemiology and Laboratory Training Program (FELTP).

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 10807.09	Mechanism: USAID Track 2.0 NEPWHAN TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 25902.09	Planned Funds: ██████████
Activity System ID: 25902	

Activity Narrative: The aim of this activity is to provide laboratory support for the HIV/AIDS treatment and general health services system strengthening program that is robust and of comprehensive quality. This activity will occur in partnership with four state governments in the South East and South-South geopolitical regions of Nigeria. The activity will identify, upgrade and equip four secondary level hospital laboratories, one in each state, (Anambra, Ebonyi, Bayelsa and Imo). It will also provide comprehensive laboratory services for the diagnosis, treatment and monitoring of drug toxicity for HIV/AIDS as well as for related opportunistic infections. The laboratories will also be equipped to provide standard laboratory services for the diagnostic, treatment, monitoring and infection control needs of the population within the catchments areas of the target facilities.

Through this corporation between the partner and the state governments, laboratory infrastructural needs will be identified in an initial assessment of lab service readiness. Water and electricity will be provided by the state governments, while the partner will provide both the basic and state-of-the-art lab equipment that is needed, as well as build the capacity of laboratory scientists and other lab staff to use these equipment. The partner will also provide lab services that follow good laboratory practice and standard best practices. The lab equipment that will be provided in these sites will be in conformity with the guidelines from the Lab Technical Working Group (TWG) on the use of appropriate lab technology and equipment that is most suitable for the different levels of care in consonance with WHO recommendations. The partner and the participating state governments will jointly recruit appropriately qualified staff to fill identified positions.

This activity will support the 4 laboratories to develop capacity for the following laboratory assays: Complete Blood Count, Chemistry panel including electrolytes, CD4 counts, serology assays for HIV, syphilis, Hepatitis including but not limited to HBV & HCV, malaria, pregnancy test, TB microscopy, referral for TB cultures, general medical microbiology and blood group serology assays. Capacity for limited fungal tests will also be developed. Referral linkages will be established with other PEPFAR supported facilities with PCR capacities, such as IHVN, APIN and FHI/GHAIN, for RNA based viral load assays for patients when clinically indicated. Similar referral arrangements will be used for the provision of Early Infant HIV diagnosis (EID) for all identified HIV exposed infants within the activity's PMTCT and Pediatrics treatment programs (this activity is also detailed in the Pediatrics program area). Support for EID specimen collection and shipment will be provided by the Clinton Foundation through a collaborative arrangement with the USG. It is estimated that a total of 15,000 Lab tests will be conducted in COP09 in all the supported sites. Counting of the number of Lab tests performed will be based on the guidelines from the Lab Technical working Group (LTWG).

In the partnership arrangement with collaborating state governments, the activity's Laboratory program will be staffed with 5 seasoned Medical Lab specialists with cognizant experience in the following disciplines: Medical Microbiology, Clinical Chemistry, Hematology, Flow Cytometry and Laboratory Management/Lab Information Management System. This Lab team will be headed by a Laboratory program Director. To ensure effective mentoring of site Lab staff, after the initial trainings and site preparations, the Lab team will work with site Lab staff, on a daily basis for a minimum of one month, providing continuous on- the job training and mentoring. When site Lab staff have demonstrated the required proficiency in Lab services provision, the Lab team will then fall back to providing service quality oversight, supervision and mentoring on a regularly scheduled basis – at first monthly following the period of initial mentorship, then quarterly. The outcome of these quarterly Lab assessments will be shared with the sites, and fed into a central Lab assessment data system that will be supported by the LTWG.

Partners will collaborate with USG IPs with well established training structures and programs, such as FHI/GHAIN, IHVN and APIN to provide Laboratory trainings for all Lab staff of the supported facilities. In COP09, NEPWHAN will train a total of 20 Lab staff in specific lab techniques (5 from each of the 4 facilities), and another 4 site equipment bioengineers will receive a specialized training. The trainings for lab staff will include: HIV Testing based on the WHO/CDC training package, Flow-Cytometry techniques for CD4 enumeration, Clinical Chemistry, and Hematology. The training packages developed and adapted for use in Nigeria by USG PEPFAR-Nigeria LTWG in collaboration with ASCP will be used for this training. TB AFB smear microscopy training will also be provided and the WHO/CDC training package that has also been adapted for use in Nigeria will be used. In addition, trainings basic Laboratory procedures, Good Laboratory Practice, Laboratory Reagents and Equipment Logistics Management trainings that will also be provided. Training on lab reagent and logistics management will be provided in collaboration with SCMS. The Lab managers for each of the supported Labs will be trained further on Laboratory Management using the training package developed by APHL, and Laboratory Quality Assessment and Audit using another standard training package that will be identified. The partner will also collaborate with Lab equipment manufacturers and vendors to provide specific equipment trainings that will cover equipment principles and techniques, routine maintenance, calibration, and trouble shooting. The activity will not have a dedicated Bioengineer in its employment; instead, Lab equipment maintenance engineers at the supported sites will be supported to obtain the required equipment maintenance and repairs training from the specific equipment manufacturers/vendors. In COP09, 4 site equipment bioengineers (1 from each site) will be supported to obtain these specialized training.

The major Lab equipment procurement, warehousing and distribution will be implemented through the Axios mechanism, while HIV test kits procurement will be through the SCMS mechanism. Other Lab consumables will however be procured locally using the established facility procurement system. The partner will collaborate with SCMS to train staff logistics managers on supplies forecasting and general logistics management in order to build site staff capacity and ensure program sustainability.

In COP09 the partner will seek accreditation for all of its supported Labs from the Medical Laboratory Science Council of Nigeria – the government Lab accrediting agency.

During the mentoring period, the activity's Lab specialists will work with the site staff to develop site specific standard operating procedures for all Lab processes and procedures, including the Quality Control and Quality Assurance processes. In conjunction with USAID, the partner will provide training and support the implementation and use of quality control charts to monitor all the internal quality control processes.

Activity Narrative: Capacity will be developed at supported facilities in local brewing and characterization of heat inactivated serum. They will use this for the HIV proficiency testing program that will be administered to all of the HCT, TB, STI and PMTCT sites that will be supported by the Lab for HIV testing quality assurance. The Labs will be linked to the PEPFAR supported National Lab QA for Proficiency Testing program.

As part of its Lab safety procedures, the partner will collaborate with JSI/MMIS to provide medical waste management and injection safety training to all Lab staff. In addition, the partner will procure standard laboratory autoclave to ensure potential infectious materials from the Lab are sterilized before being disposed, following standard procedures. The partnering state governments will be responsible for the procurement of appropriate hospital incinerators for efficient waste management. Post exposure prophylaxis treatment training will also be provided and guidelines on the protocol for seeking PEP will be developed. Appropriate clinical staff will be designated for this purpose in all the supported sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: The provision of Laboratory services through this program will contribute to strengthening and expanding the capacity of the GON to respond to the HIV/AIDS epidemic. It will also build the capacity of laboratory staff at the project sites and contribute to the upgrading of infrastructure at the health facilities and provision of necessary equipment. Considering the complexity of antiretroviral therapy (ART) and the strict requirements for standards and procedures, the laboratory component will aim to establish a well coordinated and efficient quality assurance, supervision and monitoring system at all supported sites.

LINKS TO OTHER ACTIVITIES: This program element relates to activities in PMTCT, BC&S, TB/HIV, and HCT. A referral linkage system will be strengthened to ensure that clients are referred from sites with limited or no laboratory infrastructure to properly equipped laboratory sites using an integrated tiered national laboratory network.

POPULATIONS BEING TARGETED: This activity will provide laboratory services to PLWHAs, (including pregnant women), HIV positive children, tuberculosis (TB) patients (including those that are HIV positive and are eligible for ART), HIV positive infants and other most at risk populations (MARPS). These clients will be generated from PMTCT, Care and Treatment, facility based counseling and testing and TB-HIV programs.

EMPHASIS AREAS: A major emphasis area for the partner's Lab program is human capacity building. This will be done through training and mentoring of Lab staff in all of its supported sites. A second emphasis area is sustainable health infrastructural development, which the partner hopes to achieve through its model partnership with state governments and the provision of basic infrastructure in all the hospitals that will be supported. Human capacity building and all lab equipment needs will also be provided by the activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	██████████
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 4043.09	Mechanism: USAID Track 2.0 SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 12439.26062.09

Planned Funds: \$3,535,500

Activity System ID: 26062

Activity Narrative: ACTIVITY DESCRIPTION:

The SCMS objective is to support PEPFAR programs in Nigeria by providing increased access to quality HIV/AIDS related commodities. SCMS activity under this program area covers the procurement but also the shipment, distribution and delivery of laboratory commodities as well as other supply chain management related activities. It also covers technical assistance (TA) and system strengthening (SS) activities provided to PEPFAR Implementing Partners (IPs) and to the Department of Defense (DoD) to strengthen or build their supply chain management capacity within their respective programs. In COP09, SCMS will procure laboratory supplies, equipment, reagents and other medical supplies and consumables needed in laboratory facilities supporting HIV/AIDS related activities, for three IPs and DoD.

Through its continuous support to and strengthening of commodity security in PEPFAR prevention, care and treatment programs, SCMS works towards ensuring uninterrupted availability of needed commodities to populations targeted by these programs including people living with HIV/AIDS, children, adolescents and adults in the general population as well as most at risk populations.

The SCMS laboratory infrastructure budget will cover the cost of commodities as well as well as logistical and administrative services from the field office for the coordination and management of the lab procurements undertaken by SCMS. In COP09, SCMS will procure laboratory commodities and provide requested technical assistance for three IPs and DoD, each of which has attributed specific funds to SCMS for these services: DOD, \$1,000,000; Columbia University/ICAP, \$200,000; University of Maryland, \$2,295,500; and URC, \$40,000.

SCMS will support the IPs and DoD in the following areas of the supply chain cycle: product selection in accordance with the Federal Government of Nigeria's (FGoN) national guidelines for the provision of laboratory services for HIV/AIDS programs, marketing authorization status (NAFDAC registration) and FGoN importation regulation. SCMS will also be responsible for ensuring that commodities procured meet eligibility criteria under the USG acquisition rules and regulations including source and origin waivers and approvals by the US Food and Drug Administration or other relevant stringent drug regulatory authorities.

SCMS will assist in quantification and forecasting of requirements and will support the development of long term supply plans (considering in country stocks and anticipated consumption rates) for stock management and delivery planning (which is especially critical for specialized laboratory equipment and supplies to minimize long procurement lead times).

SCMS will identify suitable sources of supply both internationally and nationally. SCMS will work with IPs in Nigeria to locally procure products that are either banned for importation or for which local procurement represents a key advantage in terms of cost, delivery and/or associated services. SCMS will continue to fine tune, implement, identify and pre-qualify suitable local suppliers to expand the scope of its local procurements, this will be especially necessary for laboratory equipment with respect to maintenance contracts and rapid availability of replacement parts and necessary reagents.

In COP 09, SCMS will initiate activities geared towards harmonization of laboratory equipments, supplies and reagents. A series of workshops will also be organized where manufacturer's representatives will be given the opportunity to meet with the end users and others who can objectively evaluate the performance of the equipments, supplies and reagents. This intervention will be the basis for developing a guide towards harmonization and ensure that the end users get greater value for their equipments and supplies.

SCMS will coordinate with the USG team to ensure selected products are appropriately registered in Nigeria. For products not yet registered by NAFDAC, SCMS will make suitable recommendations including waiver applications where appropriate. SCMS will take the lead to communicate with manufacturers on registration gaps in Nigeria.

SCMS procurement leverages global spending to provide best value and offers clients certainty of competitive prices and international quality standards. SCMS procurement strategy is articulated around buying generics whenever possible, pooling procurement for HIV/AIDS care, prevention and treatment programs across PEPFAR focus countries and negotiating long term contracts with suppliers. IPs and DoD's requests for laboratory commodities will be addressed to and coordinated with SCMS field office directly.

SCMS will be responsible for the shipment of procured commodities into Nigeria through Abuja or other points of entry as required. SCMS will take the lead and further streamline the customs clearance process as appropriate including management of the CC1, CC2 or CC3 duty exemption forms. SCMS will coordinate with the USG team to fulfill importation requirements and provide needed documentation to allow customs clearance in an efficient and timely manner.

Where appropriate, commodities procured and imported by SCMS will be supplied through the SCMS Regional Distribution Center (RDC) in Ghana. The warehousing of commodities in the RDC is a critical component of the SCMS technical solution. The use of the RDC will significantly reduce lead times and provide an important buffer between the supply from manufacturers and demands from the PEPFAR programs in Nigeria. The RDC also ensures that shipment quantities do not overwhelm their recipients in country, an increasing challenge in the context of program scale up. The RDC concept also brings an increased flexibility in stock management thus reducing risk of stock obsolescence or need for emergency replenishments, resulting in important savings. Finally, the RDC approach serves regional and national sustainability, as the RDC is designed to be a commercially viable entity, available to other health (and non-health) programs, whose benefit will last beyond SCMS. Where possible and appropriate, SCMS will road freight from the RDC Ghana to Abuja; a mode of delivery that will provide significant savings over airfreight.

Delivery arrangements will be negotiated with URC, ICAP, UMD and DOD; SCMS will either deliver to a central location or to point of services as needed. When local warehousing is needed SCMS will continue to explore viable options make use of its recently acquired cross-docking facility and the longer term

Activity Narrative: warehouse facility (which will be acquired in COP 09). For in country distribution where necessary, SCMS will competitively source for and utilize the service of an efficient and safe in-country courier services operator.

SCMS will also assist IPs to monitor/report on stock levels and usage through the deployment of pipeline databases. In COP 09, Supply Chain Support Teams (to be made up of technical SCMS staff and GoN or IP staff as appropriate) will be constituted by SCMS to work with the IPs in providing their trained logisticians with the capacity to monitor and support the performance of the supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these. By developing methodologies and tools for conducting these activities, SCMS will work with FGoN and IPs to establish and institutionalize this activity thereby building the capacity to identify these problems and resolve them before service delivery is compromised.

SCMS provides TA and SS services in all areas of the supply chain including product selection, quantification & forecasting, supply planning, procurement, warehousing, customs clearance and delivery. In COP09, SCMS will continue to provide TA and SS services to IPs including the training of individuals in the use of the ProQ or Quantimed forecasting and Pipeline supply planning tools. SCMS will continue to provide TA and SS services to DoD based on the recommendations that came out of a supply chain system's assessment carried out in COP07. By providing training and supporting capacity building of local organizations, SCMS addresses the emphasis area of human capacity development.

SCMS will provide the USG team with regular reports on supplies and equipments as well as monthly financial reports. In addition, an automated web based procurement tracking database will ensure that the USG team and IPs have adequate visibility on SCMS procurement status by providing an easy access to accurate and up to date information on procurement. Further procurement automation and harmonization will also be facilitated through linkages with the LHPMIP system.

Under this program area, SCMS does not have targets of its own but supports PEPFAR IPs and DoD reaching their treatment planned targets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13087

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13087	12439.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$1,260,000
12439	12439.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$610,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5292.09	Mechanism: HHS/CDC Track 2.0 ASM
Prime Partner: The American Society for Microbiology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 9847.26413.09	Planned Funds: \$350,000
Activity System ID: 26413	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity with funding initiated in late COP07. ASM has the capacity to support the PEPFAR program by ensuring that laboratories possess the necessary organizational and technical infrastructure to provide quality laboratory testing and results in support of HIV prevention, care, and treatment programs, especially for tuberculosis (TB) and opportunistic infections (OI). ASM can provide technical assistance through carefully chosen experts from among ASM's more than 5,000 clinical laboratory microbiologists and immunologists worldwide.

ASM will continue to focus on improving the quality and capacity of TB and OI diagnosis in Nigeria. The following five activities will support this goal: 1) development of a comprehensive quality assurance (QA) and quality control (QC) system for TB microscopy and culture, reviewing the existing guidelines on QA for AFB microscopy and developing such for TB culture/DST, 2) review and make improvements to the TB training curriculum (and SOP's) currently used in Nigeria, 3) provision of technical expertise on the structural design of new and existing laboratories involved in diagnosis of TB (specifically, culture and drug resistance testing), 4) improvement of training for simple OI diagnosis (microscopy) and 5) support offsite training on TB culture and drug sensitivity for select PEPFAR-Nigeria laboratorians. ASM will work closely with PEPFAR-Nigeria Lab Technical Working Group (LTWG) to ensure that these activities are coordinated with the (Government of Nigeria) GON and those organizations currently supporting TB diagnosis and treatment in Nigeria (including, UMD-ACTION, Harvard-APIN, German Leprosy Group, GHAIN, Netherlands Leprosy Group, Damien Foundation of Belgium (DFB) and WHO. ASM will work through the LTWG to ensure that activities and deliverables are developed and implemented in a harmonized fashion.

EMPHASIS AREAS: The major emphasis of this activity is local organizational and human capacity development in quality assurance and quality improvement of laboratory testing.

POPULATIONS BEING TARGETED: ASM will develop/improve training programs provided to laboratorians working in clinical health care facilities for improved diagnosis of TB and OIs. ASM will also improve the infrastructure of laboratories where these individuals currently work.

REACHING THE VISION: This activity will enable ASM to reach its vision and long-term strategy of building resource-poor countries' ability to better diagnose infectious diseases through quality-assured laboratory procedures. The main emphasis is in transferring knowledge to Nigerian laboratorians thus human capacity development via training and mentoring in order to ensure that the activity is sustained over the years. ASM's activities also contribute to narrowing the gender gap in Nigeria by offering knowledge transfer opportunities to both female and male Nigerian laboratorians.

LINKS TO OTHER USG RESOURCES/DONOR SUPPORT: While there is no direct link to other USG resources and donor support, ASM places great emphasis on gathering information on what other donors are doing, in order to prevent duplicating efforts and act more in a leveraging capacity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13102

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13102	9847.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	6391	5292.08	HHS/CDC Track 2.0 ASM	\$250,000
9847	9847.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	5292	5292.07	Cooperative Agreement	\$500,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 7405.09 **Mechanism:** USAID Track 2.0 FS AIDSTAR

Prime Partner: John Snow, Inc. **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 26627.09 **Planned Funds:** \$390,000

Activity System ID: 26627

Activity Narrative: This activity will provide robust comprehensive quality laboratory support for HIV/AIDS treatment programs and general health services system strengthening in partnership with three state governments to be identified in consultation with the Government of Nigeria (GoN). The activity will identify, upgrade, and equip selected secondary level hospital laboratories (1 in each state) to provide comprehensive laboratory services for the diagnosis, treatment and drug toxicity monitoring for HIV/AIDS and related opportunistic infections. The laboratories will also be equipped to provide standard laboratory services for HIV diagnosis, ARV treatment monitoring, and infection control to service the needs of the population within the catchments areas of the target facilities.

In this model partnership between AIDSTAR and the states governments, Laboratory Infrastructural needs that will be identified in an initial Lab service readiness assessment, including water and electricity, provided by the partnering governments, while the partner will provide the needed basic and state-of-the-art lab equipment, and build the capacity of laboratory scientists and other lab staff to use these equipment and provide lab services following good laboratory practice and standard best practices. The lab equipment that will be provided in these sites will be in conformity with the guidelines from the Lab Technical Working Group (TWG) and WHO recommendations on the appropriate use of lab technology and equipment that is most suitable for the different levels of care. The partner and the partnering governments will jointly recruit appropriately qualified staff to fill identified positions.

The activity will support 3 laboratories to develop capacities for the following laboratory assays: Complete Blood Count, Chemistry panel including electrolytes, CD4 counts, serology assays for HIV, syphilis, Hepatitis including but not limited to HBV and HCV, malaria, pregnancy test, TB microscopy and referral for TB cultures, and general medical microbiology and blood group serology assays. Capacities for limited fungal studies will also be developed. Referral linkages will be established with other PEPFAR-supported facilities with PCR capacities, such as IHVN, APIN and FHI/GHAIN, for RNA based viral load assays for patients when clinically indicated. Similar referral arrangements shall be used for the provision of Early Infant Diagnosis (EID) for all identified HIV-exposed infants within the activity's PMTCT and Pediatrics treatment programs (this activity is also detailed in the Pediatrics program area). Support for EID specimen collection and shipment will be provided by Clinton Foundation through a collaborative arrangement with the USG. It is estimated that a total of 15,000 Lab tests will be conducted in COP09 in all the supported sites. Counting of the number of Lab tests performed will be based on the guidelines from the Lab Technical working Group (LTWG).

In COP09, AIDSTAR will also be piloting routine cervical cancer screening for HIV-positive females in its supported site in a selected state. This will be done by establishing referral linkages between 2 activity-supported comprehensive ART facilities in the state a tertiary level Laboratory where PAP smear services are offered.

In AIDSTAR's arrangement with collaborating state governments, the activity's Laboratory program will be staffed with seasoned Medical Lab specialists with cognizant experience in the following disciplines; Medical Microbiology, Clinical Chemistry, Hematology, Flow Cytometry and Laboratory Management/Lab Information Management System. This Lab team will be headed by a Laboratory Program Director. To ensure effective mentoring of site lab staff, after the initial trainings and site preparations, the lab team will work with site lab staff, on a daily basis for a minimum of one month, providing continuous on the job training and mentoring. When AIDSTAR site Lab staff have demonstrated the required proficiency in Lab services provision, the Lab team will then fall back to providing service quality oversight, supervision and mentoring on a monthly basis, following the period of mentorship, then quarterly. The outcome of these quarterly Lab assessments will be shared with the sites, and be fed into a central Lab assessment data system that will be supported by the LTWG.

AIDSTAR will collaborate with USG IPs with well-established training structures and programs, such as FHI/GHAIN, IHVN and APIN to provide Laboratory trainings for all Lab staff of the supported facilities. In COP09, the activity will train a total of 20 Lab staff from the 3 facilities). The trainings will include HIV Testing based on the WHO/CDC training package; Flow-Cytometry techniques for CD4 enumeration, Clinical Chemistry, and Hematology, using the training packages developed and adapted for use in Nigeria by ASCP; and TB AFB microscopy training using the WHO/CDC training package that has been adapted for use in Nigeria. These will be in addition to the Basic Laboratory procedures, Good Laboratory Practice, Laboratory Reagents and Equipment Logistics Management, to be provided in collaboration with SCMS, and Laboratory Information Management System. The Lab managers for each of the supported Labs will further be trained on Laboratory Management based on the training package developed by APHL, and Laboratory Quality Assessment and Audit using standard training package that will be identified. The partner shall further collaborate with Lab equipment manufacturers/vendors to provide specific equipment trainings that will cover equipment principles and techniques, routine maintenance, calibration, and trouble shooting. The activity will not have a dedicated Bioengineer in its employment; instead, Lab equipment maintenance engineers within the supported sites will be supported to obtain the required equipment maintenance and repairs training from the specific equipment manufacturers/vendors. In COP09, 3 site equipment bioengineers (1 from each site) will be supported to obtain these specialized training.

The major Lab equipment procurement, warehousing and distribution will be through the Axios mechanism, while HIV test kits procurement will be through the SCMS mechanism. Other Lab consumables will however be procured locally using the established facility procurement system. The partner will collaborate with SCMS to train staff logistics managers on supplies forecasting and general logistics management in order to build site staff capacity and ensure program sustainability.

In COP09 AIDSTAR will seek accreditation for all of its supported Labs from the Medical Laboratory Science Council of Nigeria – the government Lab accrediting agency.

During the mentoring period, AIDSTAR's Lab specialists will work with the site staff to develop site specific standard operating procedures for all Lab processes and procedures including Quality Control and Quality Assurance processes. In conjunction with USAID, AIDSTAR will provide training and support the

Activity Narrative: implementation of the use of quality control charts to monitor all the internal quality control processes. Supported facilities will have their capacities built in the local brewing and characterization of heat inactivated serum and use this for HIV testing proficiency testing program that will be administered to all the HCT, TB, STI and PMTCT sites that will be supported by the Lab for HIV testing quality assurance. The Labs will be linked to the PEPFAR supported National Lab QA for Proficiency Testing program.

As part of its Lab safety procedures, AIDSTAR will collaborate with JSI/MMIS to provide medical waste management and injection safety training to all Lab staff, in addition to procuring standard laboratory autoclave to ensure potential infectious materials from the Lab are sterilized before being disposed, following standard procedures. The partnering state governments will be responsible for the procurement of appropriate hospital incinerators for efficient waste management. Post exposure prophylaxis (PEP) treatment training shall also be provided and guidelines/protocol for seeking PEP will be developed and appropriate clinical staff designated for this purpose in all the supported sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: The provision of Laboratory services through AIDSTAR will contribute to strengthening and expanding the capacity of the GON response to the HIV/AIDS epidemic, build the capacity of laboratory staff at the project sites and contribute to infrastructural upgrade of the health facilities and provision of necessary equipment. Considering the complexity of antiretroviral therapy (ART) and the strict requirements for standards and procedures, the laboratory component will aim to establish a well coordinated and efficient quality assurance, supervision and monitoring system at all supported sites.

LINKS TO OTHER ACTIVITIES: This program element relates to activities in PMTCT, BC&S, TB/HIV and HCT. A referral linkage system will be strengthened to ensure that clients are referred from sites with limited or no laboratory infrastructure to properly equipped laboratory sites using an integrated tiered national laboratory network.

POPULATIONS BEING TARGETED: This activity will provide laboratory services to PLWHAs (including pregnant women), HIV positive children, tuberculosis (TB) patients including those that are HIV positive and are eligible for ART, HIV positive infants and other most at risk populations (MARPS). These clients will be generated from PMTCT, Care and Treatment, facility based counseling and testing and TB-HIV programs.

EMPHASIS AREAS: Major emphasis area for the partner's Lab program is human capacity building. This will be done through training and mentoring of Lab staff in all of its supported sites. A second emphasis area is sustainable health infrastructural development which the partner hopes to achieve through its model partnership with state governments in the provision of basic infrastructures in all the hospitals that will be supported, while the human capacity building and all lab equipment needs will be provided by the activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$175,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 2768.09

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 5544.28554.09

Planned Funds: \$2,461,800

Activity System ID: 28554

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, the International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University continued to expand its laboratory network model across the six states of Kaduna, Benue, Cross River States, Gombe, Akwa Ibom and Kogi, enabling 28 (25 plus 3 plus-up funded) hospital networks to support HIV/AIDS care and treatment programs. ICAP achieved its lab target of 25 sites for COP08 and opened an additional 3 sites using plus-up funding. Due to limited funding resources and need to decelerate expansion activities, targets for COP09 will be set at 27 lab sites, reflecting a 7% growth from COP08 targets. ICAP has already achieved its COP09 target and will continue to maintain the additional 28th lab site with leveraged funding.

ICAP's experience in COP08 will inform maintenance and minimum lab expansion plans in COP09. In COP08, baseline laboratory assessments for additional sites revealed infrastructural deficiencies, including lack of electricity and potable water, obsolete equipment and testing methods, severe staffing shortages and under-skilled staff.

ICAP's response to challenges enumerated above has been multi-pronged and includes development of the Laboratory network model, a detailed Laboratory Support plan, and support for renovation and training. The Laboratory Support plan established a logical step-wise approach to phasing in the services needed by HIV/AIDS care and treatment programs.

Phase I provides the "minimum package" elements of a functioning lab: electricity, running water, adequate interim space, training and supervision, reorganization of labs as needed, ability to perform HIV testing, complete blood counts, simple chemistries and CD4 capability. Almost all the labs in the 28 secondary health facilities have been provided with the phase 1 minimum package to enable them to function effectively. In COP09, no additional lab sites at health facilities will be developed.

Phase II includes the introduction of analyzers, the initiation of standard QA/QC systems, the expansion of capacity to include additional chemistry tests, urinalysis, malaria parasite, STI screening tests, pregnancy tests, stool microscopy, urinalysis and blood cultures, Hepatitis B and C screening, and liver function tests where feasible, and the completion of renovation and refurbishment activities as well as the introduction of protocols to collect and prepare dried blood spot (DBS) samples for use in early infant diagnosis (EID). ICAP will continue to support and expand services for the diagnosis of the following opportunistic infections: Malaria, TB, Hepatitis B and Hepatitis C among others. ICAP will continue to work closely with the clinical TWG team on OI diagnosis. ICAP will also continue to participate in the National EID scale up plan, sending DBS specimens to appropriate laboratories supported by other PEPFAR implementing partners with DNA PCR capabilities. ICAP will also continue collaboration with the Clinton Foundation for sample collection materials and transport of specimens/results.

Lab staff will be trained and retrained in the use of already designed specimen shipment forms and other identified mechanisms to track samples and results among ICAP lab network and other partner networks. In COP09, ICAP will continue to fully fund training on diagnostic testing and monitoring, good laboratory practices (GLP) and biosafety. It will continue to coordinate and fully fund formal didactic training sessions and share training resources to avoid duplication. On-the-job training will continue to be enhanced by job aids, standard operating procedures (SOPs) and diagnostic algorithms. In COP09, ICAP will provide 245 laboratory staff with training in GLP, HIV serology, and CD4 enumeration among others. Additional training on microscopy for AFB using the new nationally adapted WHO/CDC AFB smear microscopy training packages will be conducted at 17 DOTS sites to identify TB/HIV co-infections. Training of Trainers on lab management was provided by APHL in collaboration with PEPFAR –Nigeria LTWG to one ICAP lab advisor as a training of trainers (TOT) who will with others step down the training to 30 site level lab supervisors to enhance lab management skills. ICAP will also support the training of "back-up" Lab Scientists to provide services when regular ones are on annual leave or posted to different facilities. All available trainable lab personnel will be trained on all analyzers, regardless of specialty, to address the challenges of lab personnel shortages at some of these facilities. ICAP will continue to support task shifting by training of non lab personnel in rapid HIV testing with appropriate mentoring, monitoring and supervision. ICAP will work closely with the PEPFAR lab technical working group for the development of a common lab equipment list and will procure appropriate equipment for the different lab levels that it supports.

ICAP will support the renovations and expansion of lab facilities especially at the PHC level in all supported sites. In COP09, ICAP will assess lab capacity in all new sites, to provide the right environment for lab activities. Renovations and refurbishments will include the addition of partitions, workbenches and stools, water and adequate lighting, installation of air conditioners, refrigerators, freezers, back up energy sources, shelving and other storage, and security elements such as bars and locks.

ICAP will also support selected Primary Health Care (PHC) centers to provide basic monitoring investigations using manual method or simple auto-analyzers via the development of mini labs (FBC, chemistry, and CD4). ICAP will strengthen existing sample transportation (shipment) flows from rural PHCs to the comprehensive site/urban PHC mini labs closest to them. ICAP will also support the continued development of mobile lab teams which started in COP 08, to extend lab services to very remote/hard to reach communities and rural PHCs in Akwa Ibom, Kogi, Gombe and Kaduna. These mobile labs will be equipped with semi-automated machines (which can be operated by low skilled personnel) like the reflotron for chemistry, hand held hemocue machines for HB estimation. The mobile team will operate from the regional offices across the six states using ICAP field vehicles in the short term. More appropriate and customized transportation will be identified in conjunction with other implementing partners (e.g. IHVN) in the long term. ICAP will work with the state governments to identify National Youth Service Corps (NYSC)/post NYSC volunteer scientists to operate these mobile labs in hard to reach areas. The mobile team will provide opportunities for on the spot services to process samples and produce same day results for patients.

ICAP will support the National TB program to improve on the quality of TB diagnosis by equipping four high volume TB smear microscopy sites with fluorescence microscopes. This will increase the rate of TB case

Activity Narrative: detection following the sensitivity of this technique. ICAP will train 10 lab technicians/Scientists on TB diagnosis using the fluorescence microscopy technique and provides reagents. These sites will be enrolled for the National TB microscopy EQA program to ensure the quality of TB Smear Microscopy.

ICAP will ensure that all bio-medical waste generated from all its supported sites will be properly disposed of by supporting renovation of hospital incinerators, provision of autoclaves to sites without existing incinerators, procuring and regularly supplying sharp containers, bio-hazard bags. ICAP will continue to work closely with the SCMS mechanisms in country to procure equipment and supplies for its supported laboratory sites.

ICAP will continue to participate in the QA/QC national networks discussions and will support the active integration of recommendations/guidelines at its sites and state levels. ICAP will implement already developed QA/QC plans at all supported labs using national guidelines/tools where available. ICAP will institute a robust 4 – pronged Quality Assurance management program in all its supported sites. These components will include quarterly site monitoring visits, use of proficiency testing panels, survey of rapid tests and equipment/results performance in the field and sample retesting. Results of the quarterly QA activities will be made available to a national centralized system (supported by PEPFAR). Positive and negative HIV serology panel will be prepared in collaboration with the PEPFAR-Nigeria Quality Assurance team and transported to sites to support and increase the quality of HIV diagnosis. This will be used for daily quality control for rapid HIV testing by personnel in the facilities as well as lot/batch monitoring of the integrity of all HIV test kits supplied to sites. Laboratory heads of secondary health facilities will be trained to serve as quality assurance (QA) focal persons and will be responsible for distributing serology panels to testing personnel at the PHCs level during their monthly supervisory visits to the PHCs zoned to their facilities. All testing lab with storage facilities will be required to store 5% of all samples tested in the facilities, while those without storage facilities will be expected to store 5% of all sample tested on filter paper DBS. These samples are to be collected quarterly for retesting in an approved laboratory. Four ICAP supported labs that have been accredited by the German National CD4 EQA program will be used as reference lab for all other CD4 processing labs. These sites will be used to prepare CD4 low and High panel using sample bottle that can preserve CD4 cells for 2-3 days.

ICAP will also regularly assess the quality of rapid HIV testing done in remote PHCs and stand alone VCT using standard QA tools which will include regular supervisory visits to provide mentoring, regular use of controls, competency assessments after training, biweekly proficiency testing and regular refresher trainings. ICAP will continue to support PEP programs in all its sites by emphasizing the availability of this service in all its lab training.

ICAP laboratory program is currently supported by a regional lab advisor from the HQ who provides regular TA to in country lab team. The in country team is comprised of one Associate Director for laboratory services, one central lab advisor (supervises all lab activities from the central office), one central biomedical engineer, one lab QA advisor and five regional lab advisors. This lab team will continue to work closely with the Lab TWG and the state MOH to ensure that at least 10 ICAP supported labs gain local lab accreditation through the national lab regulatory body (MLSCN). Also, a total of USD200,000 is set aside for procurements through the SCMS mechanism.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

In FY09, ICAP will use EP funds to support 28 hospital labs using the phased approach described above. To facilitate GoN scale up plans, 245 laboratory staff will be trained on the provision of high-quality lab. Trainings will be stepped down to laboratory technicians and assistants from the primary health centers. Sixty lab technicians will be trained on ZN-staining /AFB identification to enhance TB diagnosis at the DOT sites. ICAP will also strengthen the laboratories at new sites by renovating space and facilities (within the existing hospital building space), and enhancing their diagnostic abilities. By ensuring appropriate training, supervision, equipment, maintenance and supplies, all 30 hospital labs will be strengthened to support these institution's rapidly-growing adult and pediatric HIV/AIDS care and treatment programs.

LINKAGES TO OTHER ACTIVITIES:

This activity also relates to activities in ART, Palliative Care, OVC, VCT, TB/HIV and PMTCT. These services will directly support these activities by enabling 12,000 people access to HIV/AIDS testing and 28,800 HIV positive adults, and 3,200 infants and children on treatment, and an additional 3,300 HIV positive mothers to access HIV/AIDS care and treatment.

TARGET POPULATIONS:

General populace with special emphasis on high risk groups (TB co-infections). HIV monitoring of HIV positives and diagnosis of HIV exposed especially vulnerable groups of women, infants and children. Pregnancy and syphilis tests will be provided to women. Lab monitoring for 52,310 HIV positives and 3,300 HIV positive mothers includes a projected total estimate of 510,320 tests consisting of 139,200 LFTs, 139,200 CBCs, 143,220 CD4 counts, 7,200 sputum exams, 4,100 PCRs for EID and 77,400 HIV testing including tests in PMTCT and TB patients. Health workers will be trained in providing quality laboratory and testing services including collection, transport and tracking of samples and results especially to and from primary healthcare centers and other partner networks. CBOs/FBOs will be trained in using rapid test kits based on national algorithms.

EMPHASIS AREAS:

Emphasis areas include renovations including upgrading of infrastructure, commodity procurement, training, quality improvement/assurance, supportive supervision, and development of referrals, network/linkages.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13031

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13031	5544.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$2,876,055
6693	5544.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$1,410,000
5544	5544.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$500,000

Emphasis Areas

Construction/Renovation
 Health-related Wraparound Programs
 * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$112,878

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 9401.09	Mechanism: HHS/CDC Track 2.0 PFD
Prime Partner: Partners for Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 21700.26817.09	Planned Funds: \$390,000
Activity System ID: 26817	

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, Partners for Development, under the Counseling, Care and Antiretroviral Mentoring Program (CAMP), supported ARV Services, BC&S, OVC, PMTCT, and HCT programs by building lab infrastructure and training staff to accurately diagnose, stage and monitor patients. The COP08 target was 600 clients for the lab services/infrastructure. In COP09, PFD will continue these services and aim for 1,000 tests. It will also monitor laboratories through its QA/QC activities to ensure high quality results while upgrading the infrastructure. PFD will support the national Early Infant Diagnosis (EID) scale up plan of the GON. PFD will also support lab services to provide appropriate lab capacity and patient support at different points of service, and including comprehensive sites as well as HCT sites. This will include the use of appropriate technology at all service levels, using the USG-PEPFAR Lab Technical Working Group equipment platform as a guide.

The purpose of the lab component is to assure accurate and efficient testing facilities for HIV/AIDS and related Opportunistic Infections (OIs). Partners for Development (PFD) and their sub-partner, the faith-based organization (FBO) Daughters of Charity (DC), is represented in two (2) primary care project sites: 1) Assumption Clinic in Warri, Delta State and 2) Catholic VCT Center, Ikot Ekpene, Akwa Ibom State. These two sites are primary health facilities. There are no plans to expand the number of laboratory sites in COP09; however some of the basic lab services will be provided through referrals to other PEPFAR implementing partners and the Daughters of Charity's main facility in Abuja. Lab activities are just one of the components under the Counseling, Care and Antiretroviral Mentoring Program.

PFD will also support expansion of early infant diagnosis (EID) at PMTCT supported facilities in accordance with the national EID scale up plan. PFD will provide standardized training for collection and packaging of dried blood spots (DBS) and clinical samples.

PFD will continue to participate in the USG-Nigeria coordinated Laboratory Technical Working Group (LTWG) to ensure harmonization with other IP and GON supported laboratory programs. PFD will continue to work with the PEPFAR LTWG in the development of a common Lab equipment platform appropriate for each lab level.

Each CAMP laboratory is staffed with a lab scientist and a technician. PFD has 4 Laboratory program staff that will be trained to provide HIV diagnostics, HIV monitoring tests, and OIs diagnostics to support the program. PFD will provide in-service training for the lab staff through IHVN, which has training facilities in Benin, or through other IPs that have dedicated training Laboratories. Lab personnel will be trained on Good Laboratory Practice (GLP), Laboratory safety, Quality Assurance (QA), waste disposal, post exposure prophylaxis, records and documentation. PFD will institute a robust Quality Assurance program in all its supported sites which include: quarterly site monitoring visits, use of proficiency testing panels, HIV rapid test kits lot monitoring and sample retesting. Results of the quarterly QA activities will be sent to a centralized system supported by PEPFAR. PFD will support training for sample collection using dried blood spots (DBS) for specialized diagnostics such as early infant diagnosis (EID) and to work with the Clinton Foundation which provides bundled collection kits, transportation to testing laboratories and taking results back to clinics for patient care and treatment. In COP09, training and equipping for TB testing will be completed in the CAMP laboratories, as well as in facilities for mobile HIV testing/counseling. In COP09, PFD will provide fluorescent microscopes, or fluorescent conversion adaptors, to enhance TB and malaria diagnostic capacity at high volume sites. It will also support necessary training and reagent equipment procurement in order to increase the rate of TB case detection. These sites will be enrolled into the National TB microscopy EQA program to ensure the quality of fluorescence microscopy.

In COP09, CAMP staff will work with the Supply Chain Management System (SCMS) to procure most lab equipment and commodity needs, particularly those that need to be imported, but will also procure some locally. Daughters of Charity have a well-established stock tally card system that helps them predict when re-stocking will be necessary. In COP09, PFD will continue to work closely with SCMS in country to procure equipment and supplies for its supported laboratory sites.

CAMP facilities currently dispose of hazardous waste in a clearly marked and secure biohazardous waste container which is then transported to a hospital incineration site. PFD will continue to ensure that all bio-medical waste generated from all of its supported sites is properly disposed of by supporting renovation of hospital incinerators, provision of autoclaves to sites without existing incinerators, procuring and regularly supplying sharp containers and bio-hazard bags.

The PFD lab team will continue to work closely with the Laboratory Technical Working Group (LTWG) and the state MOH to ensure that supported labs gain local laboratory accreditation by Medical Laboratory Science Council of Nigeria (MLSCN), which is the national laboratory regulatory body.

Program Emphasis:

In COP09, program emphasis will be on enhancing capacity of lab personnel working at the two project sites through on-going training in testing and maintenance of laboratory infrastructure (LI). By the end of COP08, the two CAMP sites in Delta and Akwa Ibom will have run fully-functioning HIV laboratories with staff trained to perform pregnancy tests, CD4 counts, biochemistry tests, hematology and HIV rapid testing. Because the two sites will not initially have capacity for CD4 testing, Partners for Development (PFD) will help Daughters of Charity CAMP sites to develop a transportation and cold-chain maintenance plan that will allow blood samples from patients on Anti-Retro Viral drugs (ARVs) to be transported to other testing sites, including the DC site in Kubwa, where they are implementing the "the Drug Resource Enhancement against AIDS and Malnutrition" (DREAM) model. This was designed by the Community of Sant'Egidio in Rome, which provides comprehensive HIV/AIDS care, support and treatment to PLWHA. Their main DREAM site in Kubwa near Abuja is linked to the two project sites for purposes of testing and providing resources/technical assistance.

Target population:

General populace with special emphasis on high risk groups (TB co-infections). HIV monitoring of HIV

Activity Narrative: positives and diagnosis of HIV exposed, especially vulnerable groups of women, infants and children. Pregnancy and syphilis tests will be provided to women. Lab monitoring for HIV positives and HIV positive mothers includes the total projected estimate of tests, including, LFTs, CBCs, CD4 counts, sputum exams, PCRs for EID and HIV testing, as well as tests for PMTCT and TB patients. Health workers will be trained in providing quality laboratory and testing services including collection, transport and tracking of samples and results, especially to and from other partner networks. CBOs/FBOs will be trained to use rapid test kits based on national algorithms.

Contribution to the overall program area:

EID availability will strengthen PMTCT, OVC and ARV Services. Testing for OIs will strengthen BC&S. PFD will train lab personnel and healthcare providers in health facilities and DOT centers in TB diagnosis, thus strengthening both HCT and TB. These activities will provide essential lab services to people living with HIV/AIDS, including pregnant women, infants, and children. The QA/QC program of PFD will strengthen the overall quality initiatives of the GON.

Links to other activities

This activity also relates to activities in ART, Palliative Care, OVC, VCT, TB/HIV and PMTCT. These services will directly support these activities by enabling people access to HIV/AIDS testing. It will also enable HIV positive adults, including mothers, infants and children, to access HIV/AIDS care and treatment. These activities will provide essential lab services to people living with HIV/AIDS, including pregnant women, infants and children, as well as to people with TB (co-infected or not). Lab workers will benefit from the Lab Training centers and developed SOPs and training curriculum.

Emphasis area:

An emphasis for this activity is human capacity development for sustainability through in-service training, supportive supervision and quality assurance/improvement for laboratorians. Infrastructure development is also emphasized through lab renovations for new sites, local organizational capacity building, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21700

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21700	21700.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$22,375

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5236.09

Mechanism: USAID Track 2.0 APS TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 25657.09

Activity System ID: 25657

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: ██████████

Activity Narrative: The funds requested to support USAID's Annual Program Statement (APS No. 620-08-002: Support to Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services) for this program area are required for 3 distinct phases related to awards under this open solicitation.

First year funding resources are required for new awards that are in progress and will be partially funded using COP08 funds. These applications have passed both the concept paper and full application reviews by the technical evaluation committee (TEC) and are in the final stages of negotiation, with awards expected in December 2008. Details of these awards are still procurement sensitive; however, awards are being negotiated with new local partners that will be awarded as prime partners.

Second year funding resources are required to fund applications selected for award during the COP08 program period, but which are currently being negotiated. These applications have passed both the concept paper and full application reviews by the technical evaluation committee (TEC) and are in the final stages of negotiation, with awards expected in early 2009. Details of these awards are still procurement sensitive; however, awards are being negotiated with new local partners that will be awarded as prime partners, two of which are receiving funds in the laboratory infrastructure program area.

In conjunction with the open APS, a solicitation for concept papers is expected to be announced in February 2009. Resources will be required for the first year of funding for these applications, which will be selected during the COP09 program period.

Funds required for the anticipated award and to implement and continue awards already identified under the laboratory infrastructure program areas are estimated at \$227,526.

One of the cornerstones of the civil society and faith-based organization (CSO/FBO) APS is to reach out to national and regional-level agencies that have many chapters or branches that can in turn reach out to community-based organizations. This will allow local programs to reach deep into communities and help the Emergency Plan in Nigeria go to scale. The CSO/FBO APS was also created to build the capacity of local organizations working in HIV/AIDS because a significant number of Nigerian organizations are new, have little organizational capacity, and often lack linkages with other programs. The CSO/FBO APS will only fund applicants that have clear plans to build their own technical, organizational, and administrative capacities and linkages with other programs.

Community participation in HIV/AIDS prevention programs often provides a strong foundation for sustainable interventions. The CSO/FBO APS will support a robust comprehensive quality laboratory support program for HIV/AIDS treatment and general health services system strengthening. The program will identify, upgrade and equip a secondary level hospital laboratory in 6 states which will provide standard laboratory services for the diagnosis, treatment monitoring and infections control needs of the population within the catchments areas of target facilities.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: As has been the case with the APS in the past, targets are negotiated with each awardee based on the proposed program and geographic area during award negotiations and in accordance with specified minimum cost/targets. After being approved by the TEC, O/GAC is copied on the award memo to the Contracts Officer to ensure that appropriate targets and associated costs have been negotiated. Targets and related awardee information will be uploaded into COPRS at that time.

The program will strengthen and expand the capacity of the Government of Nigeria's response to the HIV/AIDS epidemic, build the capacity of laboratory staff and contribute to infrastructural upgrade of the health facilities and provision of necessary equipment ion programs into rural areas in high prevalence states with a focus on underserved populations.

LINKS TO OTHER ACTIVITIES: Significant support from non-PEPFAR initiatives and partners is dedicated to addressing Laboratory Infrastructure in Nigeria. APS partners will engage with these other partners in order to better leverage funds, reduce redundancy, and to expand geographic coverage. A referral linkage system will be strengthened to ensure that clients from sites with limited or no laboratory infrastructure are referred to sites which are properly equipped using an integrated tiered national laboratory network.

The overarching focus of the APS has been to bring new local partners to the current mix of partners providing prevention, care, and treatment in Nigeria. It has been successful in many ways, however challenges related to local partners' management capacity have slowed the process and have created uncertainties about their ability to implement in the accountable and transparent manner required by the USG of their recipients. Therefore our Leadership, Management, and Sustainability (LMS) project will assist with these and other capacity building activities (#9758). They will not only guide new partners through the solicitation and award process, but they will assist them to put accountable and transparent systems in place that allow their first year of implementation to proceed smoothly and to ensure rapid achievement of results. Although the CTO's and activity managers for these new local partners will remain within the USAID technical team, LMS will be a key member of the extended team and will provide invaluable support in developing the capacity of the new awardees. All of the local partners applying for APS funds can benefit from the management support being provided by LMS.

POPULATIONS BEING TARGETED: This activity will provide laboratory services to PLWHAs, (including pregnant women), HIV positive children, TB positive patients, including those that are HIV positive and are eligible for ART, HIV positive infants and other most at risk populations (MARPS). The clients will be generated from PMTCT, Care and Treatment, mobile and facility-based counseling and testing and TB-HIV programs.

EMPHASIS AREAS: As all awards resulting from the APS are to local partners with strong roots in the community and therefore all will have a major emphasis on community mobilization and participation and

Activity Narrative: local organization capacity building. The service delivery component of these awards will have a key focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 9408.09

Mechanism: USAID Track 2.0 CHAN

Prime Partner: Christian Health Association of Nigeria

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 25659.09

Planned Funds: \$1,128,000

Activity System ID: 25659

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

The Christian Health Association of Nigeria (CHAN) Nigeria Indigenous Capacity Building Project (NICaB) will support ARV Services, adult and pediatric care and treatment, orphans and vulnerable children (OVC), TB/HIV, prevention of mother-to-child transmission (PMTCT), and HIV counseling and testing (HCT) programs by building lab infrastructure and training staff to accurately diagnose, stage and monitor patients. CHAN NICaB will monitor laboratories through its QA/QC activities to ensure high quality results while upgrading the infrastructure at new sites. A minimum of 10,363 lab tests will be performed in COP09.

CHAN NICaB will support lab services at 12 individual points of service in 6 states of Abia, Benue, Delta, Oyo, Sokoto and Taraba, using a network model to provide appropriate lab capacity and patient support at comprehensive sites as well as HCT stand alone and DOTS sites. An integrated tiered referral lab network with mentoring by trained lab personnel in existing hub sites has been established. This includes the use of appropriate technology at all service levels, using the USG-PEPFAR lab technical working group (TWG) equipment platform as a guide. At medium secondary CHAN member institution hospitals, 12 network reference or hub labs provide high output hemogram, clinical chemistry, and CD4 assessment services. At other sites where ARV services will be provided, labs are equipped to provide HIV rapid testing and hemogram (including lymphocyte count) services, and collect/package samples for transport to a more advanced lab in their network. Services at stand alone HCT sites and TB DOTS points of service are limited to HIV rapid testing. This approach facilitates the rapid scale up of ART services at all tiers of health care facilities.

CHAN NICaB has an aggressive QA/QC program with specially trained site lab staff dedicated to carrying out on-site quarterly monitoring, retraining, and overseeing a proficiency panel testing program. In COP09, 90 individuals will receive training in the provision of laboratory-related activities. QA monitoring is carried out jointly with the Federal Ministry of Health (FMOH) or State Ministry of Health (SMOH) responsible for the point of service. CHAN NICaB will continue to share tools and expertise from other IPs and the GON.

CHAN will continue to collaborate actively with other USG supported IPs in carrying out tests for EID by sending samples to nearby regional labs with capacity to carry out this test. In the same vein, CHAN NICaB will collaborate with USG supported IPs to conduct centralized trainings that will include: Good Lab Practices (GLP), HIV diagnosis, pediatric diagnosis, CD4 staging, hematology, blood chemistry, record keeping and storage. This is followed up by refresher trainings carried out at sites. Ninety lab staff will be trained. In COP09, CHAN will train a total of 90 laboratorians to support its program.

PEP will be made available at all CHAN NICaB supported labs. Waste management and disposal, including access to a proper incinerator, is a key component of training and site activation.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

EID regional availability will strengthen PMTCT, OVC and ARV Services. Testing for OIs will strengthen adult care and treatment. Training lab personnel and healthcare providers from TB labs and FMOH DOT centers will strengthen both HCT and TB. These activities will provide essential lab services to people living with HIV/AIDS, HIV positive pregnant women, HIV positive infants, and HIV positive children. The QA/QC program of CHAN NICaB will contribute to strengthening the overall quality initiatives of the GON.

LINKS TO OTHER ACTIVITIES:

These activities will be linked to activities in PMTCT, OVC, ARV Services, Blood safety and SI. Tests for opportunistic infections and training in these techniques will strengthen Adult Care and treatment, HCT, and HIV/TB.

POPULATIONS BEING TARGETED:

These activities will provide essential lab services to people living with HIV/AIDS with or without co-infection with TB, HIV+ pregnant women, HIV+ infants, and HIV+ children. Lab workers will benefit from the Lab Training centers and developed standard operating procedures (SOPs) and training curriculum.

EMPHASIS AREAS:

An emphasis for this activity is human capacity development for sustainability through in-service training, supportive supervision and quality assurance/improvement for laboratory personnel. Also emphasized is infrastructure development through lab renovations for new sites, local organizational capacity building, and strategic information.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$50,700

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 1561.09**Prime Partner:** US Centers for Disease
Control and Prevention**Funding Source:** GHCS (State)**Budget Code:** HLAB**Activity ID:** 5390.25982.09**Activity System ID:** 25982**Mechanism:** HHS/CDC Track 2.0 Agency
Funding**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Laboratory Infrastructure**Program Budget Code:** 16**Planned Funds:** \$665,479

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is a continuation from COP08. In COP09 there is an increased emphasis on Quality Assurance/Quality Improvement protocols within the PEPFAR program and the national program. Work with the GON will include sensitization towards the development of national level laboratory QA programs.

This HLAB activity relates directly to all Nigeria LAB COP09 activities (see references in narrative below).

To support the USG Nigeria laboratory program, the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has seven full time staff positions (one US Direct Hire, one FSN senior laboratory specialist, and five FSN laboratory systems specialists focused on laboratory quality assurance/ site monitoring, HIV molecular studies (viral load and infant diagnosis), surveillance, blood and injection safety, and procurement/inventory management to support the Laboratory Infrastructure program area. A partial FSN laboratory systems specialist was hired in 2007 to focus on TB/HIV lab activities and is funded under TB/HIV. The budget includes one USDH and seven FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP).

These HHS/CDC staff members will work in coordination with the USAID/DOD ART and Lab staff. The HHS/CDC Nigeria Lab Scientist (USDH) holds a USG Lab TWG co-chair position for laboratory issues and programmatic monitoring. The HHS/CDC Nigeria Lab Scientist (USDH) also provides leadership to the PEPFAR-Laboratory Technical Working Group which meets every month. This monthly meeting serves as a forum for receiving updates from the IPs, identification/sharing of best practices, presentations by visiting lab experts and reviewing expansion plans. Membership includes lab focal persons from all the USG agencies (HHS/CDC, USAID and DOD), and lab implementing partners (IPs) which include: University of Maryland-ACTION, Family Health International-GHAIN, Harvard SPH, Catholic Relief Services-AIDSRelief, Columbia University SPH-ICAP, LMS Associates, Vanderbilt University, Partners for Development, University Research Company (URC), APIN LTD, Axios, Federal Ministry of Health, NEPWHAN, CHAN, and new partners identified through HHS/CDC RFA and USAID APS mechanisms. Laboratory Management staff will also coordinate the technical services of contracted laboratory consultants: Clinical and Laboratory Standards Institute (CLSI), American Society for Clinical Pathology (ASCP), Association of Public Health Laboratories (APHL) and American Society for Microbiology (ASM).

As part of the USG Nigeria team, HHS/CDC Nigeria laboratory staff will provide support to the Government of Nigeria at the national and state levels to promote Nigerian national ART laboratory quality assurance guidelines, support the development of a National Laboratory Strategic Plan, support implementation of a standard tiered lab equipment platform for HIV clinical monitoring, continue the support for the implementation of a national network for Early Infant Diagnosis (EID), support improved TB and malaria capability, support the Field Epidemiology and Laboratory Training Program (FELTP), provide Quality Control (QC) of all HIV Rapid Test Kits procured for the PEPFAR program, and conduct the Rapid Test Kit Evaluation phases II and III. The HHS/CDC Nigeria laboratory staff will also be significantly involved across the areas of PMTCT, Surveillance, Counseling and Testing, TB/HIV, Safe Blood and Safe Injection where laboratory issues arise.

The team's responsibilities include: 1) representing the USG in technical discussions with the GON, particularly with the national HIV lab program, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with OGAC technical working groups, and 4) interfacing with the USG Laboratory Technical Working Group. They will also work in coordination with the DoD and USAID laboratory staff and their partners (noted above). This coordination will be in the form of joint work plans, regular meetings and communication between agencies, and joint internal and external TA to partners.

CDC will also facilitate the preclearance process of perishable lab supplies entering Nigeria through diplomatic shipments for PEPFAR implementing partners.

ICASS and CSCS charges related to this position are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13143

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13143	5390.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$610,000
6788	5390.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$905,740
5390	5390.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$670,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5330.09	Mechanism: HHS/HRSA Track 1.0 Harvard SPH
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 9912.24861.09	Planned Funds: \$1,188,039
Activity System ID: 24861	

Activity Narrative: Track 1 and Track 2 funds will be combined for this activity.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+/Harvard activities between Harvard University and APIN, Ltd., our activity narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN, Ltd (which will be submitting a separate narrative under the name APIN). The narrative has also been updated to reflect COP09 goals and targets. In addition, APIN will be taking over all activities for Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH), in accordance, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN narrative.

ACTIVITY DESCRIPTION:

This activity provides maintenance of activities at the National Central Public Health Reference Lab (NCPHRL) and HIV labs at tertiary (11) and secondary (22) health facilities in Plateau, Oyo, Borno, Yobe, Lagos, Enugu, Kaduna, and Benue States. These 34 labs represent an overachievement of our COP07 target (30 labs in the same 8 states). In COP08, APIN+ proposes adding additional expansion sites by building the infrastructure and capacities of 3 labs in secondary health facilities in Plateau state to for a total of 37 labs. In addition, we will expand the capacity of labs at primary health facilities throughout Plateau and Oyo states (HIV testing). By the end of COP07, our 11 major tertiary level labs and the NCPHRL will have capabilities for hematology, automated chemistry analyzers, and laser-based lymphocyte subset enumeration. Ten of these facilities will also have PCR technology.

APIN will work with GON in developing the NCPHRL into a national reference lab, a project identified by the MOH as a priority. This lab will serve national HIV QC/QA needs and with 2-3 additional APIN+ supported labs, will serve as a national laboratory training center. This lab's capacity will include standard HIV assays, clinical chemistries, hematology, and TB culture. In addition, we will continue to strengthen existing labs by providing backup equipments to major tertiary sites in geographically isolated areas to avoid interruption in service. Equipment maintenance is coordinated through assistance from a consultant trained in the maintenance of freezers and through the manufacturers for other items.

All 37 labs will provide HIV diagnosis through rapid test technologies. All 36 ART sites will have western blot capacity to confirm HIV status prior to initiation of ART. HIV serology, hematology, chemistries, and CD4 enumeration will be supported at all secondary hospitals with referral to the tertiary labs for PCR diagnostics and viral loads. Primary health care facilities are closely partnered with secondary and tertiary care facilities, allowing for baseline and periodic evaluation with full lab monitoring. The primary facilities provide limited lab monitoring with basic clinical, hematologic and CD4 assays. We are currently screening for TB by sputum and/or pulmonary X-ray at all ART sites. We will be evaluating the use of PCR diagnosis of TB at selected tertiary sites in COP07; this will help to guide programmatic decisions regarding its use in COP08. Our labs with infant PCR diagnostic capabilities will continue to assist other PEPFAR IPs, using dried blood spots (DBS) to transport specimens from distant satellite sites. APIN+ will support the PEPFAR-Nigeria LGA coverage strategy (PMTCT and TB/HIV). Secondary sites will have lab capacity for HIV serology, hematology, chemistries, and CD4 enumeration. Primary feeder sites will be limited to HIV serology with referral to the secondary sites for additional lab monitoring.

Standardized lab protocols have been developed to accompany the PEPFAR clinical protocol and computerized lab results link with patient records. These protocols include provisions for the disposal of biomedical waste in accordance with good laboratory practices. Quality control / quality assurance (QA/QC) policies have been developed and detailed annual assessments of all lab activities are conducted. Quarterly QA/QC lab site visits are conducted by the HSPH project management team and will use a standardized assessment tool developed in Nigeria by the Lab Technical Working Group (LTWG). Results from the proficiency testing and site visits will be sent into a centralized system within Nigeria, developed and supported by the PEPFAR LTWG. EQA for lab tests was established in COP07 and is operational for CD4, HIV, HCV and HBV serology, chemistries, VL and HIV PCR diagnostics; through individual lab registration with UK-NEQAS and CAP. All PCR labs will participate in the CDC's DBS DNA PCR proficiency program (EID QA). We provide support for 264 lab staff persons (based at sites), responsible for implementation of lab protocols, data entry and performance of lab tests. In addition, we provide support for 7 APIN+ staff who provide technical assistance to sites. Regular lab training allows the development of high quality lab standards in our PEPFAR labs and this has been networked to our secondary and primary labs with specific tailoring to the needs and skills at each level. Biannual trainings are provided on specific techniques/topics integrating QA/QC, good lab practices and biosafety. Competency monitoring/evaluations and refresher trainings will be provided within individual labs. PEP protocols have been implemented at each of our labs, supported under our ART drugs activities. APIN has supported international laboratory accreditation for NIMR and in COP08 will seek international accreditation for 2 additional labs and local accreditation for 10 other labs.

A laboratory information system (LIS) will be implemented at sites, with appropriate capabilities, to streamline the capture of lab data, minimize transcription errors and facilitate data entry and results output.

We will continue to participate in LTWG monthly meetings to ensure harmonization with other IPs and the GON, including the development of a common lab equipment platform (appropriate for each lab level).

Procurement of lab reagents is structured in two ways. Reagents available in Nigeria are procured directly by the sites from specific distributors. Labs are advised to maintain a 3 month reagent buffer. Most reagents needing importation are ordered at HSPH and shipped to our central warehouse in Lagos. PEPFAR funding supports procurement of lab equipment, generators and water purifiers necessary for lab work. Equipment costs for tertiary labs can be high in the first year, but represents significant infrastructure development. Secondary and primary labs, including VCT facilities, have lower start up costs. Maintenance costs include minimal renovation costs for some labs, replacement of small lab equipment and training costs for additional personnel. As further regional networks are developed around these centers of excellence, training, lab and

Activity Narrative: clinical support will be provided to secondary and primary points of service.

CONTRIBUTION TO OVERALL PROGRAM AREA:

These activities contribute to the goal of maintaining high quality services as the PEPFAR program expands. APIN will perform 1,137,248 tests in COP08, including HIV diagnosis and tests for disease monitoring including CD4 enumeration, PCR diagnosis of infants and VL. In addition, we seek to train 720 lab staff members in FY08. APIN will provide training at their supported training facilities to a large number of non-APIN and non-PEPFAR supported laboratorians. Training lab staff will assist in building the human resource capacity of our sites to provide sustainable lab support to sites providing high quality HCT and ART treatment. Nine labs at tertiary care hospitals will have the capacity to perform early infant diagnosis (EID) by HIV DNA PCR. These labs are also linked to PMTCT sites, to provide a mechanism for EID as a part of the PEPFAR supported national scale-up plan (consistent with 2008 PEPFAR objectives for Nigeria). APIN will partner with the GON and Clinton Foundation for procurement of EID test kits and specimen collection supplies. The NIMR PCR lab will provide QA support for the EID program in the Southern half of Nigeria (through retesting). Through a tiered system of labs at tertiary, secondary and primary sites we are able to ensure that patients at community based primary facilities are provided with a full complement of lab monitoring as a part of ART treatment and care. Our training activities include management and competency training, which seeks to build sustainability. We have provided training to lab workers through the MOH ART training program at the NIMR. Lab workers from all 36 states and the FCT are invited to participate on a biannual basis at the NIMR and JUTH sites. Three of our sub-partner sites are actively involved in lab training for the MOH training program resulting in 14,000 indirect targets without budget allocation.

LINKS TO OTHER ACTIVITIES:

These activities relate to activities in PMTCT (3227.08), Counseling & Testing (5424.08), Palliative Care TB/HIV (3222.08), ART Services (6715.08) and OVC (5415.08). Our labs are crucial in providing adequate HIV diagnostics in PMTCT, C&T, OVC, Palliative care and ART services. Furthermore the lab provides other diagnostics such as OIs. As a part of this activity, we seek to build linkages between labs and our patient care sites in order to ensure that lab information is fed back into patient records for use in clinical care. Our SI (3226.08) activities provide support in M&E, including data management of testing results.

POPULATIONS BEING TARGETED:

This program targets public and private health care workers with training to maintain high quality lab standards.

EMPHASIS AREAS:

This activity focuses on infrastructure building, creating a network of quality labs supported by strong tertiary labs, as well as commodity procurement and logistics. This activity also focuses on QA, training and the development of networks / linkages. QA and training are reinforced by the collaborative nature of the tiered network of labs. This program seeks to address gender equity by building the capacity of labs at affiliated sites to conduct testing related to PMTCT. Increased lab capacity will permit the sites to provide equitable treatment for both women and men.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13050

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13050	9912.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6377	5330.08	HHS/HRSA Track 1.0 Harvard SPH	\$188,039

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 552.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HLAB**Activity ID:** 5420.24901.09**Activity System ID:** 24901**Mechanism:** USAID Track 2.0 GHAIN**USG Agency:** U.S. Agency for International
Development**Program Area:** Laboratory Infrastructure**Program Budget Code:** 16**Planned Funds:** \$7,165,892

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, GHAIN will provide fluorescent microscopes in ten high volume sites to support TB diagnosis. GHAIN will also support a pilot project, linking HIV positive females of reproductive age to a tertiary health facility for pap smear investigations for cervical cancer. GHAIN will also explore opportunities for leveraging resources to set up a training lab to serve as its training center.

In COP08, GHAIN activated 60 labs using PEPFAR funds and leveraged resources from the Global Fund to support an additional 52 labs. By the end of COP08, GHAIN enabled a total of 112 labs (in 9 tertiary and 103 secondary facilities) with both PEPFAR and Global Fund resources in all 36 states and the FCT. In COP09, PEPFAR funded lab targets for GHAIN will increase to 65 labs..

In COP09, GHAIN will maintain its ART coverage in all established comprehensive ART services across the country. Leveraged support from the Global Fund is expected to continue throughout the COP09 timeframe, which will allow for sustained support of the 112 labs in the network. Combined PEPFAR and Global Fund resources will be principally focused on maintenance, quality assurance and commodity supplies for these labs, with additional support for necessary training and supervision, as detailed below. An estimated 742,376 laboratory tests will be conducted. GHAIN counts HIV serology, CD4 count, hematology, clinical chemistry panels, VDRL, pregnancy test, HBsAg and malaria parasite as one test each. It is envisaged that patients identified under the HIV/AIDS, sexually transmitted infections (STI)/reproductive health (RH) and tuberculosis (TB) [HAST] model will be linked to these secondary health facilities for ART laboratory services. GHAIN will continue to work with the National Primary Health Care Development Agency (NPHCDA) and all other stakeholders in developing guidelines for laboratories at primary health care level.

GHAIN will organize training and re-trainings for 205 laboratory managers/staff at all supported sites covering HIV diagnosis, treatment monitoring, laboratory management and supervision. All trainings will include good laboratory practices, laboratory management and quality assurance/quality control (QA/QC). GHAIN will continue to collaborate with other USG-IPs such as IHVN-ACTION for the use of their dedicated training laboratories. On-site trainings will also continue to be offered to site staff. Standard training tools and curricula including the CDC/WHO HIV rapid testing, CDC/WHO CD4/Haematology/Chemistry and CDC/WHO smear microscopy training packages adapted for use in Nigeria, will be used for these trainings. In COP09, GHAIN will identify, upgrade and equip at least one training lab to provide didactic and hands-on lab practicum for all of GHAIN's centralized lab trainings and be available for use by other PEPFAR IPs as well as the Government of Nigeria (GON). Accomplishment of this will be dependent upon availability of resources being leveraged from the GFATM, GON and other USG sources.

At the end of COP08, it is envisaged that GHAIN will, based upon program realities and availability of resources, have 35 laboratory personnel including staff for equipment maintenance. The responsibilities of the lab team will include overall capacity building, technical assistance and supervision of all GHAIN supported sites. In addition, the lab team will coordinate the inventory management system for commodities, and quality assurance programs. Other responsibilities will include promoting collaboration and networking opportunities with other Implementing Partners (IPs), under the leadership USG TWG, and in partnership with the GON. This expanded team will continue to be coordinated by the Director of Laboratory Services with support from the laboratory technical staff in both Country and zonal offices.

GHAIN will continue to support CD4+ counts/lymphocytes counts, chemistry panels, hematology assays, using automated lab equipment in all of its secondary sites. GHAIN will also support additional tests (for OIs) in line with the national guidelines and policies. GHAIN will participate in the OI lab training that will be provided by American Society for Microbiology (ASM), under the coordination of USG/Nigeria. In COP09, FHI/GHAIN will continue to support the established TB culture laboratory at Dr. Lawrence Henshaw Memorial Hospital in Calabar. FHI/GHAIN will continue collaboration and networking with the GON and the National TB and Leprosy Control Programme (NTBLCP) to ensure the provision of quality TB laboratory services through various quality assurance programmes. In collaboration with the FMOH, NTBLCP and the National multi-drug resistance tuberculosis (MDR-TB) surveillance committee, TB treatment failure cases will be linked to this laboratory. In addition, GHAIN will collaborate with these GON organizations to link this laboratory to the national MDR-TB survey. Furthermore, GHAIN will support the enhancement of TB diagnostic capacity at 10 high volume TB sites with the provision of fluorescent microscopes and reagents required for staining.

In line with the USG state coverage strategy, GHAIN will offer PMTCT and TB/HIV services in all 36 states plus the FCT. The needed laboratory support for these services will also be provided and strengthened to ensure quality service and care. These activities are detailed in the PMTCT and TB/HIV program areas.

GHAIN currently collaborates with other USG-IPs, such as IHVN and APIN to provide viral load assays and to offer non-routine viral load assays to its patients when clinically indicated. This collaboration is also ongoing in the early infant diagnosis (EID) program. In COP09, FHI/GHAIN will continue to support the established PCR-EID laboratory in Federal Medical Centre Jalingo, Taraba state. The lab will be part of the national EID scale up program for Nigeria. FHI/GHAIN will also continue the collaboration and networking with GON and other IPs to ensure the provision of quality PCR-EID laboratory services through various quality assurance programmes. The Clinton Foundation currently provides support for DBS collection materials and the sample shipment.

As part of its effort to provide high quality and sustainable laboratory services, GHAIN will continue to work with all stakeholders, according to the national guidelines, for the development of a common laboratory equipment platform that is appropriate for each level of care. To ensure continuous and consistent equipment performance, FHI/GHAIN will explore further opportunities for outsourcing equipment maintenance to achieve cost savings and quality service. To facilitate the activities of the outsourced maintenance contracts, equipment maintenance will continue to be triaged by dedicated equipment maintenance officers. Also, GHAIN will support the sustainability of these labs through improved lab

Activity Narrative: equipment maintenance capacity which will be achieved through training equipment maintenance engineers who are employed by the GON. FHI will collaborate with respective vendors and other USG IPs to support this specialized training of 18 (2 per tertiary facility) lab engineers.

GHAIN will continue to use a centralized procurement and distribution strategy to ensure that needed reagents and consumables are available at all focus sites. To prevent stock-outs and to ensure that appropriate stock levels are maintained at all times, each facility will be expected to have a minimum stock level of a one month supply.

In order to continue to support the efforts of GON to improve the monitoring and evaluation systems of public health facilities, GHAIN will link selected facilities to the LAMIS. This will feed into the District Health Information System (DHIS) and ultimately into the National Health Management Information System (NHMIS) of the Federal Ministry of Health (FMOH).

Clinicians and laboratory staff in the FHI/GHAIN program are trained to offer post exposure prophylaxis (PEP) and on the standard protocol for PEP, respectively, in all sites. This activity will be on-going in all supported facilities. SOPs for PEP are currently available in all facilities.

The essential components of a quality system will continue to be supported at each site and quality assurance (QA) will continue to be ensured through monthly on-site visits using standardized checklists. Reports generated from these QC/QA programs will be fed back to the sites. All non-conformities will be addressed and remedial action taken to rectify problems in the testing process. GHAIN will be an active partner in the USG laboratory technical working group, and will ensure a tiered system of laboratories in line with the GON guidelines. Site monitoring visits using a standardized assessment tool developed in line with the national guidelines, will continue to be used in the GHAIN lab QA strategy.

As part of its EQA program, FHI/GHAIN will continue collaborating with the National Health Laboratory Services, Sandringham South Africa and other internationally recognized PT (Proficiency Testing) providers for HIV serology, CD4, hematology and chemistry proficiency testing (PT). Results from site visits and PT programs will be documented, reviewed and disseminated according to national data flow policies to state and federal authorities as well as other stakeholders. In addition, the GHAIN supported labs will buy into the national QA program for HIV serology that will be established by GoN. Based on factors such as the national QA/QI strategy, opportunities for leveraging resources and discussions with stakeholders, GHAIN will work in close collaboration with the GoN and the LTWG to identify a site to pilot production, distribution and coordination of HIV serology proficiency panels to GHAIN-supported facilities. This will inculcate a culture of Lab QA in all supported Labs and further develop local capacity to implement the PT program in a network of labs, while ensuring that quality of Lab services are maintained across labs supported by GHAIN. In collaboration with the LTWG, FHI/GHAIN will support the GoN in the development and implementation of a national laboratory accreditation program.

Finally, GHAIN will support a pilot project in one community where adult ART services are provided (with multiple ART labs). This pilot project will link HIV positive females of reproductive age to a tertiary health facility for pap smear investigations for cervical cancer. The health facility (yet to be determined) will be located in the same community for ease of logistics. Results obtained from this pilot project will improve current programming as well as inform future program scale up depending on the availability of funding.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The provision of Laboratory services through this program will contribute to strengthening and maintaining the capacity of the government of Nigeria's (GoN) response to the HIV/AIDS epidemic. GHAIN will continue to work with the GoN using established national rules and guidelines on laboratory services to build the capacity of laboratory staff at the project sites. This program will also contribute to the maintenance of upgraded health facility infrastructure and equipment. Considering the complexity of antiretroviral therapy (ART) and the strict requirements for standards and procedures, the laboratory component will continue to support the established, well coordinated and efficient quality assurance, supervision and monitoring systems at all of the GHAIN sites.

LINKS TO OTHER ACTIVITIES:

This program element relates to activities in HCT, PMTCT, Adult and Pediatric care and treatment, HVTB, HKID and Biomedical Prevention. A referral linkage system will continue to be supported to ensure that clients are referred from sites with limited or no laboratory infrastructure, to automated laboratory sites using the integrated tiered national laboratory network. GHAIN will continue to implement GoN approved testing algorithm and work with the GoN and other stakeholders on the use of non-cold chain Rapid Test Kits (RTK) for HIV testing. GHAIN will continue to support the capacity development of counselors, both at the CT and PMTCT sites by conducting refresher trainings on the use of the existing national algorithm for HIV testing. GHAIN will also continue to support sputum smear microscopy and tuberculosis (TB) treatment in all CT sites. GHAIN is currently collaborating with JSI/MMIS to provide trainings on how to make medical injections safer, on the provision of AD needles, and on safe handling and disposal of bio-medical wastes in all GHAIN-supported facilities. GHAIN is also collaborating with Safe Blood for Africa Foundation (SBFAF) and National Blood Transfusion (NBTS) on blood safety related programs and trainings. These collaborations will be sustained and strengthened in COP09

POPULATIONS BEING TARGETED

This activity will provide laboratory services to PLWHAs, (including pregnant women), HIV positive children, tuberculosis (TB) patients (including those that are HIV positive and are eligible for ART), HIV positive infants and other most at risk populations (MARPS). These clients will be generated from PMTCT, Care and Treatment, mobile and facility based counseling and testing and TB-HIV programs. The Family Centered Care Model approach will be adopted to reach the HIV/AIDS affected families.

KEY LEGISLATIVE ISSUES ADDRESSED

This program element will promote increasing gender equity in HIV/AIDS by ensuring that the laboratory

Activity Narrative: services will address the needs of both males and females in all age groups. Stigma and discrimination will be reduced by ensuring confidentiality of test results.

EMPHASIS AREAS

Major emphasis will be placed on quality assurance, quality improvement, and supportive supervision. Minor emphasis will be placed on Laboratory infrastructure upgrades, including commodity procurement (laboratory equipment and reagents) and local organizational capacity development through trainings and on-site technical assistance and mentoring. GHAIN will also continue to strengthen its exit/sustainability plan by building the capacity of laboratories implementing HIV/AIDS programs, and customize a specific plan and schedule for each facility.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13044

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13044	5420.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$6,715,748
6709	5420.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$5,208,416
5420	5420.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$2,340,988

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 544.09

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 6716.25225.09

Planned Funds: \$3,042,947

Activity System ID: 25225

Activity Narrative: Track 1 and Track 2 funding will be combined for this activity.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+/Harvard activities between Harvard University and APIN, Ltd., our activity narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (Harvard) as opposed to APIN, Ltd (which will be submitting a separate narrative under the name APIN). The narrative has also been updated to reflect COP09 goals and targets. In addition, APIN will be taking over all activities for Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH), in accordance, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN narrative.

ACTIVITY DESCRIPTION:

This activity provides maintenance of activities at the National Central Public Health Reference Lab (NCPHRL) and HIV labs at 10 tertiary and 20 secondary health facilities in Plateau, Oyo, Borno, Yobe, Lagos, Enugu, Kaduna, and Benue States, for a total of 31 labs. In addition, we will expand the capacity of labs at primary health facilities throughout Plateau and Oyo states (HIV testing). All of our 10 major tertiary level labs and the NCPHRL have capabilities for haematology, automated chemistry analyzers, and laser-based lymphocyte subset enumeration. Seven of these facilities, in Lagos, Oyo, Plateau, Benue, Kaduna, Enugu, and Borno states, will also have PCR technology (68 Military Hospital, UCH, JUTH, ABUTH, UMTH, FMC Makurdi, UNTH). During COP09, we will transition the management and support of laboratory activities at NIMR, LUTH, OWH, and MGH over to APIN.

Harvard will continue to work with GON in developing the NCPHRL into a national reference lab, a project identified by the MOH as a priority. This lab will serve national HIV QC/QA needs and with 2-3 additional Harvard-supported labs, will serve as a national laboratory training center. This lab's capacity will include standard HIV assays, flow cytometry for CD4 enumeration, clinical chemistries, hematology, and TB culture. In addition, we will continue to strengthen existing labs by providing backup equipments to major tertiary sites in geographically isolated areas to avoid interruption in service. Equipment maintenance is coordinated through assistance from a consultant trained in the maintenance of freezers and bio-safety cabinets and through the manufacturers for other items.

By the end of COP09, HIV rapid testing will be performed at the HCT centers with the labs providing supervisory roles. All 23 adult ART sites will have western blot capacity to confirm HIV status. Mashiah Foundation (an additional pediatric ART site) does not have western blot capacity. Rather these tests are conducted at JUTH and results are then transmitted to Mashiah for use in patient care. Western blots are conducted on all patients as a part of the determination of eligibility for ART. HIV serology, hematology, chemistries, and CD4 enumeration will be supported at all secondary hospitals with referral to the tertiary labs for PCR diagnostics and viral loads. Primary health care facilities are closely partnered with secondary and tertiary care facilities, allowing for baseline and periodic evaluation with full lab monitoring. The primary facilities and feeder sites provide limited lab monitoring with basic clinical chemistry, haematologic and CD4 assays. We will also provide screening for STIs, including syphilis and chlamydia at all of our sites. Our labs with infant PCR diagnostic capabilities will continue to assist other PEPFAR IPs, using dried blood spots (DBS) to transport specimens from distant satellite sites. For these sites, DBS are transported to sites with PCR capacity via shipment with FedEx or DHL. Results are transmitted back utilizing electronic databases and registers, using secure methods. Testing and results are completed within 2-3 weeks. Harvard will support the PEPFAR-Nigeria LGA coverage strategy (PMTCT and TB/HIV).

We are currently screening for TB by sputum and/or pulmonary X-ray at all ART sites. We will evaluate the use of PCR diagnosis of TB at selected tertiary sites in COP08; this will help to guide programmatic decisions regarding its use in COP09. In COP09, we will enhance TB diagnostic capacity at high volume sites at tertiary care institutions with fluorescent microscopy. Funding in this area will be used for the procurement of fluorescent scopes, conversion kits for light microscopes, reagents for staining and training of laboratory staff in the use of this equipment.

Standardized lab protocols have been developed to accompany the PEPFAR clinical protocol and computerized lab results link to patient records. The protocols include provisions for the disposal of biomedical waste in accordance with good lab practices. Quality assurance/quality control (QA/QC) policies have been developed and detailed annual assessments of all lab activities are conducted. Quarterly QA/QC lab site visits are conducted by the Harvard project management team and use a standardized assessment tool developed in Nigeria by the Lab Technical Working Group (LTWG). Results from the proficiency testing and site visits will be sent into a centralized system within Nigeria, developed and supported by the PEPFAR LTWG. EQA for lab tests was established in COP06 and is operational for CD4, HIV, HCV and HBV serology, chemistries, VL and HIV PCR diagnostics through individual lab registration with UK-NEQAS and CAP. All labs performing PCRs will participate in the CDC's DBS DNA PCR proficiency program (EID QA). Regular lab training allows for the development of high-quality lab standards in our PEPFAR labs; this has been networked to our secondary and primary labs with specific tailoring to the needs and skills at each level. Biannual trainings are provided on specific techniques/topics integrating lab QA/QC, good lab practices and biosafety. Competency monitoring/evaluations and refresher trainings will be provided within individual labs. Harvard provides support for a dedicated training lab at University College Hospital – Ibadan, which serves as a training facility for laboratory activities in all areas. We also provide support for a training lab at Jos University Teaching Hospital (JUTH), which is a comprehensive hand-on training center with lecture room capacity and personnel skilled in training. The JUTH lab provides training in all areas, with special focus on rapid testing and CD4 enumeration. We will also provide training for engineers at sites in the maintenance of laboratory equipment in order to improve lab equipment maintenance capacity at tertiary care institutions. Post-exposure prophylaxis (PEP) protocols have been implemented at each of our labs; supported under our ART drugs activities. Harvard has supported international laboratory ISO 9001 certification for NIMR which is working toward international accreditation and in COP09 will seek international certification for 2 additional labs and local accreditation for 10 other labs.

We provide support for 152 lab staff persons (based at sites), responsible for implementation of lab

Activity Narrative: protocols, data entry and performance of lab tests. In addition, we provide support for 11 staff who provide technical assistance to sites, 8 of whom are at Harvard in Boston. The additional 2 lab support staff persons and one consultant are supported through APIN, Ltd. in Abuja, and provide sites with ongoing technical assistance in logistics management, general management of lab activities, troubleshooting maintenance issues. Lab support staff from Harvard is primarily responsible for technical assistance on lab start-up, QA/QI, and lab certification. In COP09, we will continue our efforts to employ laboratory technical staff for lab training and QA.

A laboratory information system (LIS) will be implemented at sites, with appropriate capabilities, to streamline the capture of lab data, minimize transcription errors and facilitate data entry and results output.

We will continue to participate in LTWG monthly meetings to ensure harmonization with other IPs and the GON, including the development of a common lab equipment platform (appropriate for each lab level).

Procurement of lab reagents is structured in two ways. Reagents available in Nigeria are procured directly by the sites from specific distributors. Labs are advised to maintain a 3-month reagent buffer. Most reagents needing importation, such as viral load, CD4 and western blot kits, are ordered at Harvard and shipped to the APIN Central Medical Stores warehouse in Lagos and a 3-month reagent buffer is maintained. Harvard coordinates with APIN for supply chain management of reagents and lab test kits. PEPFAR funding supports procurement of lab equipment, generators and water purifiers necessary for lab work. Equipment costs for tertiary labs can be high in the first year, but represents significant infrastructure development. Secondary and primary labs, including HCT facilities, have lower start up costs. Maintenance costs include minimal renovation costs for some labs, replacement of small lab equipment and training costs for additional personnel. As further regional networks are developed around these centers of excellence, training, lab and clinical support will be provided to secondary and primary points of service.

EMPHASIS AREAS:

This program seeks to address gender equity by building the capacity of labs at affiliated sites to conduct testing related to PMTCT. Increased lab capacity will permit the sites to provide equitable treatment for both women and men. Through this program we will also target military populations, through support and training for medical lab scientists at 68 Military Hospital and Military Hospital Ikoyi, Lagos.

POPULATIONS BEING TARGETED:

This program targets public and private health care workers with training to maintain high quality lab standards.

CONTRIBUTION TO OVERALL PROGRAM AREA:

These activities contribute to the goal of maintaining high-quality services as the PEPFAR program expands. Harvard will perform 931,173 tests in COP09, including HIV diagnosis and tests for disease monitoring, including CD4 enumeration, PCR diagnosis of infants and VL. In addition, we seek to train 650 lab staff members in COP09. Harvard will provide training at their supported training facilities to a large number of non-Harvard and non-PEPFAR supported medical lab scientists. Training lab staff will assist in building the human resource capacity of our sites to provide sustainable lab support to sites providing high quality HCT and ART treatment. Seven labs at tertiary care hospitals will have the capacity to perform early infant diagnosis (EID) by HIV DNA PCR. These labs are also linked to PMTCT sites, to provide a mechanism for EID as a part of the PEPFAR supported national scale-up plan (consistent with 2009 PEPFAR objectives for Nigeria). Harvard will partner with the GON and Clinton Foundation for procurement of EID test kits and specimen collection supplies. Through linkages with APIN, the NIMR PCR lab will provide QA support for the EID program in the Southern half of Nigeria (through retesting). Through a tiered system of labs at tertiary, secondary and primary sites we are able to ensure that patients at community based primary facilities are provided with a full complement of lab monitoring as a part of ART treatment and care. Our training activities include management and competency training, which seeks to build sustainability. We have provided training to lab workers through the MOH ART training program at NIMR. Lab workers from all 36 states and the FCT are invited to participate on a biannual basis at the JUTH site. Support for the training of additional lab workers is provided through APIN at NIMR, and is conducted in coordination with Harvard lab training activities. Two of our sub-partner sites are actively involved in lab training for the MOH training program (JUTH and UCH) resulting in 100 indirect targets without budget allocation.

Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for our Lab Infrastructure activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

These activities relate to activities in PMTCT, Counseling & Testing, Palliative Care TB/HIV, Adult Care and Treatment, Pediatric Care and Treatment, OVC, SI, and Human Capacity Development. Our labs are crucial in providing adequate HIV diagnostics in PMTCT, HCT, OVC, Palliative care and ART services. Furthermore the lab provides other diagnostics such as OIs. As a part of this activity, we seek to build linkages between labs and our patient care sites in order to ensure that lab information is fed back into patient records for use in clinical care. Our SI (HVSI) activities provide support in M&E, including data management of testing results. In training local staff, we are building human capacity and strengthening the overall health system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13061	6716.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$6,624,810

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 6173.09	Mechanism: HHS/CDC Track 2.0 APHL
Prime Partner: American Public Health Laboratories	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 12440.24820.09	Planned Funds: \$200,000
Activity System ID: 24820	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
 TA for evaluation of the recently adopted HIV diagnostic algorithm
 Support QA activities associated with HIV sentinel surveillance survey
 Provide mentoring and training to the Nigeria Central Public Health Lab (NCPHL).

ACTIVITY DESCRIPTION:

The Association of Public Health Laboratories (APHL) over the past three years has provided technical assistance and technical support to the CDC, Global AIDS Program (GAP) in building laboratory infrastructure in Nigeria through the President's Emergency Plan for AIDS Relief (PEPFAR). During COP08, APHL provided a comprehensive evaluation of the laboratory capacity building program in Nigeria, equipment and supplies at the Zaria TB and Leprosy Training Center and laboratory management training for senior laboratory capacity-building program managers. In COP09 APHL will provide technical assistance for continued evaluation of the recently adopted HIV diagnostic algorithm, quality assurance activities associated with sentinel surveillance activities and mentoring / training to the Nigeria Central Public Health Lab (NCPHL).

APHL will provide technical assistance (TA) for a planned HIV Rapid Test Kit Evaluation (Phase II). This is a GON activity supported by the CDC-Nigeria program. Technical experts with experience in evaluation of HIV diagnostic test products will work with CDC-Nigeria lab staff to complete the evaluation, through three visits, each lasting 4 weeks (total of 12 weeks). In general, the focus for each visit would be; 1) development of protocol, site selection and creation of procurement list; 2) start of specimen collection, centralized and on-site training, activation of sites, activation of characterization lab, organization of data collection mechanism; and 3) wrap up of evaluation (at end of collection phase), data clean up, report writing.

TA will be provided by APHL to support a quality assurance activity associated with a GON sentinel surveillance activity. The HIV Sentinel Surveillance Survey includes 160 sites across Nigeria and the collection of 38,000 specimens. Quality assurance includes retesting a portion of these using EIA at a centralized location (PLASVIREC, Jos, Nigeria). An APHL expert will work under the supervision of the CDC-Nigeria lab staff to support this QA activity which will include; 1)1 week to setup the lab; 2) 3 weeks to confirm HIV status; and 3) 3 weeks to train and test samples on new incidence test and 1 week for wrap-up. In total of 8 weeks of TA will be required.

An APHL laboratorian with experience directing a larger public health lab will provide technical advice and mentorship to the Nigeria Central Public Health Laboratory (NCPHL) in Lagos. Technical assistance will be provided through 3 visits for 2 weeks each over a 6-12 month period, for a total of 6 weeks to aid in development of the institution's capacity and an overall work plan for the institution.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

A fully functional and coordinated Central Public Health Lab will support the entire national health care system in Nigeria.

LINKS TO OTHER ACTIVITIES:

POPULATIONS BEING TARGETED:

EMPHASIS AREAS:

HIV diagnostic test algorithm, accurate HIV surveillance data, and improved lab quality assurance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12988

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12988	12440.08	HHS/Centers for Disease Control & Prevention	American Public Health Laboratories	6362	6173.08	HHS/CDC Track 2.0 APHL	\$233,391
12440	12440.07	HHS/Centers for Disease Control & Prevention	American Public Health Laboratories	6173	6173.07	APHL	\$350,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 7215.09 **Mechanism:** USAID Track 2.0 ICASS
Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 16937.24957.09

Planned Funds: \$3,060

Activity System ID: 24957

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency Lab ICASS budget for FY09 is to provide necessary ICASS support for one USAID employee under the Lab program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16937

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16937	16937.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$1,640

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 5389.25210.09

Planned Funds: \$341,715

Activity System ID: 25210

Activity Narrative: ACTIVITY DESCRIPTION
This activity represents funding for three full-time, contracted positions (one Senior Laboratory Manager, two Laboratory Officers) to support Laboratory Infrastructure activities, including three FSN salaries, overhead charges, funding required for domestic travel, training funds and allocated minor support costs. This funding also includes support for a USMHRP HQ Technical Assistance visit for two weeks of in-country support by a laboratorian who will provide TA, continuing medical education and mentorship, particularly in the area of nucleic acid testing. Support to strengthen appropriate use of a NAT laboratory for viral load and early infant diagnosis (EID) will be provided. External TA may also be provided by the USMHRP's site staff in Kenya, Uganda and/or Tanzania.

A unique aspect of the NMOD-DOD Program is the employment of staff with past NMOD experience or familiarity. These individuals support the military to military aspects and act as a bridge for ownership development. Involvement of these employees will integrate US policy and implementation with NMOD/GON practices.

The Laboratory Manager and Program Officers will work as members of the USG Clinical Laboratory Working Group, as well as serve on the U.S. Department of Defense – Nigerian Ministry of Defense (NMOD) Laboratory Working Group. The Laboratory Manager's responsibilities also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site laboratory programs including QA. The Laboratory Officers focus on QA/QC, safety and on-site supervision and assessment. All positions will also support the Armed Forces Programme on AIDS Control to coordinate pre- and post-deployment HCT. A uniformed Laboratory Officer, paid by funding from the Nigerian Military, will also support DOD-NMOD laboratory activities. Both positions will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and promote the GON national guidelines.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13166	5389.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$200,000
6806	5389.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$200,000
5389	5389.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$200,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 554.09	Mechanism: DoD Track 2.0 Program
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 3244.25201.09	Planned Funds: \$1,353,623
Activity System ID: 25201	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- Targets and emphasis areas are revised for COP09
- Establishment of an additional Military Training center at 44 Nigerian Army Reference Hospital Kaduna (44NARHK), Kaduna State
- Addition of external proficiency testing across all sites
- Addition of PCR and viral load capacity at one laboratory
- Support for training of laboratorians working at sites not supported by PEPFAR
- Increase in TB diagnostic capacity

ACTIVITY NARRATIVE:

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). The Department of Defense (DOD) and Nigerian Ministry of Defence (NMOD), through the Emergency Plan Implementation Committee (EPIC) currently provide free laboratory services that support ARV Treatment, Basic Care and Support, PMTCT, HCT, Blood safety, and TB/HIV by upgrading laboratory infrastructure, improving laboratory systems and training laboratory personnel to accurately diagnose, stage and monitor patients. Presently, DOD is supporting free laboratory services at 14 individual points of service. It utilizes a network model to provide appropriate laboratory capacity and patient support at 4 tertiary, 9 secondary and 1 primary care sites as well as HCT stand alone sites, STI clinics and DOTs sites carrying out HCT. These sites are located in Benue, Borno, Cross River, Delta, Edo Enugu, Kaduna, Oyo, Plateau, Rivers States and FCT. By the end of COP08, the DOD-NMOD would have activated 6 additional sites in Kaduna, Kano, Anambra, Imo, Rivers and Sokoto states bringing the total to 20 facilities in 15 states and FCT.

By the end of COP09, DOD-NMOD will support a total of 20 lab sites (4 tertiary, 14 secondary and 2 primary). One of the facilities will be upgraded to start providing virology services through PCR-based testing. This will support viral load and HIV DNA testing for the Nigerian Military. In support of treatment expansion, the DOD-NMOD will continue to maintain and sustain laboratory infrastructure and develop capacity for self-sustaining lab activities at sites. By the end of COP 08, 20 laboratories will have been upgraded and supplied with standardized equipment, appropriate lab diagnostic reagents and consumables to provide prompt and improved quality of medical care and reliable patient monitoring. All 20 laboratories will provide HIV sero-diagnosis through rapid testing, according to Government of Nigeria National Guidelines and Policies. Two sites (445 NAFH, Ikeja; DHQ-MC, Mogadishu Barracks) will have EIA and Western Blot regularly run for referred cases and QA. The DOD-NMOD will continue to provide full lab monitoring that will support ART and basic care and support, including CD4 enumeration, clinical chemistry and hematology. Lab monitoring will, in general, use automated systems at 18 sites (BD FACSCount, Sysmex and Vitros 250/DT60 and Wet Chemistry using Microlab 300 semi auto-analyzer and spectrophotometer as back up). In COP09, the DOD-NMOD HIV program will seek accreditation of 4 tertiary and 6 secondary level laboratories by MLSCN.

Presently, three laboratory staff support laboratory field activities, one in each of our three high throughput sites (Makurdi, Kaduna and Enugu). In COP09, site level laboratory staff will increase to 9. The NMOD is currently supporting the HIV program with 20 laboratory staff and promised to increase this number. These staff are currently spread across 14 sites.

The DOD will continue to work with the PEPFAR Lab Technical Working Group for the development of best laboratory practices, the National QA Program, in joint site monitoring activities and in the customization of training packages. A tiered referral laboratory network will be established to provide mentoring and support for facilities within the network (both military and non-military health care facilities). In COP09, Nigerian Navy Reference Hospital –Ojo (NNRH), Lagos State and 44 NARH Kaduna, Kaduna State will be upgraded to provide capabilities for QA/QC and referral absorption capacity. The diagnostic capability of 18 laboratories to diagnose and monitor common OIs (TB, malaria, Candida, Cryptococcus,) and STIs (syphilis, gonorrhoea, Chlamydia, Herpes Simplex, Hepatitis B and Hepatitis C) will be maintained and strengthened to include a QA/QC program. All existing facilities will have either fluorescent or light microscopes for malaria detection and TB diagnosis by sputum smear microscopy. Four facilities in different geographical zones will be equipped with Class II Biological Safety Cabinets. These site capacities will be enhanced in TB specimen management, documentation and transportation. Sites will also serve as specimen transporting centers to the TB National/Zonal center for all TB samples collected from USDOD-NMOD sites that required further laboratory investigations.

Infrastructure upgrades will also include internal configuration of the lab with appropriate furniture, and extensive electrical refurbishments (as needed) to ensure a stable supply of power to all laboratories. Logistically and economically, friendly power options such as solar panels are planned for all the facilities. Basic laboratory equipment will be procured, such as solar energy operated refrigerators, bench centrifuges with safety locks, water baths, PCR and PCR related equipment.

DOD will continue to address the issue of safe disposal of hazardous waste by leveraging the training and resources provided by MMIS and by supplementing this with the required materials (e.g. sharps boxes, mobile auto-claves and mobile incinerators). Sites will also be supported in the development of alternative methods of waste disposal (e.g. protected pits). All laboratories will have a PEP policy and guidelines in place.

In COP09, laboratory customized training modules in CD4, Clinical Chemistry, Hematology and laboratory management developed by the USG lab coalition partners will continue to be used for the training of laboratory personnel. Appropriate step down training will be conducted to the site level by trained Master trainers. In COP09, 44 NARH Kaduna will be developed as a second regional training center for the military. The lab will be configured with a didactic training venue, a wet training lab, and equipped with standard equipment utilized at DOD-NMOD program sites, similar to that of the 44 NAF Hospital lab in Ikeja. Each of the regional training centers will be staffed with one master trainer, a lab scientist and an administrative officer. The training centers will be used to offer refresher training to staff from existing sites. Refresher training will be guided by results of site QA/QC assessment visits. A total of 150 laboratorians will be

Activity Narrative: trained, both centrally and on site. Centralized training will be conducted at both 44 NARH Kaduna and 445 NAFH Ikeja. The two military training centers will play a major role in continuing education, QA/QC and refresher training of DOD-NMOD laboratorians. The training facilities will also be utilized to provide training for 400 non-EP military hospitals, GON State house hospital laboratorians.

Laboratorians will be trained centrally on Lab Management, Lab Safety, GLP and Quality Management, Records and Documentation, HIV diagnosis, CD4+ enumeration, Hematology, Blood Chemistry, specimen management, packaging and transportation, Stock Management/Forecasting, Injection Safety, Blood Safety, Microscopy, Malariology, TB and other OI/STI diagnosis. Twenty laboratorians (1 per site) will be trained as in-country quality monitors and 4 laboratorians, with an overall program oversight role, will receive further Laboratory Management/QA training in conjunction with the DAIDS, and Walter Reed Project in, Uganda, or Kenya. Oversight, and further centralized and on-site QA training, will be provided by military consultants from the US Military HIV Research Program. Medical equipment engineers (9) from within the Nigerian military will continue to be trained in preventative maintenance and servicing of equipment within the DOD-NMOD HIV program. Training provided by Co-Ag partners (APHL, ASM, ASCP, CLSI), other US agencies and IPs (MMIS, SBFAF) will be leveraged to ensure that laboratorians within the DOD-NMOD HIV program are trained in a wide array of technical skills required for the delivery of quality laboratory services. DOD training centers and lab officers will continue to serve as a resource for other IPs, and the HIV AIDS Division of FMOH.

Laboratory QA activities will be further strengthened and consolidated in COP09. DOD-NMOD sites will key-in to USG harmonized QA/QC programs. A generic SOP for all lab activities will be developed by DOD laboratory specialists, in collaboration with the USHMRP Quality Assurance Officer, and distributed to all program sites for customization and adaptation for use. An Internal Proficiency program will continue to be administered on bi-weekly basis in all sites. Proficiency panel on HIV serology, CD4, Clinical Chemistry, hematology, and TB will be distributed to sites bi-annually. Quality of laboratory data will be improved on by the introduction of an electronic data capturing system. An internal tri-service monitoring team comprising of experienced military laboratorians will conduct quarterly site visits using a standardized assessment tool. This team will be empowered to take on-site corrective action and provide on-site training. Bi-annual site visits will be conducted by external teams (US Military HIV Research Program and other partners), and supported by the DOD centrally-employed laboratory specialists. A tri-service monitoring team will meet on a quarterly basis to review all aspects of laboratory services, including quality management. The Joint USG Lab technical Working Group Assessment team will visit two selected DOD-NMOD sites bi-annually.

A two-pronged approach to supply chain management of laboratory reagents and other consumable items will ensure that stock-outs of laboratory reagents and consumables do not occur. While the supply of some reagents will continue to be sourced by DOD from local vendors, the majority of reagents/consumable funding will be invested in the Supply Chain Management Systems (SCMS) in the amount of \$1,000,000. The DOD program will continue to support the NMOD-owned, contractor operated warehouse that was developed under COP08 funding. NMOD customs agents will clear imported supplies and, under training by SCMS contractors, distribute supplies directly to all NMOD Points of Service. The warehouse will function both as a receiving/distribution center as well as a storage facility for a buffer stock of critical items that will be maintained in-country to protect against unforeseen shortages. DOD-NMOD currently operates a successful "pull" system based on monthly consumption data reports sent electronically to DOD-NMOD by all sites.

By the end of COP09, the DOD will support 20 NMOD sites in Anambra, Benue, Borno, Cross River, Delta, Edo, Enugu, Imo, Kaduna, Kano, Oyo, Plateau, Rivers, Rivers States, and Sokoto and FCT (15 States and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

In COP09, 20 DOD-NMOD HIV program facilities will provide laboratory services for 25,038 individuals being counseled and tested (11,500 adults and adolescents, 12,600 pregnant women, 938 children.), for 19,538 individuals who are in care and support (18,600 adults and adolescents, 1,100 children) and for 10,744 individuals on ART (9,806 adults and adolescents, 938 children). Therefore, with HIV serology, CD4+ enumeration, a chemistry panel, a hemogram, urinalysis, STI testing, and OI testing counted as single tests each, a minimum of 167,895 laboratory tests will be performed in COP09.

LINKS TO OTHER ACTIVITIES:

Links will be created with other implementing partners to optimize resources and strengthen the comprehensive networks of care across all sites, including centralized laboratory training and the establishment of high level laboratory services for pediatric diagnosis. DOD-NMOD will continue to participate in the national Early Infant Diagnosis scale up plan. This activity relates to activities in ART treatment, Care and Support, PMTCT, HCT, Blood Safety, TB/HIV, Sexual Prevention and Strategic Information.

TARGET POPULATIONS:

This activity targets the military, civilian employees, dependents and the communities surrounding military sites. In particular, PLWHAs, HIV+ pregnant women and HIV+ infants will be targeted. Further, specific targets will be for individuals co-infected with TB and STIs.

EMPHASIS AREAS

This activity involves an emphasis on military populations and renovation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13159

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13159	3244.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$800,000
6799	3244.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$1,115,000
3244	3244.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$350,000

Emphasis Areas

Construction/Renovation

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3688.09	Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 6680.25279.09	Planned Funds: \$3,297,121
Activity System ID: 25279	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity ensures that appropriate lab support is provided for HIV clinical monitoring and HIV testing. Linkages with Strategic Information (HVISI) will ensure tracking of lab infrastructure indicators. AIDSRelief (AR) works in tertiary and secondary health care facilities to provide quality HIV/AIDS services to people living with HIV and AIDS (PLWHAs). AR supports Laboratory (Lab) infrastructure for all of our local partner treatment facilities (LPTFs).

AR provides on-site capacity for HIV testing, laboratory monitoring of disease progression and response to treatment, diagnosis of opportunistic infections (OIs), and monitoring of antiretroviral drug (ARVs) toxicity. AR will support the improved diagnosis of TB, PCP, cryptococcal infection, syphilis, hepatitis B (HBV), protozoal and bacterial infections. AR does not routinely do Viral load (VL) testing but ensures that VL testing is performed to make difficult therapy switch decisions as well as to evaluate the program. A random 10% subset of clients from each LPTF who have been on therapy for a period of 6 -9 months is tested annually through collaboration with other PEPFAR IPs with viral load capacity and at 2 of our LPTFs with VL testing capacity. In addition, 2-3% of AR clients on ART will require VL testing based on clinical indications. AR will also continue to support expansion of early infant diagnosis (EID) at PMTCT-supported facilities in accordance with the national EID scale up plan. AR, with support from the Clinton Foundation, will provide standardized training and supplies for collection and transport of dried blood spots (DBS) to DNA PCR testing laboratories and return of results to clinics.

AR will continue to participate in the USG-Nigeria coordinated Laboratory Technical Working Group (LTWG) to ensure harmonization with other IPs and GoN-supported laboratory programs. AIDSRelief will continue to work with the PEPFAR LTWG towards the development of a common Lab equipment platform appropriate for each lab level.

In COP08, AIDSRelief is providing support to 30 sites in a total of 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba). Of these 30 sites, 28 are secondary level and 2 are tertiary level. Two of these facilities have PCR capacity: 1) St Vincent's DOC (DREAM model) has bDNA VL testing supported by CRS private funding and 2) Annunciation Specialist Hospital in Enugu has NucliSens VL machine (initiated prior to PEPFAR). AR will continue providing automated CD4 testing equipment with capacity for processing large patient loads cytosphere reagents using binocular microscopes that are easy to use and appropriate for secondary care centers for manual CD4 testing as backup in place of automated CD4, hematology analyzers and chemistry machines. All labs will be supported to test for syphilis, PCP, TB, HBV, hematology, chemistry, cryptococcosis, and CD4 count.

In COP08, AR provided 10 LPTFs with fluorescent microscopes to enhance TB and malaria diagnostic capacity at high volume sites. In COP09, AR will provide an additional 5 LPTFs with fluorescent microscopes and support necessary training and reagent procurement for these equipment at all 15 labs.

In addition to 10 primary level satellites activated in COP08, 9 new satellite sites will have a laboratory capacity for hematology, CD4 and HIV rapid testing and positive patients will be referred to the parent site for ART. In setting COP09 targets and expansion, consideration has been given to modulating AR's rapid COP08 scale up plans in order to concomitantly work towards continuous quality improvement.

In COP09, AR will continue to improve lab equipment sourcing locally and lab equipment maintenance at our secondary and tertiary LPTFs. To this end some of the lab equipment will be centrally procured and shipped to Nigeria and some will be sourced locally using reputable vendors. An AR in-country lab specialist will be dedicated to overall equipment installation and maintenance. All AR lab specialists have received training and will continue to receive updated trainings from CD4 manufacturers and other lab equipment manufacturers as maintenance engineers to support the servicing of CD4 and other machines. 10% of the cost of all equipment will be kept in reserve for maintenance purposes. AR-supported lab engineers at 6 supported LPTFs will be included in these trainings and used as trainers, mentors and engineers, along with AR Lab specialists for other AR-supported labs, where appropriate, as an approach to sustainability. AR will build the capacity of 2 LPTF regional labs already supported (Evangel Hospital Jos and Annunciation Hospital, Enugu), by training biotech engineers as equipment repairs/maintenance engineers and technicians. This will be done in collaboration with the equipment manufacturers and vendors.

In COP08, AR developed a comprehensive lab program with 9 locally based FTE lab specialists focused in the following areas: 1 centrally based lab program director, 1 equipment installation/trouble shooting, 3 site quality monitoring, 1 blood / injection safety, 1 TB lab and 2 training. These will be supported by a Baltimore-based lab specialist. AR will deploy 2 Lab specialists who will be dedicated to lab commodity management and quality monitoring respectively.

AR will use its reagent forecasting tools at all levels to determine consumption and predict need, to forestall stock outs. Working with SCMS and CHANPharm, AR will centrally procure lab reagents from manufacturers locally and abroad and distribute to LPTFs. HIV Test kits will be provided directly by the USG through the SCMS mechanism.

AR will work with locally certified QA experts to implement the Lab external quality assurance (EQA) program, and work with UMD-ACTION for back-up CD4 testing support, training support for EID/DBS and provision of specialized Lab tests such as VL and DNA-PCR. To support pediatric diagnostic and treatment, Clinton Foundation will provide DBS collection material and transportation of specimens/results. AR will work with JSI/MMIS to provide blood safety training and other safety materials to all sites.

To ensure safety in the lab, AR will increase its provision of appropriate sharps and bio-medical waste disposal containers at all sites. In COP08, AR supplied biosafety containers to 10 of its LPTF labs to ensure a safe work environment during AFB method of TB diagnosis. In COP09 AR will extend provision of the same to all remaining LPTFs. AR will ensure the availability of functional incinerators and/or collection of biomedical waste by approved, private companies. AR will also support and provide post HIV exposure

Activity Narrative: programs (PEP) at all sites.

In COP08, AR is working with MLSCN to gain local accreditation for 10 labs. This will include 2 tertiary and 8 secondary sites across 5 states. In COP09, AR will work with 5 additional laboratories to gain an initial accreditation.

In COP08, AR worked with IHVN-ACTION tertiary lab specialists to train 90 lab personnel from all LPTFs in the following areas: HIV diagnostics, CD4, chemistry, hematology and OI diagnosis. AR emphasizes hands-on training during laboratory start up in lab techniques, lab management, simple equipment maintenance and QA technique applicable to each level of laboratory. Refresher trainings are done at monthly intervals and periodically as per identified needs at each of the older LPTF. AR provides simplified bench aids & lab manuals to reinforce each training episode. AR will use the PEPFAR/Nigeria harmonized Training Manuals to supplement the simplified manual from IHVN-UMSOM-University of Maryland. In COP09, in addition to other activities AR will train selected LPTF personnel in equipment maintenance.

In COP09, AR will continue to conduct QA activities consisting of quarterly site monitoring visits (using a standardized tool developed by the PEPFAR LTWG), quarterly proficiency testing (PT) for all tests and reporting of these results into a centralized system. AR will sub-contract to locally certified QA experts to implement the PT aspect of the EQA Program. They will offer trainings to AR Lab specialists in the act of panel preparation, lab audits, and interpretation of EQA results and implementation of corrective actions.

In COP08, AR lab personnel participated in the training of trainers (TOT) lab management program provided by Association of Public Health Labs (APHL), with support from PEPFAR/Nigeria. Knowledge gained will be transferred to all LPTF lab personnel using the provided training materials. In COP09, AR will organize 2 regional trainings on lab management for all heads of LPTF labs that AR supports.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By supporting Lab infrastructure AR will help all LPTFs carry out 182,738 tests. The activity will also contribute to AIDSRelief's target of providing quality ART services to 33,450 clients including 3,300 pediatric patients in COP09. This activity will also contribute to the reduction in Mother to child transmission of HIV and early detection of any infant HIV infection. The activity will further contribute to the reduction and early detection of any treatment failures among our clients by providing VL tests for a subset of the 33,450 ART clients in COP09. This will support the possible need for ARV regimen switch for patients failing on first line regimens. The activity will also provide infrastructure and training for TB diagnosis for the 50,000 clients in care at the 34 LPTFs and will contribute to the overall program sustainability by improving Lab infrastructure and by building capacity among primary and secondary level facilities.

LINKS TO OTHER ACTIVITIES:

AR activities in adult basic care and support are linked to HCT, Blood Safety, Injection Safety, ARV services, PMTCT, ARV drugs, OVC, AB, TB/HIV, and SI to ensure that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. AR will collaborate with IHVN-ACTION, other implementing partners and state hospitals to optimize resources and strengthen the comprehensive networks of care across the 16 states including centralized lab training, establishment of high level laboratory services for VL testing and EID. AR will link LPTFs with local and PEPFAR procurement and distribution agents such as CHANPharm and SCMS to ensure a sustainable supply chain for lab reagents. AR regional program managers will act as network coordinators.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13003

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13003	6680.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$3,726,342

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$90,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9404.09	Mechanism: HHS/CDC Track 2.0 URC
Prime Partner: University Research Corporation, LLC	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 21701.25354.09	Planned Funds: \$610,000
Activity System ID: 25354	

Activity Narrative: ACTIVITY DESCRIPTION

URC, with its partners, will conduct assessments of laboratories serving targeted facilities to establish baseline capacity for HIV-related testing. Such items as the specific staffing of the in-country laboratory program, the number of staff working within the program, the organization of these staff, their responsibilities and how they support the lab sites will be determined as a part of the assessments. Given the data collected during the assessments, and in consultation with the USG PEPFAR Nigeria Laboratory Technical Working Group (LTWG), we will then develop a plan to equip and train 15 laboratory personnel in 5 laboratories serving the target communities in Enugu State. Using the standard training packages already developed, or being developed by the PEPFAR Nigeria Team, URC will train appropriate laboratory personnel in good laboratory practice, HIV testing, TB testing, specimen handling and processing, laboratory safety, QA/QC, biomedical waste and disposal, preventive maintenance for all equipment, documentation, data collection and reporting. We expect that our participating laboratories will conduct 6,960 tests in: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring during the reporting period. We expect that out of 6,000 HIV tests conducted at our facilities, there will be 960 CD4 tests performed. We will also link with the national EID scale-up plan to make use of existing PCR labs as well as the Clinton Foundation DBS collection supplies and transport support to carry out Early Infant Diagnosis using DNA PCR for 80 children. The URC team will make improvements needed in laboratory facilities, including ensuring adequate space, power, ventilation, plumbing, cabinets, biological safety cabinets, safety measures, cold storage, waste disposal facilities, etc. We will supply high TB workload sites with fluorescent microscopes or fluorescent adapters for TB and malaria diagnosis.

We will ensure effective routine operation of laboratories to support HIV and opportunistic infection diagnoses, staging of persons with HIV and monitoring clinical response and drug resistance across Enugu state, including overseeing regular quality assurance of laboratory services. We will work to establish a tiered laboratory system from public healthcare centers to referral centers, including the institution of support supervision and QA/QC. We will work with the PEPFAR-Nigeria Lab Technical Team for development and implementation of QA/QC programs/policies. Quarterly QA/QC lab site monitoring visits will be conducted using a standardized assessment tool developed by USG PEPFAR- Nigeria LTWG. Reports from proficiency testing and site monitoring visits will be sent into a centralized system, that will be developed and supported by the PEPFAR- Nigeria LTWG. Strengthening of laboratory capacity will be conducted concurrently with routine operation of laboratories to support HIV testing and treatment programs across Enugu state, in order to ensure achievement of program goals while delivering sustainable improvements in the management and technical skills of laboratory staff.

URC will work with the USG, Medical Lab Science Council of Nigeria (MLSCN), hospital management and the FMOH/SMOH towards local accreditation of some of our laboratories by the MLSCN. URC will also support HIV post exposure programs (PEP) at all sites. We will provide guidelines for minimum as well as ideal site requirements and will assess Laboratory Information Management System (LIMS) needs in Enugu. We will then recommend an action plan for the purchase and implementation of LIMS if feasible and at selected sites. Site staff will be trained – initially on a pilot basis and then gradually rolling out as the appropriate levels and capabilities become clear.

URC will consult with the PEPFAR-Nigeria Lab Technical team on selection of equipment for supported sites. We will develop specifications for equipment and supplies, including liaison as appropriate with the PEPFAR-funded Partnership for Supply Chain Management (SCMS) on supply, installation and maintenance requirements.

POPULATIONS BEING TARGETED

Laboratory personnel as well as adults and children needing HIV-related testing

CONTRIBUTIONS TO OVERALL PROGRAM

Training and support to improve the quality and function of laboratories supporting HIV testing is consistent with FMOH and PEPFAR priorities. Improvements in laboratory infrastructure, equipment, supply systems and personnel training will significantly improve the effectiveness of all health sector areas that require testing of any kind. Building more effective laboratories will result in more accurate and reliable diagnosis of HIV and other diseases as well as better monitoring of ART and HIV+ patients for more effective, appropriate and sustainable care and treatment for people living with HIV and those at risk. Additionally, URC employs a method of collaborative sharing of best practices across facilities which will serve to better link higher and lower level laboratories and health facilities with each other for more effective referral processes overall and will facilitate better and more functional linkages between these facilities whether they be public, private, NGO-supported or otherwise. These improvements in communication and referral systems serve to promote sustainability of quality programs.

EMPHASIS AREAS

The emphasis areas for this program activity are capacity building of facilities responsible for delivery of HIV interventions, infrastructure enhancement and quality improvement as described above.

LINKS TO OTHER ACTIVITIES

This activity is linked to Counseling and Testing, ART care and treatment, PMTCT, TB/HIV and Strategic Information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21701

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21701	21701.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 1532.09 **Mechanism:** USAID Agency Funding
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16
Activity ID: 9906.24945.09 **Planned Funds:** \$113,246

Activity System ID: 24945

Activity Narrative: ACTIVITY DESCRIPTION:
This activity represents the “fully-loaded” costs of a full-time Nigerian technical advisor for Lab and VCT. This is a continuing position. The Lab/VCT advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) interfacing with the USG/Nigeria Lab team lead by CDC, and 5) leading the USG VCT working group. As USAID has the technical lead for the VCT program area within the USG team, this fifth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing VCT programs. This advisor spends 50% of his time advising in the VCT program area and 50% of his time advising in the lab program areas, however all his direct costs are captured in this program area. The budget represents the loaded costs for this staffer, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13129

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13129	9906.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$81,366
9906	9906.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$117,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 7830.09 **Mechanism:** HHS/CDC RFA TBD/FMOH
Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Budget Code:** 16
Activity ID: 17737.25307.09 **Planned Funds:** ██████████

Activity System ID: 25307

Activity Narrative: ACTIVITY DESCRIPTION:

As a result of the Nigerian Federal Ministry of Health (FMOH) and HIV/AIDS Division (HAD)'s mandate which is national in scope, the funded activities will be implemented in a way that covers the entire country in COP09. However, HAD will focus most of its activities on underserved populations across the nation. With this funding, HAD will build the capacity of its staff at the National, State and Local Government levels to lead an integrated health sector response. The capacity of HAD staff to provide integrated program management through a comprehensive training that will ensure that HIV/AIDS Laboratory program related trainings, supervision, service provision and quality assurance activities are carried out in line with nationally and internationally acceptable standards. Through this grant, HAD will also ensure that the National HIV/AIDS Laboratory Technical Working Group (TWG) meet as scheduled in their operational plans. HAD will also facilitate the distribution and dissemination of the HIV/AIDS Laboratory Standard Operation Procedures (SOP) and Guidelines to ensure they are understood and adhered to by HIV/AIDS Lab service providers across the nation. HAD will also develop a mechanism for feedback on both documents from the endusers.

In the Laboratory program area, HAD will explore and catalogue current Lab Quality Assurance (QA) programs functioning in Nigeria with a view to developing a single national program. The pieces of work in the laboratory program area will also include HIV Serology External Quality Assurance Program (Proficiency Testing Program) for ART, PMTCT and HCT sites not supported by PEPFAR, standardized production of HIV serum controls, HIV Rapid Test Algorithm Advocacy Meeting, and Technical review and dissemination of Lab Guidelines and Standard Operating Procedures (SOP).

This technical approach will include site visits by HAD staff at all levels which will enable the Laboratory Technical Working Group will better perform their advisory functions and encourage service providers to adhere to National standards for HIV/AIDS Laboratory services provision.

HAD will achieve these through a three-pronged approach as follows:
a. Training of HAD staff at the National, State and Local Government Levels on supervisory and monitoring skills following a gap analysis and development of appropriate training programs. This will be followed by adaptation of existing supervisory and monitoring tools.
b. Enabling and facilitating the meetings of the Laboratory TWG. HAD will work in collaboration with the TWG to visit service delivery sites and collate and analyze supervision reports to serve as a basis for advisory functions of the TWG. The inactive National HIV/AIDS partners' forum will be reactivated to meet on a biannual basis.
c. Development of SOPs, guidelines, training curriculum and manuals for program areas that currently do not have such manuals. HAD will also disseminate and distribute these materials to end users (Service Providers) through National and State level workshops. HAD will also ensure that feedback is received from the end-users, articulated and forwarded to the appropriate TWG to enhance their coordination function.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17737

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17737	17737.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7830	7830.08	HHS/CDC RFA TBD/FMOH	██████████

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5230.09	Mechanism: HHS/CDC RFA TBD
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 14090.25301.09	Planned Funds: ██████████
Activity System ID: 25301	

Activity Narrative: ACTIVITY DESCRIPTION:

These funds are to be used by the award recipients of FY09 HHS/CDC RFA to support PMTCT, CT, TB/HIV and ART treatment/services through the development of laboratory infrastructure at health facilities within Nigeria. Laboratories will be upgraded so they can provide high quality HIV sero-diagnosis, CD4 determination, blood chemistry, hematology and OI diagnosis (such as TB and STIs). Individuals found to be HIV-positive will be evaluated for eligibility to initiate ART therapy and will be clinically monitored while on therapy. Newly enhanced labs will become a part of Nigeria's integrated tiered referral laboratory network (as outlined in the Emergency Plan Laboratory Strategy, 2005). Tertiary labs already supported by the EP and located closest to these facilities will provide a supporting role, especially in early infant diagnosis. Dried blood spots (DBS) will be collected from infants born to HIV positive mothers (in PMTCT programs) and transferred to designated labs with PCR capacity for DNA testing.

The basic infrastructure at each facility will be enhanced to ensure constant electrical power and water. Labs will be equipped with automated CD4, hematology and blood chemistry equipment. Supplies for manual CD4 determinations will be available as a backup. HIV diagnosis will be performed at all sites using the GON approved rapid testing algorithm. All labs will have light microscopy for diagnosis of OIs (including TB). Funding will be used to support didactic and wet lab technical training of laboratory staff. Along with technical training, all staff will receive instruction in lab safety, good laboratory practices, record keeping and reagent/specimen storage. Standardized training curriculums currently exist (or are under development) for each of these areas and will be utilized. On-site refresher training will be provided to all laboratorians on a yearly basis. The quality of testing at all labs will be monitored through an extensive quality assurance (QA) program, including training of all staff on QA, proficiency testing and quarterly supervisory site visits (using a standardized evaluation tool). To facilitate these activities, two laboratorians will be responsible for coordinating training (as master trainers) and QA activities.

CONTRIBUTION TO OVERALL PROGRAM:

Enhancement of additional labs in Nigeria will contribute to the goal of maintaining high quality lab services as the number of patients provided with testing and treatment continues to rise. These labs will support the identification and monitoring of new patients for ART. Development of a new lab facility to deliver training supplements the overall lab capacity in Nigeria.

LINKS TO OTHER ACTIVITIES:

Having a strong laboratory infrastructure, with appropriately trained/supervised staff, within healthcare facilities provides support for many of the other program areas. Laboratory staff play a vital role in training those individuals performing HIV diagnostic testing in PMTCT and Counseling and Testing programs. Appropriately equipped labs allow for identification of HIV-positive adults and children, ART Services and OVC and support monitoring of those with TB/HIV coinfection.

POPULATIONS BEING TARGETED:

This activity will provide essential laboratory services to adults living with HIV/AIDS, HIV positive pregnant women, HIV positive infants and HIV positive children. Laboratory workers from the public sector will be targeted with technical training.

EMPHASIS AREAS:

This activity includes emphasis on renovation (specifically laboratories at healthcare facilities) and on training, development of network/linkages/referral system and quality assurance.

COVERAGE AREAS:

Underserved expansion states TBD when awarded.

***The USG Nigeria team is proposing estimated targets in the narratives and not in the target tables in the COPRS for open solicitations for USAID APS and CDC RFAs. These solicitations have not been awarded at this time and targets and other specifics will only be finalized and reflected in the activities in COPRS after negotiations have been concluded and the award has been made.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14090	14090.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6354	5230.08	HHS/CDC RFA TBD	■

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5272.09

Mechanism: HHS/CDC Track 2.0 ASCP

Prime Partner: American Society of Clinical Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9846.25302.09

Planned Funds: \$400,000

Activity System ID: 25302

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ASCP will continue support (started in COP08) Pre-Service Curriculum Development (Phase 2). This will include a Monitoring and Evaluation activity facilitated by 2 ASCP consultants and 1 staff member. This activity will include traveling to each school, observing new materials being taught and meeting with faculty. An additional 250 hours of professional curriculum development and finalization by the ASCP Pre-Service Work Group. Along with two mentorship Technical Assistance (an ASCP consultant serving as a mentor and educator at a school for 2 months at a time). Phase 2 of Curriculum Development takes approximately 12 months to complete.

(Cost includes: work group curriculum development, airfare, honoraria, hotel, food, local transportation, phone and internet costs, miscellaneous travel expenses, supplies, training manuals, shipping costs, training reception, and ASCP staff salary for the Monitoring and Evaluation Activity and two mentorship Technical Assistances)

ASCP will also support a Monitoring and Evaluation Activity. ASCP is currently working with an M&E specialist to design a Monitoring and Evaluation Plan for our previous activities. This activity will include partial cost of the plan development, as well as an evaluation of lab sites that have received ASCP training directly, or through regional roll-out trainings. The M&E plan will include a checklist to assist with assessing the impact of previous trainings.

ASCP will also support the PEPFAR-Nigeria Lab team in the development of continuing education tools for laboratorians.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12990

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12990	9846.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	6363	5272.08	HHS/CDC Track 2.0 ASCP	\$293,000
9846	9846.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	5272	5272.07	HHS/CDC Track 2.0 - ASCP	\$400,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5273.09

Mechanism: HHS/CDC Track 2.0 CLSI

Prime Partner: Clinical and Laboratory Standards Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9845.25303.09

Planned Funds: \$100,000

Activity System ID: 25303

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CLSI will support PEPFAR Nigeria will the following new initiatives:

- Deliver training to PEPFAR IPs on Lab SOP development, use and documentation

The Clinical and Laboratory Standards Institute (CLSI) is a global, nonprofit, standards-developing organization that develops best practices, voluntary consensus standards, and guidelines through a unique consensus process that balances the viewpoints of government, industry, and health professions. CLSI documents/"best practices" are used in over 55 countries worldwide, and are translated into several languages. Good laboratory practices prove to be cost-effective, promote reliable and accurate results, contribute to good patient care, and promote a positive attitude towards testing from a patient's perspective. Driven by our membership and accepted clinical and laboratory standards and guidelines, CLSI is committed to facilitating the development of quality systems in the laboratory, and providing on-going advisement to sustain quality improvements. CLSI will build capacity through the provision of laboratory standards and guidelines, and providing technical assistance, training, and technology transfer to individuals and organizations. Along with Nigeria, CLSI is also involved in building laboratory capacity in Namibia, Vietnam, Ethiopia, Cote D'Ivoire and Tanzania.

The objectives of the PEPFAR program are to enhance the overall quality of health care and public health laboratories across Nigeria. CLSI will collaborate with CDC-Nigeria to actively support PEPFAR program activities for strengthening laboratory infrastructure and develop strategic plans through harmonization of standard operating procedures, guides, and job aides to provide a framework that will ensure consistency in testing performance, increase efficiency and cost effectiveness, provide training opportunities as appropriate, and assure a quality foundation in testing and organizational practices to reduce testing-related errors. CLSI will continue lab activities initiated with COP08 funding (preparing two PEPFAR supported labs for international accreditation and lending technical support to improve the local (Nigerian) process for lab accreditation process). CLSI will also provide technical support for new activities including standardizing the process each PEPFAR IP uses to develop and control documents (SOPs) for the laboratory.

CLSI will work with the Government of Nigeria (GON), PEPFAR IPs and CDC-Nigeria Laboratory Scientist to harmonize/standardize laboratory documents such as Standard Operating Procedures (SOPs) for use throughout Nigeria as part of an overall plan for implementing a national quality management system for the laboratory. This will include the provision of a didactic workshop for lab scientists on development of documents using the CLSI internationally-accepted standard approach. CLSI technical experts will also spend time with individual IPs to provide input on the quality and use of their laboratory documents, specifically at labs conducting HIV diagnostics and supporting ART treatment monitoring.

CLSI will continue its support initiated in COP08 to the Medical Laboratory Science Council of Nigeria (MLSCN), the GON parastatal responsible for accrediting medical labs and certifying Medical Laboratory Scientists. CLSI will provide technical support to improve the tool currently used to audit medical laboratories and support training for lab scientists performing audits. This will be followed by support for auditors administering the tool in the field.

CLSI, along with its coalition partners, will support international accreditation of two PEPFAR-Nigeria designated laboratories. Preparation will be facilitated through use of CLSI best practices and other internationally-accepted standards. These labs will serve as models for other clinical laboratories.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Improved lab testing through regular lab auditing and use of internationally accepted standard operating procedures results in overall better HIV diagnostics and ART Lab monitoring across Nigeria.

LINKAGES TO OTHER ACTIVITIES:

TARGET POPULATIONS: Laboratory staff working at federal, state and local government area (LGA) supported health care facilities.

EMPHASIS AREAS:

Emphasis areas include training and lab quality improvement/assurance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13020

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13020	9845.08	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	6371	5273.08	HHS/CDC Track 2.0 CLSI	\$331,000
9845	9845.07	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	5273	5273.07	Cooperative Agreement	\$200,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 9692.09	Mechanism: HHS/CDC Track 2.0 APIN
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 22507.25345.09	Planned Funds: \$1,366,051
Activity System ID: 25345	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard School of Public Health (Harvard) plans to move over 4 of its PEPFAR supported sites to APIN Ltd. (APIN). The sites include Lagos University Teaching Hospital (LUTH), Nigerian Institute of Medical Research (NIMR), Onikan Health Center, and Mushin General Hospital. The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University.

ACTIVITY DESCRIPTION:

In COP09, APIN will take over 4 APIN+/Harvard labs at a tertiary care institution and research institute. We also propose to add additional expansion sites by building the infrastructure and capacities of 1 lab in secondary health facilities in Lagos state to have capabilities for hematology, automated chemistry analyzers, and laser-based lymphocyte subset enumeration. In COP08, we will expand the capacity of 1 lab in a primary health facility in Lagos state. We also expanded the capacity of the lab at Sacred Heart Catholic Hospital, a secondary health facility in Ogun state, to have capabilities for hematology, automated chemistry analyzers, laser-based lymphocyte subset enumeration and viral load assay.

By the end of COP09, HIV rapid testing will be performed at the HCT centers with the labs providing supervisory roles. All 5 ART sites will have western blot capacity to confirm HIV status prior to initiation of ART. HIV serology, hematology, chemistries, and CD4 enumeration will be supported at all secondary hospitals with referral to the tertiary labs for PCR diagnostics and viral loads. Primary health care facilities are closely partnered with secondary and tertiary care facilities, allowing for baseline and periodic evaluation with full lab monitoring. The primary facilities provide limited lab monitoring with basic clinical, hematologic and CD4 assays. We will screen for TB by sputum and/or pulmonary X-ray at all ART sites. We will also provide screening for STIs, including Syphilis and Chlamydia at all of our sites. Our 2 labs with infant PCR diagnostic capabilities (NIMR, LUTH) will continue to assist other PEPFAR IPs, using dried blood spots (DBS) to test specimens from distant satellite sites.

Standardized lab protocols were developed in previous COP years by Harvard to accompany the clinical protocols. Computerized lab results were also linked with patient records. In order to ensure continuity of care and services, these protocols will continue to be implemented at APIN sites. These protocols include provisions for the disposal of biomedical waste in accordance with good laboratory practices. Quality assurance /quality control (QA/QC) policies have been developed and detailed annual assessments of all lab activities are conducted. Quarterly QA/QC lab site visits are conducted by the APIN project management team with technical assistance from Harvard and will use a standardized assessment tool developed in Nigeria by the Lab Technical Working Group (LTWG). Results from the proficiency testing and site visits will be sent into a centralized system within Nigeria, developed and supported by the PEPFAR LTWG. External Quality Assurance (EQA) for lab tests was established in COP07 by Harvard and is operational for CD4, HIV, HCV and HBV serology, chemistries, VL and HIV DNA PCR diagnostics through individual lab registration with UK-NEQAS and CAP. We intend to continue this with all APIN labs. All PCR labs will participate in the CDC Atlanta DBS DNA PCR proficiency program (EID QA). We provide support for lab staff persons (based at sites), responsible for implementation of lab protocols, data entry and performance of lab tests. In addition, we provide support for 3 APIN staff who provide technical assistance to sites. We will continue our efforts to increase our laboratory technical staff in order to address increased training and laboratory needs for the overall PEPFAR program.

Regular lab training allows the development of high quality lab standards in our PEPFAR labs and this has been networked to our secondary and primary labs with specific tailoring to the needs and skills at each level. In conjunction with Harvard Lab Infrastructure activities, staff at APIN sites will be linked to biannual trainings provided on specific techniques/topics integrating QA/QC, good lab practices and lab safety. Through Harvard, competency monitoring/evaluations and refresher trainings will be provided within individual labs. APIN also provides support for a lab at NIMR (Lagos) which is a comprehensive hand-on training center with lecture room capacity and personnel skilled in training. This training center provides training in all areas, with special focus on viral load and drug resistance testing. Post Exposure Prophylaxis (PEP) protocols have been implemented at each of our labs, supported under our ART drugs activities. In COP09, we will continue our efforts to increase our laboratory technical staff in order to recruit staff responsible for lab QA, lab training and monitoring for APIN.

A laboratory information system (LIS) will be implemented at sites, with appropriate capabilities, to streamline the capture of lab data to minimize transcription errors and facilitate data entry and results output.

We will participate in LTWG monthly meetings to ensure harmonization with other IPs and the GON, including the development of a common lab equipment platform (appropriate for each lab level).

Procurement of lab reagents is structured in two ways. Reagents available in Nigeria will be procured directly by the sites from specific distributors. Labs will be advised to maintain a 3 month reagent buffer. Most reagents needing importation will be ordered at Harvard and shipped to the APIN Central Medical Stores warehouse in Lagos. PEPFAR funding supports procurement of lab equipment, generators and water purifiers necessary for lab work at APIN sites. Equipment costs for labs can be high in the first year, but represents significant infrastructure development. Maintenance costs include minimal renovation costs for some labs, replacement of small lab equipment and training costs for additional personnel.

APIN will perform 267,086 tests in COP09, including HIV diagnosis and tests for disease monitoring including CD4 enumeration, PCR diagnosis of infants and VL, which provide support for ARV treatment for 13,100 adult and 1,050 pediatric patients at APIN sites in Lagos and Ogun states. In addition, we seek to train 199 lab staff members in COP09.

EMPHASIS AREAS:

This program seeks to address gender equity by building the capacity of labs at affiliated sites to conduct

Activity Narrative: testing related to PMTCT. Increased lab capacity will permit the sites to provide equitable treatment for both women and men. We also place emphasis on TB services as our lab activities include the provision of support for TB and HIV diagnostics at 43 TB DOTS sites in Oyo state.

POPULATIONS BEING TARGETED:

This program targets public and private health care workers with training to maintain high quality lab standards. Laboratory diagnostics and monitoring supported through these activities also target PLWHAs who are provided with treatment through our Adult and Pediatric Care and Treatment activities.

CONTRIBUTION TO OVERALL PROGRAM AREA:

These activities contribute to the goal of maintaining high quality services as the PEPFAR program expands. Training lab staff will assist in building the human resource capacity of our sites to provide sustainable lab support to sites providing high quality HCT and ART treatment. Two labs at a tertiary care hospital and research institute will have the capacity to perform early infant diagnosis (EID) by HIV DNA PCR. These labs are also linked to PMTCT sites, to provide a mechanism for EID as a part of the PEPFAR supported national scale-up plan (consistent with 2009 PEPFAR objectives for Nigeria). APIN will partner with Harvard, GON and Clinton Foundation for procurement of EID test kits and specimen collection supplies and transportation of DBS/results to and from testing labs. The NIMR PCR lab will provide QA support for the EID program in the southern half of Nigeria (through retesting). Through a tiered system of labs at tertiary, secondary and primary sites we are able to ensure that patients at community based primary facilities are provided with a full complement of lab monitoring as a part of ART treatment and care. Our training activities include management and competency training, which seeks to build sustainability.

Additionally, as part of our sustainability building efforts, APIN will receive technical assistance and support from Harvard to assume program management responsibility for our Lab Infrastructure activities. This will include the implementation of a plan to transition site oversight, management and training over to APIN. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

These activities relate to activities in PMTCT, Counseling & Testing, Palliative Care TB/HIV, Adult Care and Treatment, Pediatric Care and Treatment and OVC. Our labs are crucial in providing adequate HIV diagnostics in PMTCT, HCT, OVC, Palliative care and ART services. Furthermore the lab provides other diagnostics such as OIs. As a part of this activity, we seek to build linkages between labs and our patient care sites in order to ensure that lab information is fed back into patient records for use in clinical care. Our SI activities provide support in M&E, including data management of testing results.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22507

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22507	22507.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$85,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 9399.09**Prime Partner:** Vanderbilt University**Funding Source:** GHCS (State)**Budget Code:** HLAB**Activity ID:** 21679.25321.09**Activity System ID:** 25321**Mechanism:** HHS/CDC Track 2.0 Vanderbilt**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Laboratory Infrastructure**Program Budget Code:** 16**Planned Funds:** \$910,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY NARRATIVE

In COP08, Vanderbilt upgraded HIV-related laboratory services in 2 comprehensive care sites to provide rapid tests, CD4 counts, chemistry and hematology. In COP09, Vanderbilt will build on the successes achieved in 08 by continuing to support development and strengthening of laboratory facilities to support HIV/AIDS-related activities. This will include the purchasing of equipment and commodities, provision of quality improvement (QI) and quality assurance (QA) measures, staff training and other technical assistance at a total of 2 comprehensive sites and 3 satellite sites (site selection pending). Vanderbilt will provide lab-related ART services to a total of 1800 adults (600 new in COP09) and 200 new pediatric patients at the end of the reporting period. Our lab infrastructure specific outputs for COP 09 include: 1) continuing to upgrade laboratories at five centers (2 comprehensive and 3 satellite sites) to perform rapid tests, CD4+ counts, chemistry and hematology; and 2) Perform 10,000 lab tests for HIV, TB, syphilis and HIV monitoring during the year. During COP08, laboratory training and laboratory QA/QI measures were subcontracted to the Institute of Human Virology Nigeria (IHVN). IHVN will continue to provide these services during the first quarter of COP09 as we transition to independence. In COP09, Vanderbilt will train 10 laboratory staff to perform routine diagnostic and monitoring tests for HIV.

Providing comprehensive HIV/AIDS care and treatment requires a strong laboratory infrastructure. In collaboration with IHVN, Vanderbilt will continue to develop the capacity of the laboratories in the two comprehensive care sites so that they can perform HIV tests, CD4+ cell counts, chemistry and hematology and smear microscopy for TB and malaria. Vanderbilt will also will support development of 3 additional satellite site laboratories to perform HIV tests, CD4 cell counts (as appropriate) and other basic lab diagnostic tests such as smear microscopy for AFBs (so that we can diagnose TB on site) and blood films for malaria parasites to make a total number of 5 laboratories. In COP 09, Vanderbilt will provide fluorescent microscopes or fluorescent adaptors and reagents for enhanced TB and malaria diagnosis to its high volume TB sites.

During the first quarter of COP09, IHVN will continue to assist Vanderbilt in the improvement of these laboratories and laboratory staff training. Vanderbilt will support the necessary renovations and purchase equipment (including generators, CD4+ cell count machines, chemistry and hematology analyzer, fluorescent microscopes or adaptors) and reagents necessary to support the management of individuals with HIV infection. Vanderbilt will support expansion of early infant diagnosis (EID) at its 7 sites (2 comprehensive and 5 satellites, including 2 new satellites to be opened in COP09) in accordance with the national EID scale up plan and provide standardized training on sample collection of dried blood spots (DBS). Vanderbilt will also link with the national EID scale-up plan to make use of existing PCR labs as well as the Clinton Foundation DBS collection supplies and transport support to carry out Early Infant Diagnosis using DNA PCR.

Vanderbilt will provide on-site capacity for HIV diagnosis, laboratory monitoring of disease progression and response to treatment, diagnosis of opportunistic infections (OIs), and monitoring of antiretroviral drug (ARVs) toxicity. Vanderbilt will support the improved diagnosis of TB, syphilis, hepatitis B (HBV) in COP 08, including provision of fluorescent microscopes to enhance TB and malaria diagnostic capacity at high volume sites. In COP 09 Vanderbilt will provide fluorescent microscopes or fluorescent adaptors for enhanced TB and malaria diagnosis, and support necessary training and reagent procurement for this equipment at satellites sites as they are upgraded to comprehensive labs. Vanderbilt will support waste management activities at the sites which will include assisting sites to maintain or develop incinerators.

Vanderbilt will continue to participate in the USG-Nigeria coordinated Laboratory Technical Working Group (LTWG) to ensure harmonization of other IPs and GoN supported laboratory program and will continue to work with the PEPFAR LTWG for the development of a common Lab equipment platform appropriate for each laboratory level.

Quality Assurance systems in HIV laboratories have been shown to be capable of bringing significant cost savings to health systems. QA and QI will be integral to the development and strengthening of our lab infrastructure. IHVN will provide quality assurance and proficiency testing during COP08 and the first quarter of COP09, after which these responsibilities will be transferred over to Vanderbilt site staff. In COP 09, Vanderbilt will continue to conduct QA activities consisting of quarterly site monitoring visits using a standardized monitoring tool developed by the USG-PEPFAR LTWG, quarterly proficiency testing (PT) for all tests and providing these reports to USG-PEPFAR Nigeria LTWG.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of development and strengthening of laboratory facilities to support HIV/AIDS-related activities including purchase of equipment and commodities, provision of quality assurance, staff training and other technical assistance to serve more HIV+ people. The program will also contribute to strengthening human capacity through training of lab staff, counselors and other health workers.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC and Pediatric ART Care and Treatment for pediatric care, PMTCT, TB/HIV to provide ART to patients with TB, HCT as an entry point to ART, Adult Care & Support for HIV infected adults and their children, and SI. This activity will provide the GON with crucial information for use in the evaluation of laboratory infrastructure for HIV diagnosis, monitoring of course of infection, effects of treatment, opportunistic infections, and quality of care.

POPULATIONS BEING TARGETED

The diagnostic components of these activities target HIV-infected adults and children for diagnosis of HIV infection and monitoring of the course of HIV infection including response to, and adverse effects of treatment. The operational elements of our HIV related laboratory infrastructure development, provision of quality assurance, staff training and other technical assistance target lab workers at PEPFAR sites,

Activity Narrative: counselors, doctors, nurses, and pharmacists. The expansion of lab technical assistance to satellite sites will increase access to HIV related lab services at the grassroots.

EMPHASIS AREAS

This program seeks to improve human capacity development and diagnostic capabilities through laboratory training and improved infrastructure.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21679

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21679	21679.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$500,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 7144.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 15648.24916.09

Activity System ID: 24916

Mechanism: USAID Track 2.0 LMS Associate

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$1,912,531

Activity Narrative: In COP08, LMS activated seven additional sites, including one in a tertiary health facility supported by the State Ministry of Health in Taraba state and six in secondary health facilities. In COP09, LMS will activate an additional laboratory in a secondary health facility to support the provision of ART and cryptococcal serology, which will bring the total labs supported with PEPFAR funds to 18. LMS will provide step down training on laboratory management to laboratory managers. Other tests for opportunistic infections will be included based on the recommendations of the PEPFAR-Nigeria Laboratory Technical Working Group (LTWG). Training on opportunistic infection diagnosis will be provided by American Society of Microbiology (ASM).

ACTIVITY DESCRIPTION:

The LMS program currently provides high quality laboratory services through a tiered laboratory system in support of HCT, ART, PMTCT, TB/HIV, OVC and Blood Safety, as part of its comprehensive HIV/AIDS services. By the end of COP08, LMS will be supporting a total of 17 laboratories in 1 tertiary and 16 secondary health facilities in Kogi, Niger, Taraba, Adamawa, Kebbi and Kwara states. The states were identified in conjunction with the Government of Nigeria (GON), based on needs assessment and ART scale-up strategy. Each of the secondary sites, as well as the tertiary sites, are linked to at least 2 primary feeder sites in a "hub and spoke" model. The primary sites will serve as HCT/PMTCT centers and referral points (not counted as lab sites). One additional secondary level laboratory will be established in COP09 for a total of 18 laboratories; 1 tertiary and 17 secondary level sites in the 6 project states.

To ensure that high quality and reproducible laboratory services are provided using appropriate modern technology, while guaranteeing safety of staff, patients, communities and the environment, LMS advocated for structural renovations in COP07. This included upgrading infrastructure and providing essential amenities, such as portable water, water distillers, overhead water tanks for sustainable water supply and electricity supply in Kogi and Niger states. In COP08, the same renovations were extended to all of the 7 new labs in the new intervention states.. This approach will also be extended to the 2 new labs in COP09.

In all supported labs, HIV diagnosis, CD4 counts, hematology assays, chemistry assays will be routinely offered using appropriate testing technology and automated laboratory equipment, and will be in line with internationally accepted standards as well as national guidelines. LMS will also provide support for syphilis, HBsAg, malaria parasite, pregnancy and routine microbiology tests for other STIs. Laboratory diagnosis for opportunistic infections (OIs) will also be offered. This will, at minimum, include TB microscopy and cryptococcal serology testing. It is estimated that LMS will provide a minimum of 150,000 tests in COP09. LMS counts each test, including chemistry panel, as a single test.

In COP08, LMS embarked on an integrated expansion of laboratory training, covering HIV/STI serology, Good Laboratory Practice, Quality Control and Quality Assurance procedures, biomedical safety, laboratory equipment care and maintenance, specific lab assays, lab ART monitoring, commodities management as well as laboratory information systems, and others. Training was based on identified training needs. These trainings will be provided to supported site staff in-country through collaboration with other USG-IPs such as FHI/GHAIN and IHVN-ACTION, who currently have both training labs and experienced and proficient laboratory trainers. This collaboration will also build the training capacity of LMS training staff that will be identified. LMS participated in the lab management training provided by the USG through APHL. LMS also participated in the PEPFAR funded harmonization training of trainers on Haematology/CD4/Clinical Chemistry provided by ASCP to develop a team of trainers for the program and for the PEPFAR/Nigeria. In COP09, LMS will provide these trainings to laboratory site staff using adapted training packages. LMS training packages are PEPFAR/GON harmonized training packages, and are appropriately adapted to meet local needs. In COP09, LMS will further provide step down training to 48 laboratory managers, from 18 networks of supported laboratories in the 6 states, using the adapted lab management training packages developed by APHL. In COP09, LMS will train a total of 108 laboratorians.

LMS would like to move towards gaining local accreditation through the Medical Laboratory Science Council of Nigeria (MLSCN), for all of its PEPFAR supported laboratories. To this end, 5 of the supported labs will be accredited by the end of COP08 and another 7 will be accredited in COP09. The project will also continue to work with the PEPFAR Lab Technical Working Group for the development of a common lab equipment platform appropriate for laboratory services at different levels of care, provide training at all supported sites for the collection of dried blood spots (DBS) for DNA PCR testing at identified PCR testing sites supported by other USG- Implementing Partners (IPs) in support of the national EID scale up plan. The Clinton Foundation will provide supplies for DBS collection and support for specimen/results transport while LMS will roll out the existing plan for EID services in selected LMS pilot sites.

LMS-ACT in-country lab program staffing is made up of one advisor in Abuja and 4 lab specialists overseeing the 6 states. The Lab Specialists are core members of the Project Management team at both the Country and State offices. The Laboratory Advisor provides programmatic and technical oversight and support to the States and serves as the link between the Country program Management as well as the various Technical Working Groups and the GON. The Laboratory Specialists provide on-site technical direction, mentoring and supervision to all supported lab sites. The Laboratory Unit oversees the laboratory inventory systems for commodities, the QA/QC program and capacity building of site staff. In COP09, additional lab staff will be engaged in the program as part of the expansion.

Quality assurance/quality control of laboratory services will be strengthened in order to support quality HIV diagnosis, treatment and care. The essential components of a quality system will be strengthened further at each site. LMS will support External Quality Assessment through quarterly on-site monitoring visits using standardized checklists. Reports will be generated and fed back to the sites. All non-conformities will be addressed and remedial action taken to rectify problems in the testing process. LMS will work in collaboration with FHI/GHAIN, IHVN-ACTION and HAVARD-APIN for External Quality Assessment (EQA) for specific laboratory assays. Outcome of these QC and EQA programs will also feed into the LTWG system on a quarterly basis.

LMS, through its strategic partnership with Axios Foundation, has set up an efficient supply chain

Activity Narrative: management system that will provide a continuous and uninterrupted supply of rapid test kits, laboratory reagents and consumables. Axios will be responsible for forecasting, procurement, warehousing and distribution of the laboratory commodities to all LMS supported sites. HIV rapid test kits will be procured through SCMS and Axios will be responsible for the warehousing and distribution of these kits.

LMS will, in COP 09, collaborate with lab equipment manufacturers/vendors to provide specialized lab equipment maintenance and repairs training to 5 facility based biotech engineers to enable them provide appropriate equipment maintenance and repair support within the supported facilities. This arrangement is in addition to the lab equipment maintenance contract with vendors.

LMS will work with JSI/MMIS to provide training on injection safety, provision of AD needles and training on safe handling and disposal of bio-medical wastes in all supported facilities. In this vein, LMS will continue to provide standard sharp containers at all supported sites. The quality control staff will ensure strict compliance with national standards of biomedical waste handling and disposal. Efforts will be sustained at encouraging the use of the PEPFAR identified incinerator at the National Hospital for sites proximal to Abuja while other sites will be supported to provide technologically appropriate incinerators. 34 Laboratory staff from LMS supported labs will be trained on post exposure prophylaxis (PEP) and on steps to follow in case of accidents that could lead to exposure to HIV infections.

LMS will sustain and strengthen advocacy to leverage resources from stakeholders to support laboratory infrastructural development. This will include working with the relevant State and Local Government to support the provision of infrastructure at both secondary and primary health facilities. Information management and inventory management systems will be strengthened to support these lab activities. LMS will train 155 laboratory managers/staff at all supported sites in information and inventory management, and will also provide ongoing on-site capacity building and monitoring.

TB microscopy will be carried out at tertiary, secondary and primary health facilities. Leveraging resources from the National TB & Leprosy Control Program (NTBLCP), TB microscopy training will be conducted for 34 lab staff using the CDC/WHO TB/AFB microscopy training package that has been adapted for use in the country. In COP 09, LMS will procure additional equipment for TB diagnosis using fluorescence microscopy in four major health facilities (e.g. a tertiary health facility supported by the state government, and three secondary health facilities) while others will be provided with conversion kits and reagents for staining AFB. These will include model Primary Health Center Laboratory to support the provision of quality smear microscopy screening in the rural communities. Training will continually be conducted using CDC/WHO/GON TB/AFB harmonized training package.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The provision of laboratory services through this program will contribute to strengthening and expanding the capacity of the GON to respond to the HIV/AIDS epidemic, build the capacity of laboratory staff at the project sites and contribute to the infrastructural upgrading of health facilities as well as the provision of necessary equipment. Considering the complexity of antiretroviral therapy (ART), and the strict requirements for standards and procedures, the laboratory component will aim to establish a well coordinated and efficient quality assurance, supervision and monitoring system at all supported sites.

LINKS TO OTHER ACTIVITIES:

This program element relates to activities in PMTCT, HCT, BC&S, TB/HIV, and OVC. A referral linkage system will be strengthened to ensure that clients are referred from sites with limited or no laboratory infrastructure to properly equipped laboratory sites using an integrated tiered national laboratory network. LMS will work with the GON to implement approved testing algorithms and will work with the GON and other stakeholders on the use of non-cold chain Rapid Test Kits (RTK) for HIV testing. With the new scale up strategy for counseling and testing (CT), LMS will build the capacity of counselors, both at the CT and PMTCT sites, on the use of non-cold chain dependent algorithm for HIV testing. The project will also introduce sputum smear microscopy and tuberculosis (TB) treatment in all CT sites.

POPULATIONS BEING TARGETED:

This activity will provide laboratory services to PLWHAs, (including pregnant women), HIV positive children, tuberculosis (TB) patients including those that are HIV positive and are eligible for ART, HIV positive infants and other most at risk populations (MARPS). These clients will be generated from PMTCT, Care and Treatment, mobile and facility based counseling and testing and TB-HIV programs.

EMPHASIS AREAS

Emphasis will be placed on quality assurance, quality improvement, and supportive supervision, as well as, laboratory infrastructure upgrade, including commodity procurement (laboratory equipment and reagents) and local organizational capacity development through trainings and on-site technical.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15648	15648.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$2,200,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 632.09	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 3256.25250.09	Planned Funds: \$9,013,463
Activity System ID: 25250	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- Our 'national' target of 98 labs with T-lymphocyte counting or CD4 capacity is presented. This target includes Primary Health Care (PHC) level labs that have the capacity to carry out simple T-lymphocyte counts, as is described in the narrative.
- TB diagnostics section updated to develop PCR technology to support HAINS assay as per USG request.
- One additional PCR lab proposed at Ile Ife, at the request of the Government Of Nigeria (GON).
- Accreditation of 9 IHVN labs by the local accreditation body.
- Biotech engineering step down training for site biotech engineers at selected sites, added as per USG LTWG request.

ACTIVITY DESCRIPTION:

ACTION will support ARV Services, Basic Care and Support (BC&S), OVC, TB/HIV, PMTCT, and HCT programs by building lab infrastructure and training staff to accurately diagnose, stage and monitor patients. ACTION will monitor laboratories through its QA/QC activities to ensure high quality results while upgrading the infrastructure at new sites. A minimum of 792,690 lab tests will be performed in COP09. ACTION will continue to be at the forefront of Early Infant Diagnosis (EID) by scaling up and expanding viral load testing for adults and children based on an algorithm that is being evaluated with the Federal Ministry of Health (FMOH).

ACTION will support lab services at 136 individual points of service using a network model to provide appropriate lab capacity and patient support at comprehensive sites as well as HCT stand alone and DOTS sites. An integrated, tiered referral lab network, with mentoring by trained lab personnel, has been established at existing hub sites. This includes the use of appropriate technology at all service levels, using the USG-PEPFAR Lab Technical Working Group equipment platform as a guide. At the tertiary, or large secondary hospital level, 32 network reference (or hub) labs, provide high throughput hemogram, clinical chemistry, and CD4 assessment services. Ten of these provide virology services and 1 of these provides TB culture. At the secondary and comprehensive primary health center level, an additional 32 labs provide patient monitoring and diagnostic capability including HIV rapid testing, hemogram, and CD4 count. At 34 other primary level sites, where ARV services will be provided, labs are equipped to provide HIV rapid testing, hemogram (including lymphocyte count), and to collect/package samples for transport to a more advanced lab in their network. Thus, a minimum of 84 labs with the capacity to perform HIV testing and T lymphocyte counting or CD4 measurement will be supported with PEPFAR funds. IHVN's lab target to reach for COP08 was 78 sites, and in COP09, it will be 84 lab sites. Thus, with the 98 labs IHVN has established (32 tertiary, 32 secondary or primary, and 34 primary health clinics), IHVN has already achieved its lab site targets for both COP08 and COP09.

A Bar-coding system will be used to improve tracking, reduce transcriptional errors and reduce turn around time. This is in addition to scaling up the interface of Cyflow and Sysmex machines used for CD4 and Haematology measurements, respectively with the Careware system, so that transcriptional errors are further minimized. Novel approaches for access to lab services, such as five mobile laboratories on HCT vans, will be piloted to provide high quality on-site lab services to small PHC sites. Services at HCT stand alone, and TB DOTS points of service, are limited to HIV rapid testing. This approach facilitates the rapid scale up of ART services at all tiers of health care facilities.

ACTION has 1 Senior Technical Advisor, 2 U.S based QA consultants and 35 local lab program staff assigned to six units (Field Operations and Commodities, Special labs, QA/QC, TB, Training and Maintenance) and five regional offices. ACTION has an aggressive QA/QC program with specially trained lab staff dedicated to carrying out on-site quarterly monitoring, retraining, and overseeing a proficiency panel testing program. QA monitoring is carried out jointly with the FMOH, or SMOH responsible for the point of service, using the newly developed lab QA monitoring tools for PMTCT and HCT, communication log and incident report forms for Regional, Central and Baltimore offices. Tools and expertise will continue to be shared with other IPs, and with the GON, and technical support will be provided to the Medical Lab Science Council of Nigeria (MLSCN). ACTION has expanded site lab capability to screen for Hepatitis B, to diagnose additional OIs such as Cryptococcus, and screen for common STIs including syphilis.

TB BL3 culture capacity has been developed at ACTION's supported NTBLTC in Zaria using the Bactec system. Due to the safety concerns for the microscopic observation drug susceptibility (MODS) assay by CDC and WHO, ACTION will develop PCR capability at the NTBLTC and work with CDC Nigeria to pilot the PCR based HAINS Assay, a molecular method for rapid diagnose of TB and INH/Rifampicin drug resistance at Zaria and some selected PCR facilities. ACTION has already established the superiority of the LED based microscopes on auramin stained direct sputum smears. For COP09, ACTION will roll out this technology at its sites, DOTS centers within its sites, and mobile labs following adequate training in the technology at the NTBLTC Zaria. ACTION will also coordinate with Global Fund supported initiatives in the roll out of TB culture capacity in Nigeria to maximize regional availability.

Nine regional virology laboratories in seven states (Sokoto, Kano, Plateau, FCT (two), Edo, Anambra, Gombe, and Akwa Ibom) have been established by ACTION. Under COP09, two additional virology lab (at the NTBLTC and at Osun state) will be developed for a total of eleven. Ten of these laboratories will focus on EID regionally using the DBS collection method described under PMTCT while the eleventh at the NTBLTC will focus on the development of the HAINS molecular technology for the detection of TB. ACTION has played a key role in the EID roll out in COP07 and 08, utilizing the ACTION training and reference lab at PLASVIREC to provide QA for the national EID pilot and providing training in proper DBS collection and transport. All functional PCR labs supported by ACTION are participating in the CDC DBS DNA PCR proficiency program. ACTION is actively collaborating with the Clinton Foundation (CF) and the FMOH to develop EID SOPs and is carrying out testing of samples from sites that are geographically proximate including those supported by other IPs, GON, and the Global Fund. The CF also supports procurement of DNA test kits and DBS collection supplies and transport of specimens/results. In addition to EID, virology labs carry out viral load for selected patients identified through a standard clinical algorithm. Leveraging expertise in viral sequencing, ACTION will develop a HIV genotyping and drug resistance testing facility in COP08 which will be readily accessible to the USG and other IPs and serve as a regional

Activity Narrative: resource for West Africa.

Four training laboratories have been developed as national resources by ACTION and placed zonally (FCT, Kano, Edo, and Plateau States). These laboratories are each configured with a didactic and a lab bench training venue with standard equipment utilized at EP sites for CD4 measurement, hemogram, and chemistry as well as teaching microscopes. The training laboratories are staffed with a master lab trainer and assistant, but utilize local site lab experts to serve as resource persons for specific trainings to promote sustainability. The regional lab training centers will be used to train personnel from new sites and offer refresher training guided by QA results to staff from existing sites. Centralized trainings will include: Good Lab Practices (GLP), HIV diagnosis, pediatric diagnosis, viral load estimation, CD4 staging, hematology, blood chemistry, record keeping and storage. This is followed up by refresher trainings carried out at sites. 566 lab staff will be trained. Training laboratories established by ACTION have been and will continue to be utilized by the FMOH, public private partnerships, and other IPs for capacity development for national ARV scale up, PMTCT, and TB priorities. These facilities will be used to train 536 scientists for ARV monitoring and an additional 400 lab scientist from other organizations (not counted under IHVN training targets). The National TB and Leprosy Training Centre in Zaria (Kaduna State) is supported by ACTION, and serves as a fifth training lab supporting the National TB and Leprosy Control Programme. This facility and the regional training laboratories will provide training for 500 TB DOTS staff (not counted under IHVN training targets).

ACTION will work with the USG and Medical Lab Scientist Council of Nigeria (MLSCN) as well as hospital management and the FMOH/SMOH for the local accreditation of 9 laboratories by the MLSCN. Regional labs and those critical to PHEs will be the first to be accredited. Through the PEPFAR lab working group (LTWG) ACTION will work with the MLSCN, the Lab-CoAg, and the USG and FMOH to integrate its QA/QC activity into a sustainable national QA program including a national EQA program. For procurement of lab reagents ACTION will utilize SCMS and local vendors. ACTION maintains a warehouse and distribution system in-country. To maintain lab equipment, ACTION has two biotech engineers on staff who provide training, installation, routine preventive maintenance, trouble shooting and regular calibration. The availability of spare parts and back up equipment at ACTION's warehouse in Abuja allows for prompt response to site needs. Focusing on sustainability, ACTION will train 30 laboratory scientists from high performing sites, and hospital biotech engineers at selected sites, in equipment maintenance and basic trouble shooting. (This combined with training in ARV lab monitoring for 536 is a total direct training target of 566.) PEP is available at all ACTION supported labs. Waste management and disposal, including TA to sites on procurement of a proper incinerator, is a key component of training and site activation.

Sites are located in states consistent with the National ARV Scale-Up Plan with the goal of universal access to HIV services. They include: Akwa Ibom, Anambra, Bauchi, Benue, Cross River, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

EID regional availability will strengthen PMTCT, OVC and ARV Services. Testing for OIs will strengthen BC&S. Regional training and Virology laboratories established by ACTION will support other IPs, particularly for PMTCT and ARV. ACTION will train lab personnel and healthcare providers from TB labs of other IPs and FMOH DOT centers, strengthening both HCT and TB. Through Public Private Partnership, private industry supported labs benefit from ACTION's training and QA/QC program. These activities will provide essential lab services to people living with HIV/AIDS, HIV positive pregnant women, HIV positive infants, and HIV positive children. The QA/QC program of ACTION will strengthen the overall quality initiatives of the GON.

LINKS TO OTHER ACTIVITIES:

These activities will be linked to activities in PMTCT, OVC, ARV Services, Blood safety and SI. Tests for opportunistic infections and training in these techniques will strengthen BC&S, HCT, and HIV/TB. ACTION will collaborate with the Clinton Foundation in EID and pediatric ARV scale up.

POPULATIONS BEING TARGETED:

These activities will provide essential lab services to people living with HIV/AIDS with or without co-infection with TB, HIV pregnant women, HIV- infants, and HIV children. Lab workers will benefit from the Lab Training centers and developed SOPs and training curriculum. As part of a Public Private Partnership, industrial health care providers will benefit from ACTION's training and QA/QC program.

EMPHASIS AREAS:

An emphasis for this activity is human capacity development for sustainability through in-service training, supportive supervision and quality assurance/improvement for laboratorians. Also emphasized is infrastructure development through lab renovations for new sites, local organizational capacity building, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13116

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13116	3256.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$10,375,092
6767	3256.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$4,565,000
3256	3256.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$2,480,250

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$506,600

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$16,969,902

Program Area Narrative:

The top priority of Strategic Information (SI) remains the establishment of a unified national monitoring and evaluation (M&E) framework with harmonized measurement and reporting activities across partners for timely strategic data for evidence-based policy and program decisions. The USG SI unit works closely with PEPFAR implementing partners (IPs), the National Agency for the Control of AIDS (NACA), the HIV/AIDS division of the Federal Ministry of Health (FMoH), and other stakeholders to: 1) build M&E capacity at national and state levels; 2) institute measures for quality assurance and improvement; 3) promote data utilization toward evidence-based decision making; 4) evaluate intervention efforts; 5) respond to donor and country reporting requirements; and 6) better understand the epidemic in Nigeria through surveys and surveillance.

In COP09, SI will play a critical role in leading the shift in monitoring and reporting to reflect PEPFAR II emphasis areas, new 5-year targets, and the new indicators. Nigeria's SI team is actively participating in the review of PEPFAR next generation indicators and will oversee a smooth transition into PEPFAR II data collection and reporting among IPs in coordination with Government of Nigeria (GoN) and other donors.

A National M&E Technical Working Group (NTWG) facilitated by NACA provides national coordination for SI in Nigeria. USG SI provides sustained engagement in support of country surveillance, health management information system (HMIS), and M&E systems through active participation and co-leadership on NTWG sub-committees. In COP09, ongoing support in the further development and utilization of the National M&E Plan and the Nigeria National Response Information Management System (NNRIMS) will include assistance and harmonization of the new PEPFAR II indicators with GoN reporting requirements. A new initiative in FY09 will assist NACA in establishing a committee to coordinate public health evaluations.

Functioning of SI Team within the Country Team

The PEPFAR/Nigeria SI team has grown to meet the SI needs of PEPFAR/Nigeria and the USG agencies involved in the response. Staffing expertise includes program M&E, HMIS, research (including public health evaluations [PHEs]), survey and surveillance, and specialized skills in mapping, modeling, and strategic planning. The SI Team is organized around specific task groups: HMIS; M&E; data and service quality assessment; research & evaluation; and surveys/surveillance. Beginning in COP09, SI will focus on key questions in the SI paradigm, specifically:

1. What is the nature of the epidemic; prevalence, incidence, ART eligibility, number of OVC, and mortality rates and trends?
2. What specific risk behaviors are correlated with transmission among specific populations?
3. What HIV services are currently available to provide prevention, care and treatment services in an integrated, decentralized manner?
4. Is the range of services, their geographic distribution and access reaching potential HIV+ clients within reasonable costs per target?
5. Are priority groups (pregnant women, infants and children, MARPS) receiving the services they need?
6. Are networks of services effective in providing a continuum of comprehensive care?
7. Are data collection tools and HMIS providing sufficient, quality information required by program managers for reporting and decision-making?

In addition to providing timely and accurate information from routine reporting, SI also provides technical support to program evaluations, PHEs, surveillance, and population- or community-based surveys, such as the Nigeria Demographic and Health Survey (NDHS), Integrated Bio-Behavioral Surveillance Survey (IBBSS), and National AIDS and Reproductive Health Survey (NARHS) as evidence for effective program and policy decision making by the USG PEPFAR team, and by extension, the GoN and HIV stakeholders. In COP09, this will include geographic mapping and disease modeling. With COP08 funding, SI is leading a data triangulation exercise toward improved programming and targeting in the sexual transmission prevention portfolio.

SI contributes technical guidance to COP target setting and monitoring of progress toward annual and 5-year targets, and leads the development of tasks and timelines for the COP submission and review process. Currently a database in ACCESS and its mirror in Excel are utilized to track PEPFAR-supported IP targets. Data are utilized for a variety of reporting, planning, targeting, and quality improvement, in coordination with program area technical working groups. The data base plays a crucial role in country operational plan (COP) target setting as well as SAPR and APR reporting. In addition, an M&E report on key indicators will soon be provided to USG Senior Management on a monthly basis.

USG also supports the GoN in the development of guidelines, protocols, and standards of practice in service delivery and quality. In COP09, HIVQual will continue to expand with a long term goal of implementation in the more than 250 treatment sites. USG SI will develop measurement tools for compliance with standards and provide quality assessments in all program areas to ensure adherence to standards of quality

Overarching SI System

SI works closely with GoN to build capacity for a trained workforce in all areas of strategic information. Federal and state-level M&E officer training is supported through the MEASURE Evaluation mechanism, and PEPFAR support to IPs provides training in M&E and HMIS. Both the ANC surveillance and Project SEARCH data triangulation (to take place in calendar year 2009) activities include an explicit component for capacity building of GoN. In COP09, 895 local organizations will receive TA and 2,544 individuals will be trained in SI.

The coordination of SI functions and activities between various stakeholders is achieved through a variety of mechanisms, including the NTWG as mentioned above, and USG SI participation and engagement with GoN, IPs, and other donors (such as UNAIDS, World Bank, DFID, Global Fund and others) in policy and standards development, survey and surveillance activities, and strategy development workshops.

Surveillance and Surveys

Several major survey results will be used to update the EPP (Estimates and Projections Package) Spectrum Ten Year Prevalence/ Incidence Estimates document; a cornerstone of "Knowing Your Epidemic." Results of the 2007 NARHS, which included sero-prevalence data, are expected in the last quarter of 2008. The NDHS is currently in the field and official results are anticipated in 2010. ANC survey 2008 data collection has just been completed, with data analysis and report writing underway. Results are anticipated by the end of 2008 or in the first quarter of 2009. Incidence testing will be conducted for the first time on ANC 2008 specimens. Trends in new cases will be available from the ANC 2010 survey. The results of these survey activities will be utilized along with the results of the 2007 IBBSS, which focused on most at risk populations and included linked sero-prevalence data, to inform a GoN-led socio-economic impact study to be carried out in 2009 (with technical input provided by USG SI Team members). The second round of IBBSS will be conducted in 2009. A recent service provision assessment (SPA) of public health delivery sites was completed with PEPFAR support (a final report is anticipated before the end of 2008) and a SPA of private facilities will be carried out in 2009 with COP08 funds.

HIV drug resistance threshold survey activities will commence in the final quarter of 2008, with finalization of the protocol. The first phase of a pilot study on HIV/drug resistance prevention monitoring among patients on first line ARV drug has been completed. This surveillance activity will be scaling up in 2009 with COP09 funding. In addition, a TB multiple drug resistance survey, designed to detect levels of resistance to anti-TB drugs and funded under TB/HIV will be completed in 2009. This study will complement the TB prevalence survey anticipated in 2009.

Understanding the HIV Epidemic and the Health Care System in Nigeria

The USG intends to support the mapping of service delivery points (SDPs) and begin the development of a fully populated geographical information system (GIS) relational database for in-depth analysis of the nature and trends of the epidemic in

Nigeria. A necessary first step is to identify tasks and associated costs for the geo-coding of available data and migration to a robust GIS software. In COP09, USG SI will engage Health Systems 20/20 to identify available GIS data (including data from their human resources for health [HRH] assessments at private and public facilities, as well as available shape files), compatibility, and information gaps. Health Systems 20/20 plans to work in collaboration with one or two research institutes—African Health Project, Zaria Training Institute, or the Nigeria Institute for Social and Economic Research (NISER), or possibly Harvard's APIN project—to build local capacities in the use of GIS software. Existing data will be used to generate maps coupled with HIV/AIDS epidemiological data and HRH data to show the distribution of human resources available to deliver HIV services in each area. HS20/20 activities do not overlap with the GIS development support provided by Voxiva, but rather complement Voxiva Task 4 activities. A desktop survey of current literature will be conducted to gather information on male circumcision practice in Nigeria including geographic distribution, prevalence, characteristics of circumcised males and trends. An evaluation of the Adult ART Services program will be conducted in 2009 to determine the quality and outcomes of HIV care and treatment. With the information gained through such survey activities, SI will be able to better address the key questions in the SI paradigm.

Several multi-country PHEs planned for COP08 and COP09 are pending. Public health evaluation questions Nigeria plans to address include: effectiveness of interventions to reduce early mortality among adults initiating ART; optimizing PMTCT and early infant diagnosis effectiveness; the impact of task shifting for ART delivery; and the impact of PEPFAR programming on the broader health system.

Health Management Information Systems

With USG support, the GoN has developed consensus around core indicators and common tools for patient monitoring and management (PMM). USG SI continues to work closely with IPs, NACA and FMOH to ensure availability of standard registers and NNRIMS forms at PEPFAR-supported sites and promote their availability and correct use at all SDPs. USG SI supports the harmonization of the HIV/AIDS HMIS that currently utilizes the PEPFAR-supported Voxiva logistics and health program management information platform (LHPMIP) and the National district health information system (NDHIS) platform. A strategy to incorporate the HIV/AIDS HMIS into the broader national health information is under discussion. To this end, an assessment of current PMM tools and HMIS utilized by PEPFAR IPs was conducted. An initial roll-out of Voxiva/LHPMIP has been completed in 6 states (including the FCT). With its web portal, pc offline, and phone-based user access for data input and reporting, retrieval, and mapping functionalities, this system has the capacity to handle real-time HMIS data reporting. In the next two years, full utilization of LHPMIP and harmonization with NDHIS is anticipated at state and Local Government Area (LGA) levels to improve national, state, and local capacity to utilize data reported through this system.

The incorporation of community services, such as home-based care and support to OVC into the HMIS platform is lagging. USG SI is working with PEPFAR OVC and Adult/Pediatric Care and Support TWGs and engaging corresponding National technical working groups to identify specific information needs while targeting the improvement of field-based monitoring tools for OVC and home-based care. A data flow plan and timeline (to include reporting and feedback), from community to LGA and/or state and federal level will be developed in collaboration with IPs. Data quality improvement efforts are ongoing with IPs involved in community-based interventions. Specific guidance and mentoring efforts will be directed at improving quality and integrity of data through improved data collection tools and harmonization of the process. Recent data quality assessment (DQA) visits have highlight the need to develop appropriate, standardized tools across IPs engaged in community-level programs, especially in OVC and palliative care. In COP09, SI will prioritize community-based M&E systems development and linkages with facility-based reporting; again, an emphasis area will be in palliative care, an area of need highlighted in recent DQA visits.

Monitoring and Evaluation

Three major SI challenges addressed in COP08 and in COP09 are: inconsistent data quality resulting from low M&E capacity at the state level and SDPs; limited utilization of data; and lack of an M&E culture at all levels. In addition to the DQA/I plan described, COP09 will continue training and mentoring in data demand and information use (DDIU) undertaken with COP08 funds.

SI evaluates IP performance according to achievements versus targets, given the budget and historical costs-per-achievement recorded, and other factors, such as local prevalence rates. With COP09 support, IPs are expected to strengthen M&E systems toward improved tracking across the prevention-care-treatment continuum. As part of USG SI's SI systems strengthening and human capacity development, new SI indicators are currently under development and will be raised in Global SI discussions. Additionally, CDC SI is piloting a monthly bulletin with selected IPs who currently report on a monthly basis. A revised monthly data collection tool has been under development by USG SI and with the engagement of program area TWGs toward developing a more robust reporting tool that goes beyond standard annual and semi-annual PEPFAR reporting. This information will meet the expectations set out in the key questions of the SI paradigm.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 632.09	Mechanism: HHS/CDC Track 2.0 Univ Maryland
Prime Partner: University of Maryland	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 3253.25251.09	Planned Funds: \$1,800,016

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Number of organizations assisted updated.
References to PHEs removed.
Technical assistance to states on Monitoring and Evaluation

ACTIVITY DESCRIPTION:

ACTION will strengthen Strategic Information (SI) under the "One M&E Framework" by supporting the implementation of standardized HIV program reporting within the National Health Management Information System. In COP08, ACTION supported SI activities in 151 sites in 23 states (Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto). In COP09, it is expected that ACTION will support SI activities in 168 sites in 23 states, including 110 comprehensive sites, 26 PMTCT sites, , and 32 Community NGO providers of OVC or C&S services. 369 individuals to be trained in Strategic Information.

Action will support effective use of paper-based and electronic-based data collection and management systems in clinical, laboratory, and pharmacy settings to enhance the assessment, enrollment, follow-up, and referral/linkages to other services (e.g. TB, STI, home-based care, etc.) for all clients in HIV care. National registers and data collection tools will be used at all service delivery points. Funds will be used to provide information technology (IT) infrastructure and CAREWare at ART sites with capacity for automation. For ART sites where there is other donor support, data collection and indicator reporting will be harmonized and one reporting system will be used in accordance with the national guidelines and indicators. Data collected through facility-based and community-based services will be used to make evidence-based decisions for program quality, impact, and effectiveness. A goal of this activity is to better integrate the outputs of SI data into clinically relevant reports that will facilitate patient management and encourage improved data recording by clinical staff. A comprehensive quality management system will be implemented in addition to HIVQUAL to enable continuous quality improvement across all program areas. This will provide readily available quality metrics and individual patient data to site staff which will enhance site staff investment in the M&E process.

To this end, the ACTION SI team has worked with HRSA to facilitate direct download of laboratory data electronically from laboratory equipment rather than depending on manual data entry of electronic information. This was implemented in COP08 at selected sites. Reports that record serial laboratory data in tabular or graphic form will strengthen patient care practice by streamlining data reporting in a user friendly fashion. Additional means of developing site-based tools to promote accurate laboratory data reporting to support patient care and treatment is vital to Quality Improvement (QI) and where possible clinical data to support patient care at the site such as direct download from lab equipment to CAREWare and other measures to eliminate transcription errors will be emphasized. This data will also be employed to monitor loss to follow-up, treatment adherence and other key metrics of clinical quality that will guide improved assessment, training, retraining and help define best practices and strategies.

ACTION conducts quarterly data analysis meetings at each supported site to ensure data quality and provide recommendations for improvements. On-site TA with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine visits. Randomly selected individual patient records will be reviewed across tools as one method of assessing accuracy. Data quality improvements at the local level supported by ACTION will ensure accurate data provision to the Nigerian National AIDS surveillance and information system as well as state and local governments.

Since 2000, with support from CDC, ACTION assisted the Federal Ministry of Health (FMOH) in developing and implementing the National PMTCT Monitoring Information System (PMTCT MIS) in Nigeria. ACTION will continue to technically support the GON as needed in software maintenance of the national system and will continue to work with GON on a mechanism to align the PMTCT MIS and Patient Monitoring and Management (PMM) systems effectively to improve follow-up and continued care for HIV-infected women and their exposed infants. ACTION is also supporting implementation of the National EID data base in support of the national scale up of EID.

In addition, ACTION facilitates the provision of site level data to State Action Committees on AIDS (SACA) and State Ministries of Health (SMOH) for state level surveillance activities. ACTION is engaged in providing TA to the SACAs and SMOHs in the implementation of the Nigerian National M&E System (NNRIMS). SACA and SMOH staff are invited to every SI training activity supported by ACTION that takes place within their states. TA through joint field monitoring visits will also be explored. Each ACTION state level point of service has a representative to the SACA. State level data for the NNRIMS is reported by the SACA to the National Agency for the Control of AIDS on AIDS (NACA). In addition to state level support, ACTION SI staff collaborate on a regular basis with NACA and National AIDS/STD Control Program (NASCP) on development and review of National data collection tools and guidelines. It is anticipated that the USG-supported VOXIVA system will complement the NNRIMS when the VOXIVA web-portal becomes operational. ACTION is working in collaboration with the USG and GON in the implementation and piloting of the Logistics and Health Program Management Information Portal (LHPMIP) using this Voxiva technology. ACTION will support the implementation of this system at appropriate points of service. Additionally, ACTION will ensure the reproduction and distribution of NNRIMS and patient registries at supported sites. The SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria. Action will also provide technical assistance to state governments to enhance SI activities at the state levels.

ACTION program staff will provide training to 369 individuals in monitoring and evaluation (M&E), surveillance, and HMIS. A special focus will be placed on building the capacity of state level SI staff (SACAs/SMOH) and Medical Records staff at the site level to support sustainability. Trainees will include record clerks, M&E officers, clinicians, pharmacists, nurses, laboratorians, NGO staff/counselors. Emergency Plan (EP) funding will be used to train health care providers and medical data personnel on data collection, data use and reporting. Site level M&E staffs are hired through the hospital or health center personnel system. While sites are asked to provide for M&E staffing, temporary staffing support is available

Activity Narrative: to new sites that must agree at program initiation to list these staff in the budget request for the institution for the next fiscal year. Dedicated M&E program staff are posted at ACTION regional offices to implement site data quality control/quality assurance activities. In addition, program staff are based at larger treatment sites to ensure accuracy and completeness of PMM data. In COP08, ACTION hired additional SI program assistants to facilitate development and refinement of M&E materials and provide support in the development and establishment of a systematic procedure for patient monitoring and evaluation including collecting, collating and reporting data tracked by the ACTION Nigeria program.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Strengthening SI will enable timely, transparent, and quality data reporting of substantial portions of 2009 EP targets for Nigeria and will, through collaboration with the GON, establish one standardized system to monitor the National HIV program.

Of interest is evaluating barriers to care and access to care for HIV positives identified and referred through HCT. ACTION will work to promote effective use of patient data by care providers to ensure best practices of HIV care. These activities will contribute a more strategic use of information at all levels. This activity also contributes to Nigeria's 5-Year National Strategic Framework's (2005-2009) emphases on documenting best practices on ART, HCT, PMTCT, OVC, etc., on information linkages between sites and services, on one standardized reporting framework, and on program evaluations through increased involvement of local evaluation officers.

LINKS TO OTHER ACTIVITIES:

SI activities are cross-cutting and relate PMTCT, blood safety, AB, condoms and other prevention, basic care and support, TB/HIV, OVC ARV services, and lab. Linkages between these program activities will be strengthened to improve efficiency and effectiveness of services in order to catalyze the formation of networks of care.

POPULATIONS BEING TARGETED:

This activity targets health care providers in best practices of information use and reporting. Provision of TA targets host country government workers. HMIS and program evaluations target the general population and people affected by HIV/AIDS receiving services supported by the ACTION Project.

EMPHASIS AREAS:

This activity includes an emphasis on human capacity development and SI.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13117

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13117	3253.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$2,760,000
6764	3253.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,450,000
3253	3253.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$1,015,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$32,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3809.09	Mechanism: HHS/CDC Track 2.0 ECEWS
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 15674.25288.09	Planned Funds: \$30,000
Activity System ID: 25288	

Activity Narrative: Activity narrative is modified in the following ways:

- Implementation of quality improvement activities
- State level M&E capacity building
- Championing the 3-ones at the state level.

ACTIVITY DESCRIPTION:

In COP09 ECEWS will continue activities under the Strategic Information (SI) program area. ECEWS will be supporting the SI activities that will occur across 7 program areas (HCT, TB/HIV, Adult care & support, Pediatric care & support, OVC, Abstinence, Be Faithful (AB) and Condoms and Other Prevention (COP)) for a total of 61 sites in 3 states (Akwa Ibom, Cross River and Abia state). ECEWS and Community Based Organizations (CBOs)/Faith Based Organizations (FBOs) partner staff will work together to implement site-level SI activities. ECEWS will strengthen SI under the "One M&E Framework" by providing support for standardized HIV indicator reporting into the national M&E system at all levels using standardized national tools and registers. At facilities where there is other donor support, data collection and indicator reporting will be harmonized to provide one reporting system in accordance with the national guidelines. Collaboration with other on-site partners will go beyond sites to include the design of a common framework of developing states capacity in monitoring and evaluation. ECEWS will work with USG and GON to ensure the inclusion of ECEWS-supported facilities/CBOs/FBOs into the Logistics and Health Program Management Information Platform (LPHMIP) for on-line, real-time data reporting of activities in the various program areas. ECEWS will be an active participant on the USG SI working group supporting PEPFAR in developing and maintaining a unified national data platform for HIV services in Nigeria.

Funding will be used to provide information technology (IT) infrastructure for data aggregation and reporting. Effective use of paper-based and electronic data systems will be promoted in clinical settings to enhance the assessment, enrollment, follow-up, and referral/linkages to other services supported by ECEWS or other implementing partners. Referrals and linkages that already exist will be strengthened to ensure effective tracking that will result in high rate of completed referrals.

ECEWS' data quality assurance program will be led by a M&E focal person who will be responsible for centralized monitoring and reporting activities. The ECEWS M&E focal person will work with ECEWS technical program officers and staff of 5 partners (CBOs/FBOs) across 3 states recruited under COP08 to ensure the correct collection of data within their programs. The CBOs/FBOs will in turn work with sites to ensure that they are compiling data correctly and reporting appropriately to state level data collection authorities as part of the national system. National registers and data collection tools will be used at all service delivery points. ECEWS, through the CBOs and FBOs, will ensure that copies of registers are available and in use at sites and will provide supportive supervision to site staff to ensure they are being used correctly. ECEWS staff along with the CBOs/FBOs will conduct regular monitoring and supervisory visits to all sites in the respective program areas. ECEWS will liaise with state level M&E authorities in conducting site level monitoring and reporting, in order to build relationships and capacity of the states officers to manage and coordinate M&E activities. During these routine programmatic monitoring visits data collection, will be reviewed for completeness and accuracy and on-site technical assistance will be provided. Randomly selected individual clients records will be reviewed across tools as one method of assessing accuracy. Sites identified having problems with data reporting requirements, ECEWS programmatic staff will involve the site in developing a corrective plan that may include follow-up through additional visits, mentoring and more regular communication/reporting via other routes (phone, email). Aggregate data collected at the sites will be routinely subjected to quality checks for completeness, validity and consistency. ECEWS will also liaise with the USG SI staff in the development and implementation of these data quality assurance (DQA) activities to ensure adherence to PEPFAR and GON reporting requirements and Guidance.

Evaluations using data collected through facility and community-based services will be performed to provide evidence-based decisions for program quality, impact, and effectiveness. ECEWS and partner CBOs/FBOs will also work with on-site administrators and staff to improve their knowledge and understanding of the data from their sites. This will promote sustainability and effective use of patient data by care providers to ensure best practices of HIV care. In addition, ECEWS will be disposed to, and make available, existing resources for contribution to any evaluation efforts supported by either PEPFAR or the GON. The implementation of quality management systems (QMS) including HIVQUAL will also be supported in all applicable program areas for performance measurements and continuous quality improvement activities.

Emergency Plan (EP) funding will be used to train additional 30 individuals in COP 09 bringing our cumulative total to 102 trained persons on data collection, data use and reporting. ECEWS SI focal person and 10 staff from CBOs/FBOs will continue to replicate similar training to site level volunteers involved in data collection through step down training as well as through their daily working relationships and regular mentoring activities during program implementation. Site level M&E staff hired through the hospital or health center personnel system will be mentored to document and report program activities within the site. While sites are asked to provide for M&E staffing, temporary staffing support maybe made available to new sites, who must agree at program initiation to list these staff in the budget request of the institution for the next fiscal year.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Strengthening SI will enable timely, transparent, and quality data reporting of 2009 EP targets for Nigeria and through collaboration with the GON will establish one standardized system to monitor National HIV programs. Planned targeted evaluations will guide decisions in improving program implementation and scale-up and will be defined and coordinated with the USG team in-country. Of interest is evaluating barriers and access to care for HIV positives identified and referred through HCT.

LINKS TO OTHER ACTIVITIES:

SI activities are cross-cutting and relate to condoms and other prevention, abstinence and be faithful messaging,, adult basic care & support, TB/HIV, OVC, and counseling and testing. Linkages between these

Activity Narrative: program activities/areas will be strengthened to improve efficiency and effectiveness of services in order to catalyze the formation of networks of care.

TARGET POPULATIONS:

This activity targets local organizations (CBOs, FBOs) and health care providers in best practices of information use and reporting. HMIS and program evaluations target general population and people affected by HIV/AIDS receiving services supported by ECEWS.

EMPHASIS AREAS:

This activity includes emphasis on Monitoring, Evaluation and Reporting and Local Organization Capacity Development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15674

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15674	15674.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	6373	3809.08	HHS/CDC Track 2.0 ECEWS	\$15,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$14,145

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7144.09

Mechanism: USAID Track 2.0 LMS Associate

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 15649.24917.09

Planned Funds: \$60,000

Activity System ID: 24917

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY DESCRIPTION:

This is a continuing activity that is linked to Program Service Delivery Areas through the strategic information provided for improved oversight, management, and learning from these activities.

During COP09, the LMS ACT project will continue to monitor and report on output and achievements of program level results from 17 COP08 existing Comprehensive Care and Treatment (CCT) sites in Kogi, Niger, Adamawa, Taraba, Kebbi and Kwara States and 2 additional sites that will be upgraded to full CCT in COP09. In addition, program results will be collected on the hub and spokes model that we are building to link CCT and satellite Primary Health Care (PHC) unit services and analyzed to further inform the decentralization process. Program monitoring will allow for tracking of results; analysis of scale up; improved program management; and feedback to service providers which will enhance quality of not only data collection, but service provision as well. LMS ACT will assure that there are dedicated M&E officers at all facilities and points of service, that data collection systems will track linkages for prevention-care-treatment continuum and harmonized with electronic Patient Management and Monitoring (PMM) platforms.

Technical assistance provided to sites will be coordinated with other SI programs and aligned with the USG data quality assessment/improvement (DQA/I) and capacity building plan. Capacity building in this area will be achieved through a combination of approaches, including workshop training (training content will include M&E skills building, surveillance topics, and Health Management Information Systems (HMIS) concepts), on the job training, and facilitative supervision. Technical Assistance will focus on self-guided assessment of information systems; use of existing methods and tools for collecting, analyzing and disseminating data; use of data for service planning, monitoring and evaluation; and measuring and improving data quality. HIVQual will be used at all pertinent programs for services quality control. The project will strengthen the skills of health unit staff to use data for planning and to advocate for increased local leadership and community involvement as well as leveraging resources to support sustainable service delivery. CCTs, satellite PHC facilities, LGA leaders, CBOs, FBOs and NGOs in the LGA catchment area will hold periodic meetings to discuss the analyzed SI and design strategies for improving program resource management and performance. LMS Associates will work closely with state level M&E officers to enhance local capacity, champion the uniform National M&E system (Third One) and promote their participation in routine state-level monitoring and reporting. LMS Assoc will provide Technical Assistance to 19 local organization for strategic information activities and train 50 individuals in strategic Information (includes M&E, surveillance, and/or HMIS).

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities will strengthen the capacity of individuals and units (facilities) from project-supported sites to identify, properly collect, analyze and use HIV/AIDS related data, for reporting as well as program management and planning.

LINKS TO OTHER ACTIVITIES:

Strategic information links to the other PEPFAR Program Areas LMS is engaged in, primarily by ensuring accurate data collection, reporting, and utilization. The current program areas funded in this LMS project are: PMTCT; Adult Care and Support; Pediatric Care and Support, TB/HIV; OVC; Counseling and Testing; ARV Drugs; Adult Treatment, Pediatric Treatment, and Lab. Strategic Information activities will serve as a vital link between these areas, ensuring not only data collection and sharing, but enabling program managers to adapt programs to strengthen linkages, build support networks, and provide comprehensive and holistic care for clients and their families.

POPULATIONS BEING TARGETED:

This activity targets health providers, facility managers and other individuals in the community or in organizations in LMS supported states that are involved in the collection, analysis, reporting and use of HIV/AIDS related data.

EMPHASIS AREAS:

This activity includes an emphasis on capacity development in M&E. It will promote understanding among service providers and health managers regarding the nature of data they are asked to collect and report on, as well as the importance and utilization of the information obtained. In addition, this activity contributes to gender equity in HIV/AIDS programming through data collection. Data on services received, by gender, can inform program planning and intervention design changes. In line with the USG DQA/I plan, this project will develop capacity of GoN staff at State, LGA, and facility level. Data analysis will wherever possible highlight the gender disparities in access to prevention and care resources lending opportunity for the design of gender-sensitive programs. Also, the program will regularly collect and disseminate SI on gender and HIV/AIDS for use by health workers and state and local government leadership.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15649

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15649	15649.08	U.S. Agency for International Development	Management Sciences for Health	7144	7144.08	USAID Track 2.0 LMS Associate	\$0

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 558.09	Mechanism: USAID Track 2.0 Measure III
Prime Partner: University of North Carolina	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 3251.24920.09	Planned Funds: \$1,250,000
Activity System ID: 24920	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

MEASURE Evaluation partners JSI and The Futures Group International (formerly SRA, Constella Futures) have provided the Government of Nigeria (GoN), through its relevant agencies and implementing partners, with technical assistance to strengthen the collection, management, dissemination and use of HIV/AIDS monitoring data. The National Agency for the Control of AIDS (NACA) is responsible for planning, coordination, and monitoring and evaluation of the national multi-sectoral and decentralized response to HIV/AIDS. The Federal Ministry of Health (FMOH), through its HIV/AIDS Division, is responsible for HIV/AIDS data within the health sector. The Federal Ministry of Women's Affairs and Social Development (FMOWASD) is responsible for Orphan and Vulnerable Children data. Other Ministries such as Education and Defense, are responsible for sector-specific HIV/AIDS data collection and use. Activities in FY08 will build on previous work in continuing to support the NACA, FMOH and FMOWASD with the objective of building capacity at the national, state, and local levels and improving the quality of data and the use of information for decision-making.

With COP08 funds, the following activities would be completed with TA from MEASURE Evaluation:

- Revision of the Nigeria National Response Information Management System (NNRIMS) data-collection tools and development of a scale-up plan
- Development of community-based reporting tools for HIV/AIDS related activities (OVC, Home-Based Care and Prevention) for the national program
- Collaborate with SCMS to revise the Logistics and Health Program Management Information Platform (LHPMIP) application to accommodate new indicators and development of a scale-up plan
- Capacity building at state level on the harmonized Patient Monitoring and Management (PMM)/Patient Monitoring and Evaluation (PME) and Routine Data Quality Assessment (RDQA)
- Support the development of national data quality assessment framework and develop scale-up to building state capacity to carry out periodic data quality assessment in a collaborative manner with stakeholders
- Identify a local institution to partner with in the institutionalization of M&E courses in their training curriculum

With COP09 funds, MEASURE Evaluation will continue the process of building and strengthening a unified national M&E system. MEASURE Evaluation will particularly emphasize consolidating the country's HIV/AIDS M&E system (NNRIMS) by strengthening the implementation of the system at the state level. MEASURE Evaluation will also assist the government in developing sector-specific data-collection systems, which will constitute important milestones in creating a national HIV data repository. The activity will improve HIV/AIDS information systems through training and follow-up with Government institutions, service providers and other IPs to improve reporting rates, data quality, and use of information for evidence-based decision-making. MEASURE Evaluation will support these activities with 2-Resident Advisors (both with capacity to provide technical support to all activities listed below), 1-administrative officer and TA from headquarters (2-3 international TA visits to support each of the planned workshops and meetings), plus an appropriate amount of remote support on all activities. In COP09, MEASURE Evaluation under the guidance of USGSI team will execute the following activities:

Technical Assistance to NACA

- Strengthen coordination among HIV/AIDS data stakeholders by supporting quarterly coordination meetings on SI, (information sharing, harmonization and validation of national data, exchange of experiences on data-collection tools use, exchange of best practices), and assisting the strategic planning and monitoring and evaluation division of NACA to support the consolidation of all HIV/AIDS partners' SI action plans to avoid duplication of effort and resources. Will also assist with the continuing standardization of HIV/AIDS indicators, data-collection tools, and processes. It is expected that this activity will increase collaboration between data users and producers.
- Strengthen the use of information for decision-making by assisting in the creation of a national HIV data clearinghouse and a national data repository. Appropriate training workshops, one-on-one trainings, and training partnerships with local institutions will be organized. Other sectoral ministries' staffs will be invited to these training activities.
- Strengthen HIV information sharing by supporting the development of a unique patient-identification system. MEASURE Evaluation will also propose to the NACA and the MOH technologies available to duplicate patient records in a national database. To achieve this, MEASURE Evaluation will review unique-ID systems in other Emergency Plan (EP) countries.
- Help build the capacity of other ministries and stakeholders (including Health, Women's Affairs and Social Development, Civil Society – CISHAN and NEPHWAN) as intermediary organizations charged with the collection of community-level HIV/AIDS data.
- Collaborate with Supply Chain Management System (SCMS) to scale-up the implementation of LHPMIP web-portal electronic platform to improve reporting from facilities and non-facilities using NNRIMS indicators.

Technical Assistance to the HIV/AIDS Division (FMOH)

- Strengthen coordination among HIV/AIDS data stakeholders by assuring the participation of FMOH staff in SI coordination meetings and assisting the NASCP to implement decisions taken during such meetings
- Strengthen the use of information for decision-making by updating and producing key national documents, such as policy guideline documents on health information, procedural documents, M&E training materials for the health sector, and national data-collection procedures. MEASURE Evaluation will collaborate with SCMS and USG-SI team to assist HIV/AIDS data stakeholders in data analysis, interpretation and presentation of results in a more easily accessible format to end users
- Assist with capacity building in the scale-up of HIV/AIDS patient-monitoring data-collection tools (paper-based) to the states and mobilize other stakeholders to scale-up the system to all care and treatment facilities.

Technical assistance to the Civil Society Organizations (CSOs)

- Strengthen coordination among HIV/AIDS data stakeholders by assuring the participation of national level CSO staff in SI coordination meetings and assisting the CSOs M&E team to implement decisions taken during such meetings.
- Strengthen the use of information for decision-making by assisting the CSOs in data analysis, interpretation and presentation of results in a more easily accessible format to end users

- Activity Narrative:**
- Develop the CSOs M&E team's capacity in collecting, managing, analyzing, sharing, and disseminating HIV-related data.
- Technical assistance to the State Action Committees on AIDS (SACAs)
- Support the implementation of Monitoring and Evaluation System Strengthening Tools (MESST) to identify strengths and weaknesses and develop action plans to improve the state capacity to effectively coordinate HIV/AIDS M&E systems in their respective states.
 - Collaborate with SCSM to strengthen information transmission at all levels through scaling-up LHPMIP web-portal at the facilities and non-facilities.
 - Strengthen coordination among HIV/AIDS data stakeholders by supporting quarterly coordination meetings on SI (information sharing, harmonization and validation of state-level data).

Institutionalization of the M&E Training Courses: In COP09, MEASURE Evaluation will support the local institution to conduct 2 general M&E workshops for staff from the Government of Nigeria (national, state and local), IPs, and CSOs etc to build M&E capacity for HIV/AIDS programs. The first workshop will be facilitated by MEASURE Evaluation staff with staff of the local institution serving as back-up. Staff of the partnering institution will be more involved in the planning and implementation of the second workshop. In addition, MEASURE Evaluation will provide TA to the local institution in adapting training curriculum for M&E courses to meet local demand and needs.

SI Support to USG: MEASURE Evaluation will continue to assist the USG to prepare semi-annual/annual PEPFAR reports. MEASURE will continue to be active participants on the SI workgroup established and coordinated by USG-Nigeria.

Overall, the capacity building activities proposed in strategic information will reach 300 individuals and 9 organizations will be provided with TA on SI activities. Combined with other assistance, the expected result is improved HIV/AIDS M&E capacity and improved quality of HIV/AIDS data. With funding from the OVC program area, MEASURE Evaluation will provide limited TA to FMO/WASD, Implementing Partners (IPs), and other national and state level stakeholders in the implementation of the community-level reporting system.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: The TA, collaboration with stakeholders, IPs and support to the local training institution will build on existing work from previous years under the MEASURE Evaluation II and Task Order, and is expected to improve M&E capacity among public sector partners and USG IPs. With improved capacity, partners will be more likely to report HIV/AIDS information consistently, with better data quality, and use information for effective decision-making. The proposed activities will contribute significantly to the USAID/Nigeria objective of promoting and improving data demand and information utilization with the goal of strengthening program management and decision-making. This TA will contribute to and promote the Third One—one national M&E framework as well as contribute to the sustainability of the national information system. Ultimately, this activity will provide USG with a better understanding of progress toward a broad range of desired HIV/AIDS outcomes, as well as more accurate and streamlined reporting, allowing for improved planning and management of multiple PEPFAR supported HIV/AIDS activities.

LINKS TO OTHER ACTIVITIES: TA to NACA, SACA, NASCP, the Federal Ministry of Women Affairs and Social Development and PEPFAR partners is directly linked to system strengthening and policy development. Linkages between TA in data collection, analysis and utilization of information will strengthen the capacity of the organizations and personnel to generate reliable, timely and accurate information that improves ability of health managers and providers at all levels to plan activities, set priorities, and allocate human and financial resources in response to needs.

POPULATIONS BEING TARGETED: Policy makers, program managers and M&E staff, particularly from NACA and the Federal Ministry of Health (FMOH) as well as PEPFAR IPs, including NGOs/PVOs and a local training institution. Training and TA will extend to state, LGA and facility levels through step-down training activities and supervision.

KEY LEGISLATIVE ISSUES ADDRESSED: Not applicable

EMPHASIS AREAS: The major emphasis areas for this activity are SI and building M&E capacity of local organizations. Specific activities will support NACA, FMOH, CSOs and SACAs in the M&E of the national HIV/AIDS program (promoting one national M&E system), and supporting improved quality of PEPFAR reporting.

Sustainability

Building a sustainable comprehensive HIV/AIDS M&E framework is one of the long-term SI goals in Nigeria. Consensus building has been used at all steps of the NNRIMS strengthening process. MEASURE Evaluation will advocate for increased funding for the NNRIMS from the GoN (National Planning Commission), World Bank and other development partners. Technical assistance will assist the NASCP, CSOs and state-level agencies in developing a proposal to include all relevant data management expenses in the government's annual budget and to leverage additional resources for states. Partnerships with local organizations will be established to train health workers and create a culture of data analysis and information use.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13120

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13120	3251.08	U.S. Agency for International Development	University of North Carolina	6395	558.08	USAID Track 2.0 FS Measure TBD	\$1,500,000
6774	3251.07	U.S. Agency for International Development	University of North Carolina	4185	558.07	Measure Evaluation	\$1,275,000
3251	3251.06	U.S. Agency for International Development	University of North Carolina	2776	558.06	Measure Evaluation	\$400,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9399.09	Mechanism: HHS/CDC Track 2.0 Vanderbilt
Prime Partner: Vanderbilt University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 21680.25322.09	Planned Funds: \$60,000
Activity System ID: 25322	

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

ACTIVITY DESCRIPTION

In COP08 Vanderbilt provided HIV/AIDS Strategic Information services to a total of 5 sites (2 comprehensive centers and 3 satellite locations). Five persons were trained in program monitoring and evaluation, and health management information systems. In COP09, Vanderbilt will build on the successes achieved in COP08 by continuing to develop improved tools and models for collecting, analyzing and disseminating HIV/AIDS behavioral and biological monitoring information and other monitoring and health management information systems through regular reporting and providing feedback to facilities for program planning. By the end of the COP09 reporting period, we will provide technical assistance for strategic information at 5 centers and train 5 new individuals in strategic information including monitoring and evaluation, surveillance and/or health management information systems. Vanderbilt will support the establishment of the "Three Ones" principles in the states in which we work and assign an M&E focal person to participate in the "Three Ones" activities occurring at the state level.

Strategic information (SI) is a key priority area in our project. We will continue to assist our sites to establish and/or strengthen SI systems and improve program efficiency and effectiveness, in collaboration with state M&E officers. Quality assurance (QA) and quality improvement (QI) will be integral to our work. Staff at each site will receive strategic information training and be involved at each level of the reporting process from documenting patient encounters in reporting registers, to compiling the information in registers and the electronic medical record system (EMRS), to generating routine reports and using the information to improve patient care. Data will be routinely compiled at the sites with support from the project's M&E officer.

Vanderbilt will ensure that the national Patient Monitoring Management (PMM) forms are available at our clinical sites and will provide site staff with training in completing the PMM forms, entering the PMM forms into the EMRS, and performing routine quality control checks on the data. We will spot-check the quality of data and documentation periodically, compare reported/entered data with logs and source documentation, and train site managers to perform this QA function. Program effectiveness will be measured through a targeted assessment of the quality of performance by tracking site performance with regard to PEPFAR and other indicators using the HRSA's HIVQual approach. We will help site managers, clinical staff, and community based organization (CBO) partners implement QI activities, including analyzing performance, prioritizing areas for improvement, planning and piloting improved approaches, and rolling out improvements. Vanderbilt will involve the state M&E officer in supervisory SI visits to the sites. This activity will support capacity building of the state M&E officers. In addition, we may provide support for a state M&E officer to attend SI training provided by MEASURE Evaluation. Whenever possible, Vanderbilt will use the Logistic Health Program Management Platform (LHPMP), which is currently undergoing pilot testing, to report and facilitate the use of aggregate level data.

Vanderbilt will develop or implement tools to monitor community based OVC and Home Based Care (HBC) activities affiliated with our project. We will provide SI training to staff working at our partner CBOs to ensure that the tools are implemented properly and that project activities are monitored accordingly. The site selection process is still underway so these organizations have not yet been identified. Vanderbilt will also facilitate data collection from non-PEPFAR sites in our catchment area as needed.

EMPHASIS AREAS

This program emphasizes human capacity development at the clinical sites and at community based institutions through training in SI. The program also focus on quality assurance and quality improvement to ensure high quality data and reporting.

POPULATIONS BEING TARGETED

The operational elements of our treatment for HIV/AIDS Strategic Information services (SI institutional and human capacity development, collection and improvement of data necessary for program decision making, monitoring and evaluation, and health-management information systems) target public and private , doctors, nurses, pharmacists and lab workers at PEPFAR sites. The expansion of SI technical assistance to community-based organizations will increase access to strategic information services at the grassroots.

CONTRIBUTION TO PROGRAM

Our program activities are consistent with the PEPFAR goal of addressing treatment for HIV/AIDS strategic-information activities by providing technical assistance for strategic-information activities to local organizations and strengthening human capacity development through training local health workers in strategic information (monitoring and evaluation and/or health-management information systems).

LINKS TO OTHER ACTIVITIES

This activity is linked to ART drugs, OVC and Pediatric ART Care and Treatment for pediatric care, Lab to provide ART diagnostics, HCT as an entry point to ART, and SI and will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21680

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21680	21680.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	9399	9399.08		\$35,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 9692.09	Mechanism: HHS/CDC Track 2.0 APIN
Prime Partner: AIDS Prevention Initiative, LTD	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 22506.25346.09	Planned Funds: \$391,372
Activity System ID: 25346	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, the Harvard University plans to move over four of its PEPFAR supported sites to APIN, Ltd (APIN). The sites include Lagos University Teaching Hospital (LUTH), Nigerian Institute of Medical Research (NIMR), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH). Forty-three DOT (Directly Observed Treatment) centers in Oyo State will also be supported. The activity narrative reflects the transfer of targets from Harvard to APIN. The activities will build on the structure and systems put in place through Harvard. APIN will maintain a strong collaboration with Harvard University.

NARRATIVE:

During COP08, APIN assumed management responsibility for 2 Harvard sites, Sacred Heart Catholic Hospital in Lantoro, Ogun State and Primary Health Center-Iru on Victoria Island, Lagos. In COP09, APIN will take over provision of OVC services at an additional 4 sites (LUTH, NIMR, OWH, and MGH). In COP09, APIN will provide support for SI activities at all 6 sites (3 ARV, 2 PMTCT sites, 1 PHC, and 43 DOT sites). The activities include: data management and data quality assurance, monitoring and evaluation (M&E), health management information systems (HMIS) and operational research studies in all supported sites. Funds will also be utilized to continue building the capacity of site staff in the above areas in order to promote effective use of data to improve services and programs as well as influence policy. In addition, a major goal in the coming year is to further achieve sustainability. In order to attain that goal, APIN will receive technical assistance from Harvard in the area of data expertise. APIN staff, which includes a database specialist, IT specialist, an M&E Officer, and an M&E Consultant, will assist the sites with on-site clinical, pharmacy, laboratory and project reporting. In line with the PEPFAR-Nigeria indigenous capacity-building strategy, APIN, in collaboration with Harvard, will strengthen local capacity at primary, secondary and tertiary health facilities. A major goal of our activities this coming year is to further: 1) build M&E capacity at the local level; 2) promote increased utilization of data in evidence-based decision making; 3) evaluate clinical outcomes and intervention efforts; and 4) evaluate program outcomes.

The APIN program will utilize a relational database system developed through Harvard PEPFAR. The database is linked by a unique patient ID number and contains data required for patient management and monitoring (PMM). The electronic database is functional and fully harmonized to the GON PMM forms to allow for full integration into the broader Nigerian national health information system. The database will be strengthened to track linkages for prevention-care-treatment or the continuum of HIV services. Throughout the transition of activities from Harvard to APIN, we will continue to use the APIN+/Harvard forms and databases which were developed under COP funding to Harvard in previous grant years. The APIN/Harvard forms collect clinical visit, pharmacy pick-up, laboratory assessment, toxicity, virological/immunological failure and discontinuation information for adult and pediatric care and treatment as well as PMTCT services. At present, OVC data are collected using GON registers, but we are working to develop electronic forms, which are fully harmonized with the GON forms, and will allow for more efficient reporting. The program has also developed a number of utilities to maximize the efficient use of data for improved patient management, data quality, reporting and program management. This includes a treatment response utility, which provides a graphical display of patients' CD4 counts, viral loads (as clinically necessary), and drug pick-up history, as well as a loss to follow-up utility, which serves as an early warning system for patients that miss drug pick-ups. Information is generated and used for site and program-specific evaluation of services, such as assessment of CD4 counts, viral load (as clinically necessary), adherence, and loss to follow-up.

APIN will continue to maintain computer hardware and software provided by Harvard to support sites as services are being maintained. SOPs are in place to govern data entry, security, management and reporting based on the ARV treatment and care protocol. Refinement of instruments and databases is ongoing to accommodate program reporting requirements from Harvard, USG and the GON. The PMM forms are stored in the patient hospital folders and kept in locked file cabinets. National registers are also in use at APIN-supported sites. Data from PMM forms and relevant registers are entered into the databases by trained data entry staff at the respective sites. The data are then uploaded to a password protected web server, accessible to authorized personnel and data managers at the Nigerian sites and at APIN/Harvard. Data managers prepare timely reports for GON and USG using the electronic databases. Facility-based data are reported using harmonized national reporting system. The Boston and Nigerian data management team and the M&E officer provide regular feedback on data collected and on reports to the sites. Site M&E committees are in place to implement an annual M&E plan; M&E results are fed back to the sites to promote systems improvement.

APIN will continue to improve its good working relationships with state-level M&E staff through regular communication, on-site monitoring activities, active work at capacity-building, championing the "Three Ones" at the state level, and participation in routine state-level monitoring and reporting events that include non-APIN supported sites in the states. These actions are designed to encourage state M&E officers' participation in strategic information activities and expand their capacity in data collection, management, reporting and strategic utilization. This involvement will build the capacity of the state-level staff and promote sustainability. The SI team of APIN and Harvard will continue to participate actively in the National M&E technical workgroup (TWG) and the USG-Nigeria SI TWG and respond to the goals of the one national reporting system.

In COP09, APIN will scale up the quality improvement (QI) activities to all the APIN sites, building on the Harvard supported internal QI initiative, designed at collecting qualitative and quantitative data regarding indicators on the provision of adult, pediatric and PMTCT services at each site. In order to continually improve and monitor data quality, each site will be visited regularly by APIN M&E staff throughout COP09; on-site TA and supportive supervision will be provided. Regular inter-site interactions will be encouraged, facilitated by APIN+/Harvard personnel. In COP08, all supported sites constituted M&E committees; these committees meet to evaluate the site M&E data and use the information towards improving quality of care and making evidence-based clinical decisions. In COP09, sites will work on fully developing QA/QI committees to conduct quarterly reviews of quality of care. During COP09, we will continue to encourage and monitor the activities of the site M&E and QA/QI teams. We are also working on developing a database utility that will allow the sites to quickly pull out data on patients that are lost to follow-up, showing signs of

Activity Narrative: toxicity or failure, or that may require other focused attention, to further improve quality of care. Finally, HIVQUAL using additional QI indicators is being implemented in six selected APIN supported sites.

In COP09, 49 local organizations will be provided with technical assistance for strategic information activities and 161 individuals will be trained in database management, monitoring and evaluation (M&E), surveillance, and HMIS. The APIN central office will conduct 10 training sessions centrally. In addition, regional data management trainings for personnel working with medical records and patient data will be conducted on a regular basis. Data management and M&E modules will be incorporated into respective technical training for other disciplines such as clinicians, nurses, pharmacists and laboratory staff etc.

EMPHASIS AREAS:

These activities emphasize monitoring, evaluation, and reporting through data collection, data analysis, data use and data dissemination. Emphasis is placed on strategic information, human capacity development and local organization capacity-building.

This activity will highlight gender issues by providing gender disaggregated data on patients accessing HIV/AIDS related services. Through this analysis, we will be able to contribute to national surveillance on utilization of HIV services and impact of HIV intervention on both sexes. This data will be essential to the development of outreach, treatment programs and education to reach an equitable number of men and women.

TARGETED POPULATIONS:

The SI activities target program managers and M&E officers, site coordinators and principal investigators to provide them with skills and tools for programmatic monitoring/evaluation. The data collection and management components of these activities target medical record staff, data staff, and other health care workers who are involved in the implementation of these processes. Lastly, the M&E and capacity-building efforts target implementing organizations, including private, community-based and faith-based organizations involved in the provision of ART, HCT, pediatric and adult BC&S, TB/HIV and PMTCT services.

CONTRIBUTIONS:

SI activities supported by APIN are consistent with the 2009 PEPFAR goals to build indigenous capacity-building in the area of SI. APIN SI activities are consistent with these goals in that funding will be used to strengthen local capacity in the area of database management, data analysis, data use, M&E and QA/QI. Harvard will also provide SI support to its local administrative office, central pharmacy and warehouse. Additionally, as part of our sustainability building efforts, APIN with technical assistance and support from Harvard will assume program management responsibility for the SI activities. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

These activities are linked to PMTCT, OVC, TB/HIV, HCT, ART, and Basic Care & Support Services, where SI is used for M&E and QA/QI. In M&E activities, APIN will link to the National M&E TWG and Nigeria MEMS. Additionally, through the provision of IT support and data management personnel, APIN will provide linkages between all supported sites as related to data sharing and HIV surveillance in PEPFAR program areas. Through operational research studies, APIN will collaborate with Harvard, FMOH, other GON representatives, NNART committee and the NIAID/NIH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22506

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22506	22506.08	HHS/Centers for Disease Control & Prevention	AIDS Prevention Initiative, LTD	9692	9692.08		\$50,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 4133.09**Prime Partner:** Africare**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 15668.25297.09**Activity System ID:** 25297**Mechanism:** HHS/CDC Track 2.0 Africare**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$75,000

Activity Narrative: ACTIVITY DESCRIPTION:

Africare in COP09 will continue to strengthen Strategic Information (SI) under the "One M&E Framework" by supporting standardized HIV program reporting systems in 34 Service Delivery Points (13 facility-based sites, 4 stand alone HCT sites, 10 community sites, 7 CBO/FBOs) in 3 states (Lagos, Rivers and Bayelsa). These organizations are providing technical assistance in data collection, collation, reporting and chart reviews for QA/QI improvement. Africare staff and the staff of the CBO and FBOs that partner with Africare for activities at a variety of these sites were involved in these site-level SI activities. Data collection and indicator reporting will be harmonized and one reporting system will be used in accordance with the national guidelines and indicators. Africare will harmonize and develop linkages between information systems between community based activities and facility based activities with a strong emphasis on well documented referral systems reflecting the prevention-care-treatment continuum of HIV services.

Funding will be used to provide information technology (IT) infrastructure for data aggregation and reporting. Effective use of paper-based and electronic data systems, including the use of the web-based portal for data reporting (LHPMIP), where feasible, will be promoted in clinical settings as well as at the community level to enhance assessment, enrollment, referrals/linkages to other supported services as well as follow-up of clients into and around the services supported by Africare and its care and treatment partners.

Africare's data quality assurance program will involve several components. The data/record persons in each site/facility will work with Africare's team for effective data generation. Africare will report verified data to stakeholders at facility, state and federal levels. Africare will provide training to medical records and data collection staff at designated facilities to ensure their understanding of the indicators they are expected to report on. Project staff will also work with sites to ensure that they are reporting appropriately to state level data collection authorities as part of the national system strengthening mechanism. National registers and data collection tools will be used at all service delivery points. Africare will ensure that copies of registers are available and in use at sites and that there are dedicated M&E officers at each facility and/or point of service with the necessary knowledge, skills and abilities to carry out their responsibilities. The Africare M&E team, in collaboration with State M&E officer(s) will provide regular monitoring and supportive supervision to site staff to ensure correct use of harmonized registers. Africare staff will also support and attend the monthly state M&E meetings. During routine monitoring visits data collection tools will be reviewed for completeness and accuracy and on-site technical assistance will be provided. Randomly selected individual patient records will be reviewed across tools as one method of assessing accuracy. For sites identified as having problems with data reporting requirements, SI staff will involve the site in developing a corrective plan that may include follow-up through additional visits, mentoring and more regular communication/reporting via other routes (phone, email). Africare SI staff will develop and implement DQA activities to ensure completeness and harmonization with USG and GON reporting requirements. Africare will ensure the involvement of the State and Local authorities in data monitoring and supervision to ensure sustainable support.

Evaluations using data collected through facility-based services and community-based services will be performed to provide evidence-based decisions for program quality, impact, and effectiveness. Africare will also work with on-site administrators and staff as well as supervisory staff at the Local Action Committee on AIDS (LACA) and State Action Committee on AIDS (SACA) levels to improve their knowledge and understanding of the data from their sites, local government areas and states to improve their decision making ability and therefore promoting sustainability of the program. Africare's programs make referrals to other programs for treatment, and some other forms of support such as legal and income generating activities. Program surveillance will be enhanced through the use of structured assessment tools to generate information for analysis on program specific areas such as the referral systems. These assessments will seek to identify the gaps in the community based referrals/linkages for other care and treatment services. Information generated from these assessments will inform planning for other project funded program design.

Capacity building of health facility staff in the SI program will be on going in COP09 as an important strategy for promoting sustainability. Funding will be utilized to provide refresher training for those trained in COP08. In COP09, 197 individuals comprising members of CBOs, FBOs, as well as health care workers including counselors and facility based data focal persons, will be trained in data collection, data use/reporting M&E and on the NHMIS. Additional training will be provided to 5 supervisors (total 202).

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Strengthening SI will enable timely, transparent, and quality data reporting for Nigeria. Concurrently, through collaboration with the GON, Africare will work to establish one standardized system to monitor the National HIV program, which is a high priority for the GON. Targeted evaluations that could guide decisions in improving program implementation and scale-up and will be discussed, defined and coordinated with the USG team in-country. Africare will work to promote effective use of patient data by care providers to ensure best practices in HIV prevention and care.

LINKS TO OTHER ACTIVITIES

SI activities are cross-cutting and related to PMTCT, Sexual Prevention, HCT, basic care and support, TB/HIV, and OVC. Linkages between these program activities/areas will be strengthened to improve efficiency and effectiveness of services in order to catalyze and strengthen the formation of networks of care.

POPULATIONS BEING TARGETED

This activity targets health care providers, counselors, facility-based data focal persons, home based care providers, peer educators, and community groups to ensure best practices around information use and reporting. NHMIS and program evaluations target the general population and people affected by HIV/AIDS receiving services supported by the Africare.

KEY LEGISLATIVE ISSUES ADDRESSED

Activity Narrative: The project activities will increase gender equity in programming. Africare's SI program consistently collects sex-disaggregated service delivery data in the target communities. Africare's SI program will support data gathering programs that disaggregate service delivery based on gender.

EMPHASIS AREAS

This activity emphasizes monitoring, evaluation and reporting. Emphasis is also on local organization capacity development.

COVERAGE AREAS

Activities will be carried out in States of project activities, which are Rivers and Bayelsa (South-South zone) and Lagos (South West zone).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15668

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15668	15668.08	HHS/Centers for Disease Control & Prevention	Africare	6361	4133.08	HHS/CDC Track 2.0 Africare	\$40,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,124

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 1532.09	Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5357.24946.09	Planned Funds: \$743,642
Activity System ID: 24946	

Activity Narrative: ACTIVITY DESCRIPTION:

This activity represents the “fully-loaded” cost of USAID’s SI team, which includes the UAID/PEPFAR SI Liaison, an information manager, a Health Management Informations System (HMIS) advisor, a monitoring/evaluation and financial advisor, a program officer for M&E, and a program assistant. The team works with the wider PEPFAR SI team, the Government of Nigeria and Implementing Partners, and also provides oversight, supervision, capacity-building, technical assistance and leadership for the HIV and TB monitoring and evaluation activities. There will be a range of national level and targeted surveys as well as programmatic and public health evaluations planned during COP09, and the expanded team will support the collection, analysis, use and dissemination of data for programming and policy purposes.

Two of the positions are Fellows; the others are local Nigerian hires. The budget represents the loaded costs for these personnel, with the exception of ICASS costs (see another submission in this program area) and IT Tax costs, which are captured under the USAID Agency M&S line.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13130

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13130	5357.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$1,227,715
6777	5357.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$0
5357	5357.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$308,954

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9693.09

Mechanism: HHS/CDC Track 2.0 ProHealth

Prime Partner: PROHEALTH

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 22505.26329.09

Planned Funds: \$25,000

Activity System ID: 26329

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Pro-Health International (PHI) is working in 5 program areas across the 2 agencies. The HCT & SI program areas belong to CDC while Sexual Prevention & PMTCT are for USAID. Currently PHI is working in 3 sites in Plateau state providing HCT services, 60 AB sites, 66 C&OP sites and 4 PMTCT sites in both Cross River and Rivers states. In COP09, PHI will continue to provide services in the above mentioned areas. However, we are scaling down the number of HCT sites in Plateau state from 3 to 1 because of the decrease in funding.

SI activities established in COP08 will be strengthened in COP09. As in COP08, the focus of PHI will be on the capacity building in the 3 states and the enhancement of the capacity of local organizations to collect, analyze, disseminate and use HIV/AIDS-related data.

In COP09, PHI will strengthen the capacity of 5 local organizations by providing technical assistance. These will include 2 organizations in Plateau State (YARAC & PLANET), 2 in Cross River (TBD) and 1 organization in Rivers state (TBD). To achieve this, Pro Health International will collaborate with M&E personnel of Plateau, Cross River and Rivers State Action Committees on AIDS to identify the SI needs of these organizations such as developing or improving M&E models or systems; developing or improving program monitoring; improving program efficiency and effectiveness by monitoring and disseminating best practices; and/or improving data quality. PHI will facilitate M/E meetings with the State AIDS Control Agencies and the local organizations by providing transportation, venue, and materials needed for the meetings. A total of five organizations and seven individuals will be trained.

Trainings will be provided to 7 local facility based and PHI personnel in Plateau (3), Cross River (2) and Rivers states (2) on program level reporting, Health Management Information Systems (HMIS), and quality assurance. These activities will be aligned with the USG data quality assessment/improvement (DQA/I) and capacity building strategy. These personnel will be trained on the proper use of nationally approved data collection tools to ensure compliance with one M&E framework. Furthermore, PHI will strengthen the strategic information framework at the state level by advocating for stronger implementation of the '3 ones' and participating in routine state level meetings with other partners operating in the states.

Data collection will be done on site regularly and will be collated monthly. To ensure that the quality of data is maintained, quality assurance and continuous quality improvement through periodic site visits and assessments of the programs will be carried out along with the States M&E officers. Data collected will be reported on monthly, semi-annual and annual bases according to CDC and GON requirements. Logistics and Health Program Management Information Platforms (LHPMIP) will be used to capture and transmit the data in all program areas.

Contribution To Overall Program Area

The strategic information framework of this program, will contribute to the improvement of the quality and credibility of data reported on HCT, AB, C & OP, and PMTCT activities. Building the capacity of local organizations and individuals will enhance the establishment and sustainability of quality HIV/AIDS program delivery and uptake in Nigeria. Through SI, PHI will also enhance the USG/GON strategy by providing qualitative and timely information needed for decision making.

Link To Other Activities

Using the SI fund, PHI will provide smooth referral systems for its clients to access other services that are not provided by its programs.

Populations Targeted

The program targets PHI HIV/AIDS service delivery personnel, local organizations and state level M&E officers in Plateau, Cross River and Rivers states to ensure sustainability and eventual transfer of ownership to the state governments.

Legislative Issues

This program will help decision makers including the program managers, facility management, communities, SACA and MOH to carry out effective and relevant policies and strategic decisions that will help to improve the coverage, sustainability and effectiveness of HIV/AIDS programs.

Emphasis Areas

The areas of emphasis will include total data quality management and human capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22505

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22505	22505.08	HHS/Centers for Disease Control & Prevention	PROHEALTH	9693	9693.08		\$10,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 9404.09**Prime Partner:** University Research Corporation, LLC**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 21703.25355.09**Activity System ID:** 25355**Mechanism:** HHS/CDC Track 2.0 URC**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$60,000

Activity Narrative: In COP 09, URC will focus its Strategic Information (SI) efforts on creating and/or enhancing Health Management Information Systems and monitoring and evaluation (M&E) systems. URC and its partners will conduct an assessment of the types and functional levels of Health Management Information Systems across participating health facilities. URC will work to institute or enhance these systems such that they can be integrated across URC-participating sites and, linked into the Logistics Health Program Management Information Platform (LHPMIP), the broader national health information system. Training will be provided to two organizations in set-up and management of Health Management Information Systems (HMIS). URC utilizes an intentional spread best practice model to entrench high quality service implementation and delivery. Under this approach, key sites are identified and rapid and intense logistic and implementation support is provided, using the site staff as leaders. Performance of these sites will be monitored and where deemed satisfactory, supported to train other sites to launch their own initiatives to lead to an expanding intentional spread cascade of best practice.

URC subscribes to the “three ones” principle and will champion the institutionalization of the “third one” at the state level. This will be achieved through continuous engagement of the Enugu State Action Committee on AIDS (ENSACA) and the corresponding Local Action Committee where our supported facilities are located, to build their capacities. Compliance with the Government of Nigeria’s (GON) national HIV strategic plan will be placed at the centre of all our SI efforts, in order to contribute to the national M&E framework. In addition URC will work under the federal and zonal coordinating bodies of the Federal Ministry of Health, HIV and AIDS Division ENSACA and will abide to the responsibilities of stakeholders as enshrined in Enugu State’s Strategic Plan (2006-2010).

URC will continue to enhance our program’s M&E system to collect data on all relevant indicators and ensure data quality. Routine reporting and communication of PEPFAR results will follow PEPFAR guidelines. We will track specific program-level indicators as well as PEPFAR indicators using harmonized national tools for data collection. Training on general M&E will be provided to 10 individuals to support data collection and reporting. The training will be based on a Nationally approved training curriculum. Two local organizations will be provided with technical assistance on strategic information activities in COP09.

Generation of valid, reliable and consistent data continues to be a challenge. URC will engender a culture of quality improvement in all SI processes. This will be achieved through regular training and retraining of data officers at the supported sites in Enugu. Our technical team will work to optimize the workload associated with reporting to minimize duplicate data entry. Data reconstruction exercises will be undertaken and the opportunity afforded by this exercise will be used to provide onsite mentorship. Feedback and local use of data will help in entrenching the quality approach to SI. URC will also organize data quality workshops for health facility/community focal staff and ENSACA M&E focal persons on the basics of data quality and how to conduct checks to ensure data quality is maintained. These sessions will ensure all players have a thorough understanding of the PEPFAR Data Quality Toolkit (which includes the Monitoring and Evaluation Systems Strengthening Tool, the Data Quality Assessment Tool and the Data Quality Assurance Tool for Program-level Indicators) and how they can use the toolkit to evaluate their own M&E systems. Facilities will be able to address and share their data quality issues.

The URC technical staff will team up with state officials to undertake, at a minimum, quarterly field monitoring visits to improve data quality, mentor field staff, and promote local ownership of the program.

URC recognizes the contribution of state actors and implementing partners (PEPFAR and non-PEPFAR) at community level, tertiary, secondary and primary facilities in developing M&E capacities. URC will contribute to the current policy and operational discourse aimed at improving these systems. Further, URC will avoid duplication of effort by adopting national and partner data collection and distribution tools. URC notes the existence of Patient Management and Monitoring (PMM) systems developed by partners like Global HIV/AIDS Initiative Nigeria (GHAIN) and will endeavour to utilize this and other similar systems. URC will work with our oversight home office, CDC, to locate, identify, and adapt existing best practices.

URC notes the place of its regional activities in the larger national response and will work as part of the pilot and implementation phase of the HIVQUAL © monitoring and quality improvement system. Sites will be supported to analyze and utilize locally generated information to improve service provision processes. URC has developed over several decades, proven principles of quality improvement, which include the use of standard setting, on site mentorship and training, intentional spread models, attention to logistics support and focused incremental quality improvement approach. A critical aspect is defining quality from the perspective of the consumers, health providers, and state actors which will serve as a basic guide for all our Quality Improvement (QI) initiatives.

POPULATIONS BEING TARGETED

Health facility M&E, program managers/decision makers and other organization staff involved in the HIV program.

CONTRIBUTIONS TO OVERALL PROGRAM

Improvements in data collection and reporting systems strengthens the health sector’s capacity overall. It increases the effectiveness of HIV-related services by drawing on important groups of data to plan and implement HIV programs based on more reliable, documented health needs of the population. The greater accessibility of important health-related data will serve to influence health policy and programs in the region of interest and in the country of Nigeria as a whole.

EMPHASIS AREAS

The major emphasis area is human capacity development and local organizational strengthening.

LINKS TO OTHER ACTIVITIES

This activity is also linked to laboratory infrastructure, counseling and testing, PMTCT, OVC, and care and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21703

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21703	21703.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9404	9404.08		\$25,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 555.09

Prime Partner: International Foundation for Education and Self-Help

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 15669.25235.09

Activity System ID: 25235

Mechanism: HHS/CDC Track 2.0 IFESH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$50,000

Activity Narrative: ACTIVITY IS MODIFIED IN THE FOLLOWING WAYS

1. State level M&E capacity building.
2. Quality management including HIVQUAL participation

ACTIVITY DESCRIPTION:

In COP08, IFESH is working in 35 sites (20 hospitals, 10 TB DOTS sites, five community sites for OVC/adult care/ABC activities) in two states (Rivers and Imo). M&E activities of trainings, workshops, provision of Technical Assistance (TAs) and Data Quality Assurance (DQA) will continue in all our sites up to the end of COP08. We shall be working towards achieving our targets of training 36 M&E officers and provision of 35 TAs to the various facilities.

In COP09 IFESH will continue with its activities under Strategic Information (SI) across the 7 program areas for a total of 35 sites. One of our priorities is to strengthen SI under the "One M&E Framework" by supporting standardized HIV indicator reporting systems at program sites. For facilities where there are other donor supports, data collection and indicator reporting will be harmonized and one reporting system will be used in accordance with the national guidelines. IFESH will work with USG and Government of Nigeria (GON) to include IFESH-supported facilities into the National Public Health data system (Voxiva/LHPMIP platform). IFESH will be an active participant on the USG SI working group supporting PEPFAR in Nigeria.

Funding will be used to provide information technology (IT) infrastructure for data aggregation and reporting. Effective use of paper-based and electronic data systems will be promoted in clinical settings to enhance the enrollment, follow-up, assessment, and referral/linkages to other IFESH-supported services (e.g., TB, PMTCT, STI, home-based care, HCT, etc.) and to services outside of IFESH's programs (e.g., ART services) for all clients.

IFESH will have a dedicated M&E staff who will work with state M&E focal person and site-level staff to ensure proper data collection and dissemination to relevant authorities. IFESH will collaborate with state level M&E authorities in manpower training meeting in order to build and sustain capacity for M&E within the states. IFESH will also work with the State Ministry of Health and State Action Committee on AIDS (SACA) to strengthen their M&E framework. National registers and data collection tools will be used at all service delivery points. IFESH will ensure that copies of registers are available and in use at sites and will provide technical assistance and supportive supervision to all site M&E staff to ensure these tools are being used correctly.

Randomly selected individual patient records will be reviewed across Management Information System (MIS) tools as one method of assessing accuracy. For sites identified as having problems with data reporting requirements, the M&E staff will work with such sites in developing a corrective plan that may include follow-up through additional visits, mentoring and regular communication/reporting via other means (phone, email, etc). IFESH will organize DQA training workshops and step-down trainings for states and site level M&E staff and will liaise with the USG SI staff to support the development and implement of DQA activities. This will ensure harmonization with PEPFAR and GON national guidelines. Ensuring the delivery of high quality services will be the hallmark of project implementation in COP09, and IFESH will be disposed to participating in the USG/GON quality management activities including HIVQUAL.

Periodic review of data collected through facility and community-based services will be performed to support evidence-based decision making to improve program quality and effectiveness. IFESH will also work with on-site administrators and staff on analyzing and using data from their sites for decision-making, thus promoting sustainability of the program.

In COP09, IFESH will train 41 more individuals in addition to those trained in COP08 and will including 1 IFESH staff, 35 site level staff 5 state level M&E officers (3 from Imo state and 2 from Rivers state) on data collection, data use and reporting. Technical assistance will be provided to the states and 3 problematic sites, therefore a total of 5 TAs will be provided in all.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Strengthening SI will enable timely, transparent, and quality data reporting. Through concurrent collaboration with the Government of Nigeria and the PEPFAR team IFESH will support the establishment of one standardized system to monitor National HIV programs.

LINKS TO OTHER ACTIVITIES:

SI activities are cross-cutting and relate to PMTCT, condoms and other prevention, abstinence and be faithful messaging, adult basic care and support, TB/HIV, OVC, and counseling and testing. Linkages between these program activities will be strengthened to improve efficiency and effectiveness of services in order to enhance the formation of networks of care.

POPULATIONS BEING TARGETED:

This activity targets health care providers on best practices of information demand, use and reporting. These include program managers and M&E officers, site coordinators and administrators to provide them with skills and tools for programmatic evaluation.

EMPHASIS AREAS:

This activity includes major emphasis on human capacity development and SI.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15669

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15669	15669.08	HHS/Centers for Disease Control & Prevention	International Foundation for Education and Self-Help	6380	555.08	HHS/CDC Track 2.0 IFESH	\$40,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3688.09	Mechanism: HHS/HRSA Track 2.0 CRS AIDSRelief
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5359.25280.09	Planned Funds: \$750,000
Activity System ID: 25280	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP08, AIDSRelief provided strategic information (SI) management services to 31 local partner treatment facilities (LPTFs), 10 satellite clinics and 31 TB DOTS stand-alone sites in 16 states (Abia, Adamawa, Anambra, Benue, Ebonyi, Edo, Enugu, FCT, Imo, Kaduna, Kano, Kogi, Nasarawa, Ondo, Plateau, and Taraba). In COP09 AIDSRelief will continue to support these facilities and further expand services to an additional 3 LPTFs and 9 satellites in the aforementioned states. In setting and achieving COP09 targets across all program areas, consideration has been given to modulating AIDSRelief's rapid scale-out plans in order to concomitantly work towards continuous quality improvement in SI activities.

AIDSRelief's SI activity incorporates program level reporting and implementation of both paper-based and computerized Health Management Information Systems (HMIS) for AIDSRelief LPTFs. This activity is coordinated by Constella Futures, one of AIDSRelief's consortium members. Using in-country networks and available technology, AIDSRelief has continued to strengthen LPTFs' Patient Management Monitoring (PMM) systems with added emphasis on harmonization with the Government of Nigeria's (GON) emerging National PMM system in COP08. As part of capacity building and contribution to program sustainability AIDSRelief has continued to provide logistical support for automated PMM to local partner facilities by providing them with computers and other logistical support systems and will continue to expansion of these services in COP09. Support has also been provided in COP08 for the pilot process of GON's Logistics and Health Program Management Information Platform (LHPMIP) developed by Voxiva at AIDSRelief partner and other facilities. AIDSRelief has already initiated the process of harmonizing its existing IQCare PMM system with the LHPMIP with a view to actualizing efficient PMM-PME integration.

Throughout COP08, AIDSRelief has continued to strengthen its program for Continuous Quality Improvement (CQI) in order to improve and institutionalize quality interventions. This has included standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. In COP09 AIDSRelief will continue to provide TA to LPTFs and personnel to adapt and harmonize existing tools to meet the standards of the GON having conducted proper roll-out of GON's revised M&E tools thus ensuring that monitoring and evaluation of the AIDSRelief program is consistent with the national plan for patient monitoring. AIDSRelief's SI team has worked with the AIDSRelief CQI specialists to conduct site visits at least quarterly during which evaluations of the utilization of National tools and guidelines, proper medical record keeping, efficiency of clinic services and referral coordination were conducted. Data flow including data collection, management and reporting was assessed and recommendations for improvement given. Supportive supervision and mentoring has been provided to all on-site staff that collect and utilize data (e.g., clinicians, pharmacists, data entry personnel, administrators). All of these activities will continue to be supported in COP09 with more frequent on-site TA and follow-up monitoring visits to address any weaknesses identified during routine monitoring visits.

A total of 120 LPTF personnel (including but not limited to data entry personnel, clinicians, nurses, pharmacists, and administrators) will be trained in PMM to ensure that all health workers coming into contact with patient records use them appropriately. State M&E officers shall be informed of, and involved in the monitoring processes and the training programs in order to instill a sense of ownership and ensure sustainability of these efforts. This strategy is in line with the USG SI data quality assessment/ improvement (DQA/I) and capacity building plan. Information sharing and feedback from periodic (monthly and quarterly) reports instituted in COP08 shall be continued in COP09 involving all LPTFs and respective state and local government action committees/agencies on for AIDS control (SACAs and LACAs) for their planning purposes. In COP08, AIDSRelief entered into an agreement with MEASURE Evaluation to assist in training and provision of TA for Data Demand and Information Use (DDIU) at selected AIDSRelief LPTFs. In COP09, the DDIU trainings will be expanded to cover all local partner facilities as well as respective SACAs and LACAs. A total of 84 of local organizations will be provided with technical assistance for strategic information activities in COP09.

AIDSRelief SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria as well as the GON's National M&E Technical Working Group and its sub-committees. In COP08 AIDSRelief actively participated in the pilot process for HIVQual and its phased roll out at selected LPTFs. Due to the limitations of the CAREWare software that has been in use by AIDSRelief across the 9 countries, the process of transitioning to IQCare with successful migration of all CAREWare databases to the new software which provides for a more robust open source, freeware solution was concluded in early COP08. IQCare will continue to be supported, developed and enhanced in AIDSRelief partner facilities. Additionally, AIDSRelief will continue pursuing the harmonization process of its IQCare application with the National Public Health online real-time data system (LHPMIP) as well as HIVQual. Other activities being implemented at the site level is the use of IQCare queries for custom reports and Life Table Analysis (LTA). LPTF staff have been trained and continuous TA is being provided to enable them utilize the information in their IQCare databases to produce these custom reports. The LTA enables utilization of publicly-available software to assist LPTFs to analyze and interpret their patient data using simple procedures and recognized statistics. These procedures compute program continuation rates from existing medical records maintained by the ART program. AIDSRelief has been training LPTF personnel and will continue to provide TA in COP09 to enable them to continue to conduct these LTAs and custom reports independently and thus contribute to the sustainability of this activity.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Improvement in SI management capacity of existing and new LPTFs will instill a data use culture that leads to improved quality of care. Staff training across the AIDSRelief sites in 16 states will contribute to overall program capacity building and sustainability. The provision of logistics for automated PMM will contribute towards the GON and USG strategy on provision of quality and timely data for decision making.

LINKS TO OTHER ACTIVITIES:

Since all programs require a robust data management system and data quality checks to ensure effective programming, this activity relates to all AIDSRelief HIV/AIDS activities ARV services (6678.09), ARV drugs (9889.09), laboratory (6680.09), care and support (5368.09), PMTCT (6485.09), OVC (5416.09), AB (15655.09), TB/HIV (5399.09), Blood Safety (HMBL; HMIN; CIR; IDUP) and Injection Safety.

Activity Narrative: POPULATIONS BEING TARGETED:

The AIDSRelief SI activity targets AIDSRelief LPTF personnel including those primarily engaged in SI activities (on-site project coordinators, on-site M&E officers, data entrants, and medical records technicians), other health care workers (physicians, nurses, counselors, pharmacy and laboratory staff) and decision-makers (at LPTF, program and Government levels). This is to ensure that all personnel coming in contact with the patient keep appropriate records and manage them efficiently and effectively with the data thus gathered playing a major part in evidenced-based decision making at all levels.

EMPHASIS AREAS:

This activity has a major emphasis on strategic information (HMIS development) and reporting for program level M&E with emphasis on targeted evaluations, logistics and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13004	5359.08	HHS/Health Resources Services Administration	Catholic Relief Services	6365	3688.08	HHS/HRSA Track 2.0 CRS AIDSRelief	\$1,100,000
6674	5359.07	HHS/Health Resources Services Administration	Catholic Relief Services	4162	3688.07	Track 2.0	\$400,000
5359	5359.06	HHS/Health Resources Services Administration	Catholic Relief Services	3688	3688.06	Track 1.0	\$365,917

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 Program

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3245.25202.09

Planned Funds: \$323,776

Activity System ID: 25202

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to all prevention activities: PMTCT (3.3.01), Abstinence/Be Faithful (3.3.02), Safe Blood (3.3.03), Injection Safety (3.3.04), Condom and Other Prevention (3.3.05), HIV/AIDS/TB Treatment and Care Services: OVC (3.3.08), ARV Drugs (3.3.10), ARV Services (3.3.11), Palliative Care services (3.3.06), TB/HIV (3.3.07), HCT (3.3.09), and Laboratory Infrastructure (3.3.12).

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). Strategic Information (SI) activities will be conducted at 14 existing Department of Defense (DOD) – Nigerian Ministry of Defence (NMOD) sites and 6 new expansion sites in COP08. The existing military sites and communities include: Defence Headquarters Medical Center – Mogadishu Barracks (FCT), 44 Nigerian Army Reference Hospital (Kaduna), Nigerian Naval Hospital (Ojo), 445 Nigerian Air Force Hospital (Ikeja), 82 Division Hospital (Enugu), 347 Nigerian Air Force Hospital (Jos), Nigerian Naval Hospital (Calabar), Naval Medical Centre (Warri), Nigerian Military Hospital (Port Harcourt), 45 Nigerian Air Force Hospital (Makurdi), Military Hospital (Benin), 2 Division Nigerian Army Hospital (Ibadan), Military Hospital (Maiduguri) and 3 Division Hospital (Jos).

In COP08, the program will expand to six new sites. These include: Brigade Medical Center Sokoto, Armed Force Specialist Hospital Kano, 34 FAB Medical Center Owerri, Ministry of Defence Clinic, Military Cantonment Onitsha, and Headquarters Nigerian Army CAS Medical Reception Station Kontangora. Information strengthening and technical assistance will also be provided to the 20 sites and to the Emergency Plan Implementation Committee and Ministry of Defence (NMOD) Headquarters.

This Strategic Information (SI) activity has several components. At the DOD level, SI funding will support three full time positions. These assets will coordinate DOD SI implementation efforts with the NMOD and participate with USG Nigeria SI technical Working Group. The next component is the incorporation of program-level reporting and the establishment of both paper-based and computerized HMIS across NMOD HIV treatment sites. These activities will support the design and implementation of high quality, sustainable, evidence-based interventions and programs in the following areas at 20 sites: ART Services, ARV Drugs, Laboratory Infrastructure, HCT, PMTCT and TB/HIV. All activities will be in line with GON SI harmonization policies and guidance as we strive to meet the three ones.

Another component of this activity includes training and capacity development of NMOD personnel in the area of SI. By COP07, it is anticipated that 147 staff will be trained in the management and maintenance of the SI system in areas such as data entry, analysis, data management and data quality assurance. In COP08, the DOD-NMOD will train 12 staff at each of the 6 new sites and provide a refresher for 6 individuals from the 14 existing sites. The DOD will continue its data management and reporting refresher training program throughout the year. The DOD will also continue to provide the NMOD with training and technical assistance emphasizing all aspects of patient data handling: confidentiality, data security, disciplined data entry, analysis, management and quality assurance. The program will continue to adapt and harmonize existing paper records and processes to meet the standards of the GON. Training for DOD specific needs will be conducted by the DOD program, while available training from IPs and GON will support harmonization of data activities. The DOD will carry out regular site visits to ensure proper data handling procedures are adhered to at all times.

The DOD-NMOD will expand utilization of an electronic patient registry (Government of Nigeria-approved) and patient monitoring and management system (PMM) in all program areas. Utilizing the simple, available and sustainable technology at the fourteen existing DOD-NMOD sites, the program will extend and develop this system to the new six sites in COP08. This single system generates a unique PIN number to ensure patient confidentiality while supporting patient tracking through a clinical module, a pharmacy module, a laboratory module, a counseling module, a registration module and a financial module. These core modules allow for tracking of all program areas through a single tool with a single interface, which has greatly improved data quality from the input side and has improved speed of retrieval on the report generation side. As a national unique patient numbering system is introduced, DOD will ensure harmonization of the tracking systems. The registry will be supported by the use of networking infrastructure that provides computer hardware, software applications and networking equipment; 4-6 additional computers per site in addition to the 5 computers and 1 server already supported and the VSAT and networking solution provided by the NMOD and EPIC. This registry will allow for aggregated reporting on a real time basis and will interface directly with LHPMIP, the national monitoring and evaluation tool developed and based on the Voxiva platform.

The DOD will continue to participate in the relevant PEPFAR working groups aiming to develop and implement credible, cost-effective SI policies and systems, harmonized with other IPs, Nigerian Ministries and USG agencies. The program will continue to support the NMOD's Information Monitoring TWG. The DOD will also continue to participate in national surveys, and in the development and regular use of standardized qualitative methodologies for service assessments to ensure a consistent approach across all HIV service providers. Implementation of National and PEPFAR supported data program such as HIVQUAL have full NMOD-DOD support with the full time involvement of a Nigerian medical officer in the planning and implementation of HIVQUAL from the NMOD level down to each service delivery facility.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, supported by the centrally-employed DOD specialist and appropriate partners, are essential components of this program. Regular use of data (including sharing information on individual sites, programs and partners) as part of the routine management process at all levels (site, organization, PEPFAR Team) is the cornerstone of evidence-based improvements and will encourage and sustain data quality, and ensure service quality throughout the program. The SI program is designed for sustainability and it is hoped that the NMOD will take over additional SI activities as the program matures.

During COP08, discrete surveillance activities will be commenced in order to better describe the poorly

Activity Narrative: understood epidemiology of disease prevalence within the Nigerian Military. The first of two surveillance initiatives will analyze the association of HIV infection and the pre, intra and post deployment education provided to, testing and risk behavior activities of Nigerian Military members who have been deployed both domestically and internationally. The second will describe the current prevalence of transfusion transmitted infections (HIV-1, HIV-2, HCV, HBV and Treponema pallidum) within the NMOD. Results of these studies will inform the NMOD, GON and USG of areas of strength and weakness and support strategy development for targeted interventions.

By the end of COP08, the DOD will support 20 NMOD sites in Edo, Benue, Borno, Cross River, Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, Sokoto, Kano, Imo, Anambra, and Niger (16 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA:

Improvement in SI management capacity, and further staff development and training within the NMOD, EPIC, AFPAC and 20 sites, will ensure effective data use and management at organizational, work group and individual levels. This activity will contribute towards the GoN and USG strategy for the provision of quality, relevant and timely information for decision-making. This information will serve as a resource in developing plans that enhance the cost-effectiveness of the operations and management of the NMoD.

LINKS TO OTHER ACTIVITIES:

Strategic Information activity relates to all prevention activities (#3246.08, #5313.08, #5388.08, #5362.08, #16943.08), HIV/AIDS/TB treatment and care services (#3240.08, #3247.08, #5409.08, #3241.08) and Treatment and Laboratory Infrastructure (#3243.08, #3242.08, #3244.08).

POPULATIONS BEING TARGETED:

This activity targets national level policy makers in the military, the GoN and national organizations, such as the National Agency for the Control of HIV/AIDS, as well as community-based organizations, faith-based organizations, and healthcare workers, specifically all staff undertaking data entry, at the national and local levels.

EMPHASIS AREAS:

The DOD SI activities include an emphasis on HMIS and on capacity development, infrastructure, training, and policy and guidelines. This activity also helps to address the issue of gender equity in HIV/AIDS programs as data collected can help to inform any gender imbalances in programming.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13160	3245.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$569,000
6800	3245.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$250,000
3245	3245.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$393,500

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 554.09

Mechanism: DoD Track 2.0 DoD Agency

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 9916.25211.09

Planned Funds: \$269,775

Activity System ID: 25211

Activity Narrative: This activity represents funding for four full-time, contracted positions for Strategic Information (SI) activities. This includes a Senior HMIS Officer, Monitoring and Evaluation Officer, SI Program Assistant and Data/Software Advisor to support SI activities for the U.S. Department of Defense (DOD) - Nigerian Ministry of Defence (NMOD) HIV Program. In COP09, the DOD-NMOD will support activities at 20 sites in 15 states plus the FCT. The budget includes support for three FSN salaries and one expatriate advisor salary, overhead charges, funding required for domestic travel, training funds and allocated minor support costs.

These four positions will work in coordination with CDC SI staff and USAID Strategic Information staff members who will have the USG Nigeria Team lead for SI issues and directly provide joint quality assurance/quality improvement (QA/QI) strategies and programmatic monitoring to the Nigerian Ministry of Defence. The DOD SI Team will also work as members of the USG SI Technical Working Group. The Officers' roles also include: 1) representing the DOD-NMOD in technical discussions with the GON and 2) overseeing relevant technical aspects of the program, including program management and oversight of the 20 DOD-NMOD PEPFAR site SI programs.

The DOD SI Team will work with other Implementing Partners and the USG team to ensure a harmonized approach that is consistent among partners and the GON. The team will also support SI activities of the USG and GON, including the continued implementation of the HIVQUAL quality improvement project and Voxiva/LHPMIP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13167

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13167	9916.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$200,000
9916	9916.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$200,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$48,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7215.09	Mechanism: USAID Track 2.0 ICASS
Prime Partner: US Department of State	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 16922.24958.09	Planned Funds: \$57,385

New/Continuing Activity: Continuing Activity

Continuing Activity: 12984

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12984	10297.08	U.S. Agency for International Development	Abt Associates	6360	5270.08	USAID Track 2.0 FS Health 20/20	\$450,000
10297	10297.07	U.S. Agency for International Development	Abt Associates	5270	5270.07	PHRPlus	\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 552.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3232.24902.09

Activity System ID: 24902

Mechanism: USAID Track 2.0 GHAIN

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$3,250,000

Activity Narrative: The GHAIN project focuses on sustainable strategic information (SI) aligned with the Government of Nigeria National Monitoring and Evaluation framework and tailored to respond to the information needs of the United States Government (USG). In COP 09, GHAIN will support 268 local organizations at the national level, and in all 36 states of Nigeria and the Federal Capital Territory. The following strategies form the basis of GHAIN's M&E activities: (1) facilitate the implementation of the Three-Ones principle on M&E; (2) ensure timeliness and quality of routine data; (3) analyze data and applying quality assurance/quality improvement (QA/QI) best practices to promote continual program improvement; (4) undertake systems strengthening and capacity building to promote the sustainability of M&E efforts; and (5) facilitate national efforts to obtain up-to-date information through public health evaluation, research and surveillance activities.

GHAIN liaises closely with the Government, USG IPs and the UN to facilitate the synergistic implementation of the Three Ones. Efforts to (1) support one national M&E system include: participation in national forums contributing to the development of the national M&E system including the national M&E technical working group and related subcommittees; contributing to revisions of national M&E plans for the National Agency for the Control of AIDS (NACA)/Ministry of Health (MoH); supporting the development and deployment of harmonized M&E tools; equipping counterpart staff with the skills to increase task shifting and take up increased M&E responsibilities at state and Local Government Area (LGA) levels; participating in joint site monitoring, supportive supervision and data quality assessment visits.

For COP09, the nature of technical assistance will advance to streamlining data collection efforts, increased integration with the Federal Ministry of Health's (FMOH's) Health Management Information System (HMIS) and government planning/decision-making processes; enhancing the collection and analysis of drug logistics data; and enhancing triangulated data analysis to analyze gaps, promote best practices and inform the use of scarce resources for HIV prevention and care. To support this advancement, analytical frameworks will be upgraded to include population variables, geo-spatial data, cost-efficiency and effectiveness data; and other indicators of population health. Considerable effort will continue to be devoted to building and strengthening both FMOH and NACA HMIS, with resources increasingly devoted to support at the LGA level.

Systems strengthening aimed at ensuring (2) the timeliness and quality of data will include building capacity of State and LGA partners on improving the flow and quality of data through the government structure at all levels. Capacity building in data collection, quality and management will be coordinated and conducted at each level and supported by appropriate use of IT and databases linked to the (Nigerian National Response Information Management System (NNRIMS) and FMOH HMIS.

In COP09, GHAIN will aim to seamlessly integrate data management systems by building local and state capacities in linking HIV/AIDS data collected through the MOH to the NNRIMS through the use of a common database platform, the DHIS. In order to streamline data flow and improve the management of routine service statistics and Data Quality Assurance (DQA) results, additional strategic LGA's in target states will also be selected to use this platform, with associated capacity building and linkages to the State Ministry of Health and State Action Committee on AIDS (SACA) M&E Officers. While the paper-based data collection system will continue to be the foundation for all service-related data collection, parallel efforts to roll out GHAIN's electronic medical records system (the LAMIS) will expand real-time data entry, automatically generated national reports, and upgrade analytical capacities including patient tracking, cohort progression, and logistics management, to secondary facilities in selected states. A strong focus on data quality will be ongoing to ensure that accurate data is used to inform programmatic decision-making at all levels. In COP07 and 08, GHAIN provided technical assistance to the GON on the development and implementation of a national DQA system for ART, PMTCT, HCT, TB/HIV, pharmacy, laboratory, prevention and Logistics Management Information System (LMIS) programs. In COP09, this support will be expanded to include upgrading analytical capacity by integrating results from DQA activities into a customized database for tracking of trends over time and targeting data quality technical assistance, support to GON counterparts in analyzing DQA data, prioritizing broad areas for improvement and tailoring training and other capacity building based on these results. GHAIN will continue refining DQA tools and processes where needed, and increase participation in joint DQA assessments with state and local government officials, and using systematic site monitoring on a monthly basis with these counterparts to identify and promote best practices. Systems will be in place to partner with local/state health authorities in refresher training on the use of DQA tools, enhancing the storage and use of results and the flow of data. At the national level, GHAIN will participate in the national M&E TWG to build the capacity to conduct DQA assessments, and promote consistent practices across facilities, partners and states.

A critical success factor for any M&E system is ensuring that adequate resources are devoted to (3) analyzing data and applying QA/QI best practices to promote continual program improvement. GHAIN plans to advance the utilization of M&E results in COP09 through activities including: creating a comprehensive and rigorous evidence base including indicators related to service quality and accessibility; and tailoring this evidence to the needs of managers and policy-makers through appropriate packaging and delivery in a timely and, where possible, participatory manner. Data analysis will continue to be supported at all levels, and conducted on a monthly basis involving facility managers and senior State Ministry of Health (SMOH) officials. The focus of QA/QI efforts will be further decentralized to the facility level, where facility managers and service delivery staff will actively engage in problem-solving related to identified weaknesses, and who will then track their own progress through QA/QI tools, including run-charts, piloted and rolled out with GHAIN support. GHAIN will provide technical assistance in selecting appropriate analysis variables and tools to assist in interpreting performance, determining gaps and priorities, and disseminating best practices. Data dissemination will be managed primarily through forums and information products providing feedback of appropriately packaged and analyzed data to the GON, the USG, program managers and other stakeholders. Monthly M&E meetings chaired by the State Action Committee on AIDS/State AIDS Program Coordinators will continue to serve as useful forums for data collection, compilation and analysis. The utilization of results will be enhanced by the roll-out of GHAIN's patient management software, the Lafiya Management Information Systems (LAMIS). This software combines logistics and patient management information together to improve routine reporting, provide more sophisticated, localized and timely analysis for program management.

Activity Narrative: COP 09 will be a critical year for informing the shape of GON-led M&E efforts in the future. At the national, state and LGA level GHAIN will intensify (4) systems strengthening and capacity building to promote the sustainability of M&E efforts. GHAIN's efforts at providing technical assistance in operationalizing the national HIV/AIDS M&E system, including collaboration with the Global Fund (GF) and integration with the national HMIS data collection, quality and supervision mechanisms, will continue to focus on high quality, cost-effective strategies that can be readily integrated into routine responsibilities. State- and where feasible, LGA-level monthly M&E meetings led by government, combined with support for relevant officials participating in supervision, will be important activities in a future sustainable national M&E system. Increased efforts will be devoted to building the capacity of local and state partners to manage the M&E portfolio, strengthening linkages and communication systems for the collection and exchange of HIV/AIDS-related data and its integration into national databases for decision-making. These linkages and related capacity building will increasingly empower authorities at the LGA level in their management and oversight functions of HIV/AIDS-related activities. These linkages will also be of assistance in the collection, interpretation and transmission of high quality data into the state level management information system. At the lowest levels of service delivery (Primary Health Care clinics (PHCs)) in selected LGAs, GHAIN will support sustainability by employing task-shifting strategies in expanding M&E capacity building for health care providers in health systems unable to sustain dedicated M&E personnel. Senior state level officials will be targeted for involvement in a data dissemination forum and simultaneously empowered in their M&E coordination and management role. GHAIN will support the planning and implementation of a cost-effective and utilization-focused HIV/AIDS M&E system with firm linkages from the local to the national level. Sustainability will be further enhanced through the use of analytical frameworks drawing on health economics models which integrate cost and workload analyses with service utilization and other service demand-focused data. This will give decision-makers access to cost-effective programmatic models and accompanying budget information, and will be packaged and disseminated appropriately to feed into state and federal planning and budgeting processes.

In COP09, GHAIN will continue facilitating national efforts to obtain up-to-date information through public health evaluation, research and surveillance activities. GHAIN will contribute to increasing the body of outcome and impact level data in the country; and more specifically, generate outcome data for facility based prevention, and care and treatment programs. GHAIN will collaborate with the GoN and other stakeholders in a second round of the Integrated Bio-Behavioral Surveillance Survey (IBBSS). The study will be national in scope and focus on female commercial sex workers, transportation workers, men who have sex with men (MSM), injecting drug users, military and police, and additional high-risk groups, as necessary. Proposed studies include cohort analyses of ART patients and HIV/TB co-infected patients, the use of early infant diagnosis to evaluate PMTCT success, and an examination of differential outcomes through stratification of facilities and models of service delivery. While this data will be aggregated from all participating sites at national level, emphasis will be on making key outcome data available to health care providers and facility managers for quality improvement efforts. GHAIN will monitor clinical and immunological treatment failure among ART patients at selected sites to feed into the national information system on drug resistance monitoring. Additional evaluation related efforts will be aimed at answering specific questions related to the effectiveness of the continuum of care and OVC programs, linkages between facility and community-based service delivery, and the integration of HIV with other health services. Statisticians at GHAIN will continue to build capacity of national government counterparts in conducting advanced statistical analysis on secondary data sources, including surveillance datasets and facility-level data to answer pertinent public health evaluation questions. GHAIN staff will participate in the design and conduct of original research as the need and opportunity arises.

CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will enhance client/patient management and implementation of all program elements by making quality data available at all levels for monitoring, evaluation, guiding program management and communicating program achievements. Functional feedback mechanisms will be improved to ensure that results of M&E activities inform program design and management, build capacity in SI at all levels and provide tools, protocols and reports. This activity will ensure that services provided by GHAIN are of the highest quality. Others shall include scientific publications and research and surveillance protocols. This funding will specifically go to facility monitoring, quality assessments, Health Management Information Systems and the use of data for decision-making. Funding emphasis will also go to Information Technology (IT), communication infrastructure, and reporting, as well as capacity building for 404 people in SI. Funds will be used to support studies that address evaluation questions in relation to PEPFAR-provided services, USG reporting systems and other SI activities in 268 organizations.

LINKS TO OTHER ACTIVITIES

SI will continue producing and facilitating the generation and use of high quality data at POS, state and National level (especially for MTCT, HVTB; HCT; Adult and Pediatric care and treatment; ARV drugs and LAB)

POPULATIONS BEING TARGETED

SI will target principally SI professionals working with government at the LGA, state and national level. Others involved will include health care providers, facility managers and their directors, community- and faith-based organizations, non-governmental organizations and international counterpart organizations. More generally, collaborative initiatives will inform programming decisions by health workers, donors and the GON as well as guarantee quality of service delivery to primary beneficiaries of these services.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity provides information to increase gender equity in HIV/AIDS program through activities such as collecting data to show breakdown of children, women and men receiving prevention activities, treatment, care services and developing strategies to ensure that age and gender specific representation issues are strongly emphasized. The program area will also utilize existing partnerships to strengthen the capacity of organizations implementing various projects/programs as well as developing the government officials' capacity at the state and LGA level.

Activity Narrative: EMPHASIS AREA

SI will emphasize human capacity development in monitoring and evaluation, while minor emphasis will be on sustainability and information technology.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13045

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13045	3232.08	U.S. Agency for International Development	Family Health International	6374	552.08	USAID Track 2.0 GHAIN	\$2,500,000
6704	3232.07	U.S. Agency for International Development	Family Health International	4167	552.07	GHAIN	\$2,150,000
3232	3232.06	U.S. Agency for International Development	Family Health International	2771	552.06	GHAIN	\$2,150,500

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3689.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 9913.24872.09

Activity System ID: 24872

Mechanism: USAID Track 2.0 CRS 7D TBD

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$50,000

Activity Narrative: ACTIVITY DESCRIPTION

CRS Seven Dioceses (7D) will provide SI activities to strengthen capacity in 11 States of Nigeria where the projects are located (Lagos, Osun, Edo, Kogi, Benue, Nassarawa, Cross-River, Plateau, Niger, Kaduna and FCT). The SI activities will focus on the following; Strengthening Monitoring & Evaluation (M & E) systems, Health Management Information Systems (HMIS) and Quality Assurance (QA). The M&E strengthening will focus on program level reporting, data auditing and ongoing data quality assessment/improvement to contribute to national efforts in HIV/AIDS response. HMIS will be strengthened and aligned with harmonized reporting to support the third "one." Quality assurance activities will be carried out in collaboration with CRS OVC (SUN) and State M&E officer(s), and will include quarterly on-site mentoring and supportive supervision in M&E. M&E support includes mentoring in improved data collection, management, and utilization (by M&E and program staff at all levels), in line with the USG SI data quality assessment/improvement (DQA/I) plan.

Based on the integrated nature of the 7D and SUN project, the new monitoring and reporting system established in COP08 will be strengthened in COP09 by intensive training and mentoring of staff, 7D SUN Volunteers and Diocesan M&E staff. Quarterly reviews of the M&E system will be conducted through participatory processes involving partners and relevant program stakeholders at the community level such as State Action Committees on AIDS (SACA) and the Government of Nigeria (GoN) to assess progress, identify gaps and ensure proper use of the tools. Mentoring of partners will be done during quarterly visits by the CRS M&E officers for the Diocesan M&E staff. Efforts will be made to ensure that tools conform to the harmonized GoN registers and reporting formats for the different program areas and to demonstrate/show program performance in the 7D 4 program areas which include PMTCT, Basic Care and Support, HIV Counseling and Testing (HCT) and AB Prevention. A continuous review of data collection tools, with the involvement of Parish AIDS Volunteers (PAVs) will focus on achieving simplified and user-friendly formats to ensure accurate data collection toward provision of efficient and effective service.

Capacity building to strengthen the state level M&E system in the 11 project states will be conducted through the training of 2 State M&E officers, M&E officers from CSN and SUCCOR project, at least 1 Facility M&E officer from each PMTCT site and 1 Diocesan M&E officer. Training will focus on Data Collection & Management, Data Auditing and Data Quality assessment and improvement to enable partners to develop the capacity to evaluate existing data and use such information in programmatic decision making. The training curriculum to be used will be adapted from available national GoN and USG M&E systems. The M&E Specialist will collaborate with the Training Coordinator to enhance both quality and technical depth of trainings. Across the 7D and SUN projects, a total of 13 organizations will be provided with TA and 53 individuals trained in SI-related activities. These targets have been divided between the two projects, which provide joint TA and training in SI. The 7D project has targeted 7 organizations and 27 individuals.

Systems strengthening with regards to HMIS will focus on ensuring that the data collection tools feed into a database system in the Dioceses which will be linked to CRS 7D database system. This will feed into the national M&E system such as LHPMIP (Logistics and Health Program Information Platform) and the Nigerian National Response Management Information System (NNRIMS). Mapping of network and referral linkages from the community to health institutions (PHCs and Private hospitals) and SUN program and PMTCT sites to ART sites will be documented and such databases maintained at Diocesan and Program levels. The databases will be password protected for safety and security of client HIV information at all levels and access to such database will be restricted to authorized personnel.

In the 11 project states, the program will monitor and evaluate HIV prevention programs for most-at-risk populations (MARPS) especially long distance truck drivers at truck stops, in/out of school youths and orphans & vulnerable children (OVC) to determine population size estimations, monitor program uptake and coverage.

Quality Assurance measures will include quarterly on-site mentoring and supportive supervision by the CRS M&E Specialists in collaboration with State M&E officer(s) to provide technical support to the Diocesan and PMTCT project sites to ensure effective data collection and management. Data quality assessments will be done quarterly and data triangulation techniques will be used to ensure the quality of data being used. Continuous quality improvements of data will be reinforced by establishing systems for documenting best practices and use of technical SOPs for the different program areas. Efforts targeted at reducing double counting in all program areas will include coordination meetings with other IPs at the community level in our project areas. The database systems will also guarantee reduction in errors.

Volunteer motivation strategies will include incentives to volunteers such as reimbursement of transport/communication costs, awards, capacity building opportunities and creation of opportunities for economic empowerment. The project will examine the motivation of volunteers and identify factors affecting attrition and satisfaction and information derived will be used to further enhance volunteer motivation.

SI resources will also be used to support low cost formative and applied research to keep the HIV/AIDS infection in the national agenda in view of competing priorities. In particular the cost effectiveness of using PAVs in care and prevention initiatives will be explored. Other desk research work will include cost effectiveness of different approaches to services provisions such as PMTCT and ART.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Improvement in SI management capacity of existing and new partners will ensure effective data use and management and will contribute towards the GON and USG strategy for the provision of quality and timely information for decision making. This information will serve as a valuable resource in developing corrective action plans that would enhance the efficiency and effectiveness of operations and management of the 7D project. By strengthening the capacity of local partners, SI activities will further increase the sustainability of HIV/AIDS programs in Nigeria.

Activity Narrative: LINKS TO OTHER ACTIVITIES

SI activity relates to PMTCT, Abstinence and Be Faithful Prevention, Palliative Care: basic health care and support, and counseling and testing. In addition, links with the GoN and other USG IPs will be strengthened.

POPULATIONS BEING TARGETED

This activity targets Parish Action Volunteers (PAVs), State M&E staff, CRS program Staff, relevant decision makers in the Dioceses, public health care workers, community-based organizations, and faith based organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity provides program and QA/QC staff the opportunity to analyze data and identify key areas that require improvement, such as gender imbalance. SI activities and output are useful in identifying not only gender issues, but ways in which gender imbalance may be corrected.

EMPHASIS AREAS

This activity includes a major emphasis of health management information systems. Minor emphasis areas include: training: quality assurance, quality improvement and supportive supervision; and monitoring, evaluation and reporting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13009

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13009	9913.08	U.S. Agency for International Development	Catholic Relief Services	6366	3689.08	USAID Track 2.0 CRS 7D	\$50,000
9913	9913.07	U.S. Agency for International Development	Catholic Relief Services	4163	3689.07	7 Dioceses	\$50,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3713.09

Mechanism: USAID Track 2.0 CRS OVC TBD

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 9914.24874.09

Planned Funds: \$50,000

Activity System ID: 24874

Activity Narrative: ACTIVITY DESCRIPTION:

CRS SUN/OVC (SUN) will collaborate with the CRS 7 Dioceses (7D) project to provide SI activities to strengthen M&E in 13 sites in eight project states in Nigeria; Edo, Benue, Niger, Nasarrawa, FCT, Plateau, Kaduna and Kogi States. Activities will focus on program level reporting, Health Management Information System (HMIS), and quality assurance, and will be aligned with the USG strategic information (SI) data quality assessment/improvement (DQA/I) and capacity-building plan to enhance reporting, monitoring, and management of the SUN/7D project.

The SUN project will benefit directly from the collaboration with 7D Project in the design and implementation of the M&E tools and systems. The financial responsibility of establishing, reviewing and monitoring of M&E systems will be shared equally between both projects due to the integrated nature of both projects. Across the 7D and SUN projects, a total of 13 organizations will be provided with TA and 53 individuals trained in SI-related activities. These targets have been divided between the two projects, which provide joint TA and training in SI. The SUN project has targeted 6 organizations and 26 individuals.

In addition, the SUN project will continue to provide services to fill identified gaps observed in the OVC situation analysis conducted in COP07. The Diocesan systems will be strengthened to provide quality service through conducting organizational assessments to determine baseline performance in terms of financial, human resource and program management. The result of these assessments will be used to make management decisions and build organizational capacity.

Systems strengthening with regards to HMIS will be done in collaboration with the 7D project. OVC mapping activity will continue in the project sites to track success and impact of program on OVCs served.

Quality Assurance measures will be done in collaboration with the 7D Project and will include quarterly on-site mentoring and supportive supervision in M&E by the CRS M&E Specialists in collaboration with State M&E officer(s) to provide technical support to the Diocesan sites to ensure effective data collection and management. M&E support includes ongoing supportive supervision in effective data collection, management, and utilization, in line with the USG SI data quality assessment/improvement (DQA/I) plan. Data quality assessments will be done quarterly and data triangulation techniques will be used to ensure the quality of data being used. Continuous quality improvements of data will be reinforced by establishing systems for documenting best practices and use of technical SOPs for OVC program area such as Use of Child status Index to track progress and impact. Efforts targeted at reducing double counting in all program areas will include coordination meetings with other IPs at the community level in our project areas. The database systems will also guarantee reduction in errors.

Volunteer motivation will be done in collaboration with 7D project.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The SI activities will contribute improved quality and reliability of data being reported on project activities and service provision for OVC. Improvement in SI management capacity of existing and new partners will ensure effective data use and management and will contribute towards the GON and USG strategy for the provision of quality and timely information for decision-making. This information will serve as a valuable resource in developing corrective action plans that would enhance the efficiency and effectiveness of operations and management of the SUN/OVC project. By strengthening the capacity of local partners, SI activities will further increase the sustainability of HIV/AIDS programs in Nigeria.

LINKS TO OTHER ACTIVITIES:

SI activity relates to PMTCT, Abstinence and Be Faithful Prevention, Palliative Care: Basic Health Care and Support, and Counseling and Testing. In addition, links with the GON and other USG IPs will be strengthened.

POPULATIONS BEING TARGETED:

This activity targets PAVs, Care givers, OVCs, community based organisations, State M&E officers, CRS Program staff, faith-based organizations and religious leaders.

EMPHASIS AREAS:

Emphasis areas include human capacity development

New/Continuing Activity: Continuing Activity

Continuing Activity: 13011

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13011	9914.08	U.S. Agency for International Development	Catholic Relief Services	6367	3713.08	USAID Track 2.0 CRS OVC	\$50,000
9914	9914.07	U.S. Agency for International Development	Catholic Relief Services	4164	3713.07	OVC	\$50,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 1561.09	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5358.25983.09	Planned Funds: \$3,846,637
Activity System ID: 25983	

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is a continuation from COP08. New in COP09 are the 2010 HIV sero-prevalence survey in antenatal clinics, an integrated bio-behavioral survey (IBBS) among high risk groups and two additional public health evaluations which have been submitted for funding in COP09.

The USG team, through the HHS/CDC Global AIDS Program (GAP) office in Nigeria has ten full time staff positions planned for the Strategic Information (SI) program area. This includes one USDH, a senior SI manager, three HIV surveillance specialists, two HMIS program specialists, two monitoring and evaluation officers, and a junior support officer. The budget includes salary and expenses for one USDH and nine FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP).

These ten staff members will work in coordination with the USAID Strategic Information staff members and directly provide joint quality assurance/quality improvement (QA/QI) strategies and programmatic monitoring to HHS and USAID supported implementing partners. The SI team, while developing and updating the USG database will provide oversight and technical support to PEPFAR partners and the GON and will also strengthen their M&E systems through feedback and capacity building. The HHS/CDC Nigeria SI staff will also be significantly involved across the other PEPFAR programmatic areas where data collection and interpretation issues arise.

The HHS/CDC SI team's responsibilities include: 1) representing the USG in technical discussions with the GON, particularly in relation to National surveys and the National Monitoring and Evaluation framework, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with OGAC technical working groups, and 4) interfacing with the USG SI Technical Working Group. They will work in coordination with DoD and USAID SI staff in conducting these activities. This coordination will be in the form of joint work plans, regular meetings and communication between agencies, and joint internal and external TA to partners.

The USG SI team has set up a national HIVQual team and by end of COP08 will have rolled out the HIVQual program in 40 treatment sites. In COP09, HIVQual will be implemented in all treatment sites in the country. The HIVQUAL activity involves building capacity in performance measurement, quality improvement, and infrastructure development at the facility level. HHS/CDC will continue to develop measurement tools for compliance and performance according to national standards and will provide quality assessment in other program areas to ensure that implementing partners and service delivery points are complying with these standards. HIVQual is budgeted at \$750,000 under SI and has linkages to Adult and Pediatric Care and Treatment Services, PMTCT, OVC and HIV counseling and testing.

In 2008 the HHS/CDC GAP Nigeria SI and laboratory staff have provided technical assistance to the Nigerian Federal Ministry of Health (FMOH) to develop local capacity for SI and to plan and conduct the bi-annual HIV sero-prevalence sentinel survey (ANC). In this national survey the team assisted in the development of survey instruments including survey protocols and questionnaire, training of field staff, field supervision, coordination meetings, quality assurance and data management. In COP09 the USG SI team will continue its support of the FMOH through technical assistance including survey activities. Under COP09 the USG will initiate planning (including commodity procurements) and development of survey instruments for the next ANC survey; this activity is budgeted at \$1,700,000. The USG is also funding FHI/GHAIN to conduct a second round of the integrated biological and behavioral surveillance survey among high-risk groups to monitor the trend of HIV prevalence and key behavioral indicators in these populations.

In COP09 the USG SI team also expects to have results from other COP08 SI activities that can be utilized to better direct program activities. These include the HHS/CDC evaluation to assess the utility of PMTCT program data for HIV surveillance, an incidence survey focused on a specific population – pregnant women attending antenatal care (ANC) clinics, a drug resistance threshold survey to examine whether standard first-line ARVs will continue to be effective due to viral mutagenicity by assessing the level of transmitted resistance in drug-naïve populations. An ongoing HHS/CDC GAP activity started in COP06 is Nigeria's participation in a multi-country HIV drug resistance monitoring project which was implemented in 2 ART sites in COP08. In COP09 this study will be expanded to 10 additional sites. This study will continue to monitor the emergence of HIV drug resistance (HIVDR) during a client's first year of ART and evaluate potentially associated program factors on which action could be taken to optimize ART program functioning for HIVDR prevention. This HIV drug resistance monitoring activity is budgeted at \$500,000.

The USG SI team will also be involved in TB/HIV evaluation activities. CDC SI staff will collaborate with the TB/HIV working group and other stakeholders in Nigeria to conduct a National TB Drug Resistance and HIV Survey to estimate rates of TB/HIV co-infection and to assess the prevalence of drug resistant tuberculosis (MDR and XDR) in patients attending TB/HIV clinics in Nigeria (approved and funded under COP08).

Public Health Evaluations (PHE) started in COP08 will continue to be monitored. These include a) Evaluation of intensified TB case finding (ICF) to reduce early mortality in ART eligible patients, b) How to Optimize PMTCT Effectiveness (HOPE) Project: a Multi-Country PEPFAR Public Health Evaluation Proposal and c) Evaluating the impact of Task Shifting for ART Delivery on Patient and Process Outcomes. Two new PHEs have been proposed for COP09. These include: a) Determining the impact of PEPFAR HIV-related services on other health services in health facilities and on the broader health system and b) Evaluation of Patients in Pre-ART Care and Interventions to Improve their Retention. The USG SI team will work with other technical staff, USG PEPFAR implementing partners and GON to implement these evaluations activities.

These projects, through different approaches, seek to improve the quality of USG-sponsored HIV prevention, care and treatment programs, while ensuring adequate use of resources, reducing harm, and reducing the emergence of resistant strains of HIV that may accompany non-adherence. Further details

Activity Narrative: about proposed surveillance activities can be found in Table 5.5.

In order to successfully develop and interpret SI and implement evidence-based HIV/AIDS programs and policies, Nigerian HIV/AIDS program managers and policymakers must be able to generate, analyze, and interpret quantitative information. They must critically evaluate and use data generated by epidemiologic studies, surveillance, program monitoring, public health evaluations (PHEs) and similar efforts. USG PEPFAR Nigeria will, in collaboration with the Federal Ministry of Health and two Nigerian universities, provide training for public health HIV/AIDS managers in field epidemiology. This includes training of state and national level program managers in relevant short course topics and enrollment of a selected cohort into the two-year long course for the award of a master's degree in field epidemiology through this Field Epidemiology and Laboratory Training Program (FELTP). The FELTP program operates under a Steering Committee chaired by the Director of Public Health and including key stakeholders from the Ministry of Agriculture, Ministry of Health, academic institutions, HHS/CDC, and recognized national experts. FELTP is funded under System Strengthening and has linkages to SI and service delivery program areas.

ICASS and CSCS charges related to these positions are funded under M&S in compliance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13144

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13144	5358.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$2,775,000
6785	5358.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$1,350,000
5358	5358.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$731,333

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7830.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HVSI
Activity ID: 25660.09
Activity System ID: 25660

Mechanism: HHS/CDC RFA TBD/FMOH
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Strategic Information
Program Budget Code: 17
Planned Funds: ██████████

Activity Narrative: The HIV/AIDS Division (HAD) of the Federal Ministry of Health (FMOH) has the statutory mandate to coordinate the health sector HIV/AIDS response for Nigeria. PEPFAR will in COP09 support the FMOH to carry out specific SI activities to achieve a unified and sound national monitoring and evaluation system. The funded activities will be implemented in a way that covers the entire country at both national and state levels. With this funding, HAD will build the capacity of its staff at the national level as well as in the state ministries of health to support an integrated health sector response within the framework of the 3-ones. The capacity of HAD staff to provide integrated program management through a comprehensive training that will ensure that SI program related trainings, supervision, service provision and quality assurance activities are carried out in line with nationally and internationally acceptable standards. Through this grant, HAD will also ensure that the National SI Technical Working Group (TWG) meet as scheduled in their operational plans. The HAD will also facilitate the distribution and dissemination of the monitoring and evaluation tools, registers, forms, Standard Operation Procedures (SOP) and Guidelines and other measurement tools to ensure that they are understood and adhered to by service providers across the nation. The HAD will also develop a mechanism for feedback on all documents from endusers.

The expected outcomes of this technical approach will include routine site visits by HAD staff at all levels; the SI Technical Working Group will better perform their advisory functions and service providers will adhere to National standards for HIV/AIDS services provision.

HAD will achieve these through the following activities:

- a. Training of HAD staff at the National, State and Local Government Levels on supervisory and monitoring skills, use of tools, development of indicators, data quality assessment, data use and feedback mechanism.
- b. Support the development of a sound health management information system suitable for use at all levels of health care delivery as well as community service outlets.
- c. Facilitate timely reporting of routine HIV/AIDS and other health information system from service delivery points to intermediate and national levels as well as supporting the analysis and use of such information for program improvement.
- d. Support the development of quality management systems to ensure provision of services according to standards in all HIV/AIDS program areas, developing quality measurement tools as well quality improvement initiatives.
- e. Coordinate program outcome and impact evaluations through general population and special population surveys using quantitative and qualitative methodologies, support operations research, basic program and public health evaluations, HIV drug resistance surveys and other survey and surveillance activities.
- f. Enabling and facilitating the meetings of the SI TWG. HAD will work in collaboration with the TWG to visit service delivery sites; and collate and analyze supervision reports to serve as a basis for advisory functions of the TWG.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 9401.09	Mechanism: HHS/CDC Track 2.0 PFD
Prime Partner: Partners for Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 21702.26818.09	Planned Funds: \$60,000
Activity System ID: 26818	

Activity Narrative: In COP08, PFD provided Strategic information (SI) to 2 organizations (Assumption Clinic in Warri and Catholic VCT and Primary Health Care Centers, Ikot Ekpene). In COP09 PFD will continue SI activities in the 2 existing project sites. This SI activity incorporates program level reporting and implementation of paper based or computerized Health Management Information Systems (HMIS) for Faith Based Organizations (FBO) and Daughters of Charity (DC). These SI activities will support design and implementation of high quality, sustainable, evidence-based interventions and programs in the 2 existing project sites: (ART Services, ARV Drugs, Laboratory infrastructure, TB/HIV, HCT, and PMTCT). These SI activities will be in line with Government of Nigeria (GON) strategic information harmonization policies and guidance to support the "three ones" goal of integrated national level coordination, monitoring and planning.

In COP09, it is anticipated that (30) sub-partner personnel (record officers, clinicians, nurses, pharmacists, and administrator) will be trained in data management and data quality assurance to ensure proper record keeping and continuity of care at all sub-partner sites. PFD will continue to provide technical assistance (TA) to sub-partner personnel to adapt and harmonize existing paper based records and processes to meet standards of the GON. Training for PFD specific needs will be conducted by the PFD program and available training from implementing partners (IPs) and GON will support harmonization of data activities. PFD will organize regular site visits to ensure proper data handling procedures are adhered to at all times. Information sharing and feedback on monthly/quarterly reporting will continue in COP09 involve sub-partners, State Monitoring and Evaluation (M&E) officers, State Action Committee on AIDS (SACAs) and LGAs (Local Government Authorities). PFD will have the closest relationship with LGAs since most of their activities will be organized on the LGA level. Quarterly state level (SACA) debriefing meetings will also be held to review progress to date and to address challenges and constraints faced.

In COP09, in addition to providing tailored training for the "Counseling, Care and Antiretroviral Mentoring Program" (CAMP) M&E team members, the project will work closely with other Implementing Partners (IPs); National Agency for the Control of AIDS (NACA) and State Action Committee on AIDS (SACA) on training M&E staff, harmonizing data collection tools and core indicators. CAMP will explore collaboration with established IPs like Enabling HIV & AIDS, TB and USG policy partners; Monitoring and Evaluation Management and Services (MEMS); and DC, especially in reporting the Drug Resource Enhancement against AIDS and Malnutrition (DREAM) Model. Such collaborations will include trainings, attending workshops and mentoring activities that will strengthen CAMP M&E systems and ensure adequate dissemination of program information

SI in the CAMP Project will be collated and analyzed by the M&E team comprising the Director of M&E and M&E program officers located in the two project locations of the CAMP Project (Ikot Ekpene in Akwa Ibom State and Warri in Delta State). The CAMP M&E Team in partnership with PFD; DC; and other CAMP staff (clinic and program) will design and implement the project's M&E system. PFD SI staff will continue to be active participants on the SI working group constituted and coordinated by PEPFAR Nigeria USG as well as the GON's National M&E technical working group (TWG) and its sub-committees

CONTRIBUTION TO OVERALL PROGRAM AREA:

Improvement in SI management capacity of existing sub-partners will instill a data use culture that leads to improved quality of care. Personnel training across the PFD sites in 2 states will contribute to overall program capacity building and sustainability. This activity will contribute to the GoN and USG strategy for the provision of quality, relevant and timely information for decision-making. This information will then serve as a resource in developing plans that will enhance the cost-effectiveness of the operations and management of PFD.

Target population

The CAMP Director of M&E will train project M&E program officers and other staff to respond to the standardized data collection and reporting requirements of the CAMP Project, which will be conformed to that of PEPFAR. This activity will target national level policy makers, GON and national organizations such as NACA as well as community-based organizations, FBOs, and health workers, specifically all staff undertaking routine program monitoring at the national and local levels.

Links to other activities

SI activities relate to all PFD HIV/AIDS activities: ARV Services, Laboratory, Basic Care and Support, PMTCT, OVC, and Sexual Prevention. Information generated through M&E activities provide a basis for decision making for all components, and is therefore linked closely to each one (PMTCT, OVC, Prevention, Pediatric and Adult Care, ART and Lab).

Key legislative issues: Information generated through monitoring and evaluation activities will inform and assist local level responses to deal with the HIV/AIDS epidemic and will be shared as appropriate in LGA level coordination meetings with representatives from local government as well as community groups. Summarized version will be shared with a State level Advisory Committee. This will enable State level government representatives to be stronger advocates for support in dealing with the epidemic at the national and ministry levels.

Emphasis areas

Building capacity of implementing staff to analyze and interpret project related information will be the key focus of this component. The M&E tools will be developed to conform to the national and President's Emergency Plan for HIV/AIDS Relief (PEPFAR) reporting formats. The CAMP Project will ensure utilization of consensus indicators for patient monitoring and management (PMM). The key tools to achieve management-for-results include the CAMP database and data reporting forms for all program activity areas. Data will be collected monthly, compiled from reports from both CAMP clinic and non-clinic sites. To ensure consistency of data and reports from the clinic and field locations, the Director of M&E will conduct monthly site visits to each CAMP clinic, thereby ensuring data quality assurance. The Director of M&E will develop an M&E improvement plan for training, supervision and mentoring of program staff.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21702

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21702	21702.08	HHS/Centers for Disease Control & Prevention	Partners for Development	9401	9401.08		\$25,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,510

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 2768.09

Prime Partner: Columbia University Mailman School of Public Health

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5541.28555.09

Activity System ID: 28555

Mechanism: HHS/CDC Track 2.0 Columbia Univ SPH

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$900,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As government and international partners/donors move towards increasing access to HIV prevention and care and treatment, monitoring and evaluation (M&E) will continue to play a critical role in providing information for adequate program planning through the development of processes and strategies that will be used to assess project/program progress, performance, and quality. To be adequately positioned for these challenges, ICAP Nigeria M&E will continue to adopt new approaches to M&E in HIV care (FAME) and this will aid in the improvement of skills at facility and other service delivery points. ICAP Nigeria M&E will adopt the use of Government of Nigeria (GoN) harmonized tools and develop an M&E guide that will put together best practices and strategies in M&E, and promote program monitoring and evaluation (PME). These efforts, in collaboration with the GoN (including State M&E officers), will help ICAP move forward in the implementation of the National strategic M&E framework.

In COP08, ICAP provided strategic information (SI) management services to 144 sites in six states (Kaduna, Benue, Cross River, Akwa Ibom, Kogi and Gombe). These included (107) primary health centers (PHCs) providing a combination of PMTCT, TB/HIV and/or HCT, 9 Community Based Organizations (CBOs) and 28 secondary hospitals providing comprehensive HIV/AIDS programs. In COP09, ICAP will build upon the successes and the lessons learned from COP08 to date to sustain and improve on the SI support to a total of 30 comprehensive health facility networks and 19 CBOs in six states (Cross River, Kaduna, Benue, Gombe, Akwa Ibom and Kogi states).

ICAP's M&E team with COP08 funding consists of 20 technical staff and a cadre of facility based data clerks and medical records officers that support the system to implement M&E activities for patient monitoring and management (PMM), Quality Management (QM) and Program Monitoring and Evaluation (PME). The ICAP M&E team has supported the implementation of basic site patient tracking (using national paper-based systems) for care and treatment, including the identification and harmonization of indicators and definitions, and the adaptation and printing of data collection forms. M&E activities also included the initiation of a paper-based records system, strengthening facility M&E systems through mentoring and monthly facility data updates and system support. Also ICAP has conducted regular data collection and verification and data quality requirements, tracking referrals and linkages to ICAP-supported hospitals for HIV care and treatment services and introduction /support of new advances in HIV care monitoring and evaluation.

ICAP also uses an electronic database to aid comprehensive patient tracking, facilitate site monitoring activities, assist reporting, monitor quality of services provided, and enhance programmatic evaluation. Using in-country networks and available technologies, ICAP has built a strong PMM system harmonized with the Government of Nigeria's (GON) emerging national PMM system. ICAP has continued to participate and key into the GON Three Ones strategy of one National M&E strategic framework, one coordinating body and one reporting system. This has led to ICAP active participation in LHIPMIP (Voxiva platform), HIVQUAL and membership of both State and National M&E Technical working groups.

In COP09, ICAP M&E staff will carry out regularly scheduled mentoring, monitoring and supervisory visits to all sites during which they will strengthen M&E systems by providing National PMM tools and encouraging their constant and correct use. This will ensure proper medical record keeping, efficiency of data flow, referral coordination, and the use of standard operating procedures, in line with the USG SI data quality assessment/improvement (DQA/I) and capacity building plan. On-site TA with more frequent follow-up monitoring visits will be provided to reinforce and ensure that standards and best practices are adhered to. In addition, we will vigorously pursue and implement activities that will increase data quality (data quality assurance, chart reviews), and data use for programming at the Point of Service (POS?) communities, Local Government Council and states where supported facilities are located by providing regular feedback from the data generated. Focus will also be on improving real time data entry, data collection, data validation and analysis at the POS to ensure sustainability and dissemination of findings across a range of stakeholders.

In COP09, 13 additional M&E staff and 30 site data entry persons will be hired in order to sufficiently address the greater level of M&E activities across all programs. Out of the 13 additional ICAP core staff to be hired, one will be based in Abuja and 12 at the region. Of the 13 new hires 4 (Kogi, Cross Rivers, Akwa Ibom and Kaduna) will be hired as State M&E officers to provide support in the strengthening of state and facility M&E systems and to assist the Regional Advisors in the planning and implementation of M&E activities in the State and Region. Seven regional and one Central M&E assistants will assist the State M&E Officer, Regional M&E advisors and Central M&E team in the development and refinement of M&E materials and provide support in the development and establishment of a systematic procedure for patient monitoring and evaluation including collecting, collating and reporting all data tracked by the ICAP Nigeria program.

. In COP09, ICAP will train and provide ongoing technical assistance to at least 250 individuals at ICAP-supported facilities (facility health personnel at secondary hospitals, primary health care facilities, DOTS sites, CBOs, NGOs, and PLWHA groups) to enter and manage the information required to monitor program performance, evaluate quality, and identify areas in which program services can be strengthened. Funds will be used to train in basic computer skills, data management and general M&E as well as monitoring quality of service using appropriate quality management (QM) tools. Service providers will also be supported to complete medical records and registers in an accurate and timely manner. In addition, ICAP will provide technical assistance to 150 local organizations and facilities, enabling them to strengthen their own monitoring and evaluation activities.

ICAP will continue to support additional M&E activities, including monthly feedback meetings with facilities and GON at all levels and regular quality checks on data and other services via adapted QM tools. Support will be provided to the GON as necessary on program evaluation. In line with USG SI focus for FY09, ICAP will support the establishment of the "Three Ones" at the state level, support capacity building of State M&E officers, facilitate collection of data from non PEPFAR sites within the states of their operations, and involve

Activity Narrative: the state M&E officers in their routine program monitoring activities in order to instill a sense of ownership and ensure sustainability of these efforts. Additionally, ICAPs SI team will continue to be active participants in the SI working group established and coordinated by USG-Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Correct and consistent data collection will contribute to the measurement of the achievement of the GON/PEPFAR care and treatment goals. It will be utilized to strengthen systems for increased and rapid expansion, planning and sustainability purposes. In addition, it will provide appropriate information to assess quality of care provided to PLWHA's and PABA's.

LINKS TO OTHER ACTIVITIES:

M&E is concerned with the collection of data on all services provided to improve program activities and enhance reporting. Thus, this activity will relate to activities in PMTCT, adult basic care and support, TB/HIV, OVC, HCT, sexual prevention, ARV services, ARV drugs, lab, blood safety and injection safety. ICAP will also conduct public health evaluations of selected interventions during the COP09 year as well as routine evaluation of the PMTCT service delivery and decentralization of ART services to Primary Health Clinics (PHCs).

POPULATIONS BEING TARGETED:

The population being targeted includes the M&E officers in partner implementing organizations and various CBO/FBO/NGO/PVO and medical records officers in health facilities. The various cadres of service providers will also be provided with technical assistance to enhance accurate record keeping.

EMPHASIS AREAS:

Emphasis areas include human capacity development, system strengthening and SI.

By collecting data about relative numbers of men and women accessing prevention, care, and treatment services, strategic information will be available to inform the development of strategies to mitigate gender inequity. Strategic information also enables programs to assess the effectiveness of referrals and linkages to wraparound programs providing food support, microfinance initiatives, and reproductive health services (and other required services). Data will routinely be used to assess and enhance program quality and program effectiveness.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13032	5541.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6372	2768.08	HHS/CDC Track 2.0 Columbia Univ SPH	\$1,500,000
6692	5541.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4166	2768.07	Cooperative Agreement	\$300,000
5541	5541.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2768	2768.06	Track 1.0	\$188,500

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$141,630

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 4043.09**Prime Partner:** Partnership for Supply Chain Management**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 6661.26063.09**Activity System ID:** 26063**Mechanism:** USAID Track 2.0 SCMS**USG Agency:** U.S. Agency for International Development**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$1,150,000

Activity Narrative: ACTIVITY DESCRIPTION:

In COP08, the Supply Chain Management System (SCMS) continued activities on the in-country Logistics and Health Program Management Information Platform (LHPMIP). LHPMIP is a Government of Nigeria (GoN) system designed to strengthen the logistics and management of Nigeria's HIV/AIDS program. LHPMIP supports: 1) facility level reporting; 2) implementing partner (IP) performance reporting; and, 3) logistics management and information tracking. The LHPMIP platform allows for timely collection, review, cleaning and analysis of data from the field. This enables HIV/AIDS program managers with real time data necessary to plan effectively and make informed decisions. Development and implementation of the LHPMIP is jointly overseen by a GoN and United States Government (USG) Project Management Team (PMT).

In COP09, SCMS will continue to consolidate the achievements made in the previous years which will ultimately ensure that required data is available on time to facilitate timely decision making and also improve information sharing amongst all partners.

LHPMIP implementation is through four discrete tasks. The tasks are hosted on a common infrastructure platform composed of servers, communication gateways, framework and application software and maintenance (point update releases for added functionality and patches to address bugs). Included will be application maintenance (backups, load balancing etc) and round the clock monitoring as well as technical support. The infrastructural costs also include local servers and equipment for reporting from facilities. This infrastructure costs totals approximately \$276,944 for COP 09.

The first task (T1) involves the development and implementation of the facility reporting module based on indicators in the Nigerian National Response Information Management System (NNRIMS). In COP 08, the Pilot testing of the Facility Reporting module was completed, standard operating procedures (SOPs) were created, user guides and training materials were developed, and 44 persons were trained from GoN, USG and the IPs to step the training down to their facilities by MEASURE (Monitoring & Evaluation to Assess and Use Results) Evaluation. By the end of COP08, development of a national roll out plan will have been completed in conjunction with MEASURE and the GoN with guidance from the PMT. In COP 09, further required system modification (based on feedback from the pilot) will be effected. Pending availability of additional funding, full roll out of the module will follow in a phased approach, progressively scaling up from pilot sites to 160 of the identified sites across Nigeria. In collaboration with MEASURE, the training curricula developed in conjunction with MEASURE in COP07 will be updated and a set of 15 state based master trainers will be trained in a training of trainers (TOT) to support rapid rollout of the platform. SCMS will provide ongoing support to users, with a focus on new users and will operate a help desk (phone & email) line such that any system user can call/mail in to report a problem and receive prompt technical support by phone/email. SCMS will initiate the migration of some system support activities to the GoN. SCMS will work with the GoN to provide some summary system data in the form of generic charts in hard copy to facilities as they come onto the system to encourage system uptake and use. SCMS also will continue to provide technical solutions and support for on-going implementation and Data Quality activities; these will include presence at roll out/step down trainings as well as monitoring and supervisory visits. Support for this task will account for approximately \$262,382 of the budget.

The second task (T2) addresses the development of the organization reporting module. Current organizational information (funding source, funding figure and target for each program, the sub-partners, etc) will be provided by USG and the GoN to populate the platform. Additional program level information (i.e. activities carried out at the program rather than facility levels by each IP) will also be entered at the IP level. The module then aggregates relevant data from the facility reporting module (of Task 1) and the additional program level information for each IP for inclusion in the organization reports. This module provides program level information to program managers and policymakers in a manner that will permit a timely analysis to monitor progress towards PEPFAR and GoN goals and thus allow timely evidence-based decisions. By the end of COP 08, this module will be live with SOPs, a user guide and training materials to guide the users. USG IPs and the GoN will have been provided access to the system and trained in its use. It is also expected that by the end of COP08, the USG will have used LHPMIP to run and analyse data for some of its Program/Progress Reports (APR & SAPR). In COP 09 full deployment of the module will be undertaken in appropriate collaboration with MEASURE Evaluation. It is anticipated that following on the COP08 activities, necessary modifications and training sessions would take place to optimize the use of LHPMIP for subsequent Program/Progress Report exercises. SCMS will provide the same support as described in task one above. Support for task two will account for approximately \$123,696 of the budget.

The third task focuses on using LHPMIP to report Logistic information. Earlier on, a needs assessment was conducted and this informed the design of a system to harmonize the collection and transmission of national LMIS for HIV/AIDS commodities. By the end of COP 08, based on the results of the assessment, SCMS would have held a design workshop and undertaken the subsequent configuration of the platform to collect logistic information, carried out a user acceptance test and developed a plan for implementation (including pilot testing) of the module (in collaboration with relevant stakeholders). Pending availability of additional funding, in COP 09, the full deployment of the module will take place with SCMS providing technical solutions and support for data quality activities, on-going implementation and technical support to system users for ongoing access and use of the module; these will include but would not be limited to trainings (master trainers, start up & refresher) and monitoring visits. Activities for Task three will require approximately \$168,589 of COP09 funds.

SCMS will also explore the feasibility of importing logistic information from the facility dispensing tool into LHPMIP and from LHPMIP into the warehouse management tool (to create a wholistic transactional system that automates resupply from the Central Medical Stores to the facility). The electronic LMIS (Logistics Management Information System) will provide information in real time that will be used to support procurement planning, ordering, commodity distribution/delivery (to points of care) and monitoring of stock levels at the facilities.

A fourth task focuses on the collection of facility profile data to enhance the GIS (Geographic Information

Activity Narrative: System) facility component. SCMS organized a workshop to define the descriptive data to be included in the facility profile (e.g., number of beds, number of staff in each cadre, number of incinerators, patient load, etc) in COP 08. By the end of COP08, the project would also have created the application, trained USG IPs on data collection for USG supported facilities (est. at about 700), and developed a plan to collect facility profile data on all other (i.e. GoN) sites offering HIV/AIDS services (est 2,000). In COP 09, SCMS will train partners so that they can use the data that will have been collected from the PEPFAR and GoN sites. In addition, a series of system enhancements will be made to the GIS function. The PC Client software now used to report data from some facilities will be updated and optimized so that it can serve as the primary data collection tool for this task. The facility registry component of the LHPMIP system will also be updated to allow for use of some of the data to be collected under this task. Specifically, SCMS will work closely with the USG SI team in identifying a consultant to identify tasks and associated costs for the geo-coding of available data and migration to a robust GIS, including costing of hardware and software. This represents a first phase of the development of a fully populated GIS relational database for in-depth analysis of the nature and trends of the epidemic in Nigeria. Support for task four of the budget will account for approximately \$168,389 of the budget.

The LHPMIP platform consist of a common infrastructure comprising servers, communications gateways, application software, software maintenance (point releases that add new functionality to the standard platform and patches that address bugs), application maintenance (which includes tasks such as back-ups and load balancing, and ongoing monitoring and technical support from Voxiva's monitoring centers). Currently, the application is hosted on a server located in Voxiva's global hosting facility in the United States. It is anticipated that the process of moving the host server to Nigeria will commence in COP 09, after a thorough cost and performance assessment of local hosting options to be undertaken with COP08 funds. This assessment will lead to a detailed plan and schedule for relevant next steps. Irrespective of where the server is hosted, a sustainability plan and schedule will be developed and capacity building of a local technical team to support LHPMIP will commence.

SCMS will continue to provide TA in the use and application of the system to the USG, the GoN (NACA, NASCP, NPC) while MEASURE Evaluation will provide leadership in data quality assurance, data demand and information use (to ensure that operators use data from the platform for decision making).

SCMS will collaborate with MEASURE Evaluation and the PMT to leverage resources to hold a series of trainings in COP 09. Working with MEASURE Evaluation, it is expected that for Task 1 activities, a total of 17 persons will be trained as follows: 2 GON personnel (LHPMIP Project Manager and System administrator) and 15 master trainers (to be trained through a TOT for 3 persons from each of the 5 states, it is expected that those trained in the TOT in each state will have the responsibility of training, with the support of GON, at least 2 persons each from 40 of the facilities already identified in COP 06). The master trainers from the GoN will build on the integration of this platform with other systems and promote improved utilization of data at national and sub-national levels. For Task 2 activities, a refresher training will be held for a total of 21 persons as follows: USG (3), GON (6) and IPs (12). For T3, as in Task 1, a TOT would be carried out in collaboration with MEASURE Evaluation for Master Trainers from who will then step down the training to logistics staff at the facility level. For Task 4, a total of 143 persons will be trained as follows: USG (3), GON (6) and IPs (134 i.e. 2 per 67 USG IPs). SCMS will collaborate with MEASURE and the PMT to implement the afore-mentioned training sessions, and it is hoped that additional funds can be leveraged to permit expanded training and rollout.

SCMS will encourage and provide the GoN necessary TA to identify a candidate to fill the staff position of LHPMIP Administrator/Project Lead. This individual will - with TA from SCMS - be charged with the coordination and timely implementation of activities.

As a further support to SI activities, SCMS will assist in determining specifications for ICT (Information and Communication Technology) equipment such as computers, peripherals, phones etc. and procurement of such equipment for the IP.

LHPMIP will inform HIV/AIDS programs management and support their scale-up to reach national targets of providing treatment to 350,000 People Living with HIV/AIDS, prevent 1,145,545 new infections, and provide care and support to 1,750,000 HIV affected individuals. Furthermore, SCMS activity through LHPMIP supports coordination and integration of information systems by ensuring that all key stakeholders are involved at all stages of the design, development, and implementation, with oversight of LHPMIP by both the GoN and USG. In addition, this participatory approach supports country ownership and contributes to sustainability of the platform. To further support sustainability, SCMS will build GoN capacity in use and administration of the platform.

SCMS will provide training for 23 individuals in strategic information in COP09. It will also provide 10 local organizations with technical assistance on strategic information activities.

EMPHASIS AREAS:

SCMS activities under this program area address several emphasis areas. First, by providing a tool that facilitates collection of and timely access to data, it contributes to a strengthened Health Management Information System (HMIS) in Nigeria and thus supports the availability of key indicators to inform service delivery and programs and meet reporting requirements. It also supports gender equity in HIV/AIDS program by providing data from HIV/AIDS services disaggregated by sex, thus increasing awareness of gender inequity and providing grounds for decision making. Finally, it contributes to human capacity development by supporting training on the use and administration of the platform.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13088

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13088	6661.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$1,120,000
6743	6661.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$2,900,000
6661	6661.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4043	4043.06	SCMS	\$600,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 544.09

Prime Partner: Harvard University School of Public Health

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3226.26438.09

Activity System ID: 26438

Mechanism: HHS/HRSA Track 2.0 Harvard SPH

USG Agency: HHS/Health Resources Services Administration

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$967,299

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As we have now split the APIN+ activities between Harvard University and APIN, our activity narratives will be amended to reflect activities that will be performed specifically by the efforts of Harvard through the APIN+ Program (APIN+/Harvard) as opposed to APIN (which will be submitting a separate narrative under the name APIN). In addition, APIN. will be taking over all activities for Nigerian Institute of Medical Research (NIMR), Lagos University Teaching Hospital (LUTH), Onikan Women's Hospital (OWH), and Mushin General Hospital (MGH); in accordance, those sites and their respective patients will drop out of the Harvard numbers and be reflected in the APIN, Ltd. narrative.

COP08 NARRATIVE UPDATED TO REFLECT COP09 ACTIVITIES AND TARGETS:

In COP09, Harvard will provide support to 66 sites (10 tertiary, 21 secondary, 34 primary, and Mashiah Foundation). The activities include: data management and data quality, monitoring and evaluation (M&E), health management information systems (HMIS) and operational research studies in all Harvard sites and the Central Public Health Laboratory. Funds will also be utilized to continue building the capacity of site staff in the above areas in order to promote effective use of data to improve services and programs and to influence policy. In addition, a major goal in the coming year is to further achieve sustainability by further transferring data expertise to APIN by Harvard personnel. Harvard will work with APIN to assure effective use of paper-based and electronic data systems, including the use of the web-based portal for data reporting (LHPMIP), where feasible (i.e. electronic databases in place). Technical assistance will also focus on the promotion of the one National HIV M&E system with reference to the "three ones". In collaboration with Harvard, a database specialist, IT specialist, an M&E Officer and an M&E Consultant from the APIN staff will assist the sites with on-site clinical, pharmacy, laboratory and project reporting. In line with the PEPFAR-Nigeria indigenous capacity-building strategy, Harvard and APIN will strengthen local capacity at primary, secondary and tertiary health facilities as well as centrally through further building the expertise of those at APIN, Ltd. A major goal of our activities this coming year is to further: 1) build M&E capacity at the local level by ensuring that there are dedicated M&E officers at all facilities and/or points of service. 2) promote increased utilization of data in evidence-based decision making; 3) evaluation of clinical outcomes and intervention efforts; 5 and 4) evaluation of program outcomes.

Our program uses a relational database system that is linked by a unique patient ID number and contains data required for patient management and monitoring (PMM). The electronic database is functional and fully harmonized to the GON PMM forms to allow for full integration and harmonization into the broader Nigerian national health information system. The database will be strengthened to track linkages for prevention-care-treatment or the continuum of HIV services. Throughout the transition of activities from Harvard to APIN, we will continue to use the APIN+/Harvard forms and databases which were developed under COP funding to Harvard in previous grant years. The APIN+/Harvard forms collect clinical visit, pharmacy pick-up, laboratory assessment, toxicity, virological/immunological failure and discontinuation information for adult and pediatric care and treatment as well as PMTCT services. At present, OVC data are collected using GON registers, but we are working to develop electronic forms, which are fully harmonized with the GON forms which will allow for more efficient reporting. The program has also developed a number of utilities to maximize the efficient use of data for improved patient management, data quality, reporting and program management. This includes a treatment response utility, which provides a graphical display of patients' CD4 counts, viral loads, and drug pick-up history, as well as a loss to follow-up utility, which serves as an early warning system for patients that miss drug pick-ups. Information is generated and used for site and program-specific evaluation of services, such as assessment of CD4 counts, viral load, adherence, and loss to follow-up.

Harvard provides computer hardware and software support to sites as services are being maintained. SOPs are in place to govern data entry, security, management and reporting based on the ARV treatment and care protocol. Refinement of instruments and databases is ongoing to accommodate program reporting requirements from Harvard, USG and the GON. The PMM forms are stored in the patient hospital folders and kept in locked file cabinets. National registers are also in use at Harvard supported sites. Data from PMM forms and relevant registers are entered into the databases by trained data entry staff at the respective sites. The data are then uploaded to a password protected web server, accessible to authorized personnel and data managers at the Nigerian sites, APIN and Harvard. Data managers prepare timely reports for GON and USG using the electronic databases. Facility-based data are reported using a harmonized national reporting system. The Boston and APIN data management team and the APIN M&E officer provide regular feedback on data collected and on reports to the sites. Site M&E committees are in place to implement an annual M&E plan; M&E results are fed back to the sites to promote systems improvement.

Harvard will continue to improve its good working relationships with state-level M&E staff through regular communication, on-site monitoring activities, active work at capacity-building, championing the "Three Ones" at the state level, and participation in routine state-level monitoring and reporting events that include non-Harvard supported sites in the states. These actions are designed to encourage state M&E officers' participation in strategic information activities and to expand their capacity in data collection, management, reporting and strategic utilization. This involvement will build the capacity of the state-level staff and promote sustainability. The SI team of APIN and Harvard will continue to participate actively in the National M&E technical workgroup (TWG) and the USG-Nigeria SI TWG and respond to the goals of the one national reporting system.

In COP08, Harvard further built our internal quality improvement (QI) initiative, designed at collecting qualitative and quantitative data regarding indicators on the provision of adult, pediatric and PMTCT services at each site. The QI activities were developed with significant input from APIN and Harvard as well as colleagues in Botswana and Tanzania. In COP09, Harvard anticipates scaling up these activities to conduct assessments at sites that started HIV care and treatment activities during COP08 as well follow-up assessments on sites that were assessed in COP07. In order to continually improve and monitor data quality, each site will be visited regularly by APIN and Harvard M&E staff throughout COP09 and; on-site TA and supportive supervision will be provided. Regular inter-site interactions will be encouraged, facilitated by APIN and Harvard personnel. In COP08, all supported sites constituted M&E committees; these committees

Activity Narrative: meet to evaluate the site M&E data and use the information towards improving quality of care and making evidence-based clinical decisions. During COP08 and going into COP09, sites will work on fully developing QA/QI committees to conduct quarterly reviews of quality of care. During COP09, we will continue to encourage and monitor the activities of the site M&E and QA/QI teams. We are also working on developing a database utility that will allow the sites to quickly pull out data on patients that are lost to follow-up, showing signs of toxicity or failure, or that may require other focused attention, to further improve quality of care. Finally, HIVQUAL using additional QI indicators is being implemented in five selected Harvard-supported sites, with eventual implementation at all Harvard and APIN+ sites within two years.

In COP09, 384 individuals will be trained in database management, monitoring and evaluation (M&E), surveillance, and HMIS. The trainees will include some state and LGA staff. The APIN central office will conduct 5 training sessions centrally. In addition, regional data management trainings for personnel working with medical records and patient data will be conducted on a regular basis. Data management and M&E modules are incorporated into respective technical training for other disciplines such as clinicians, nurses, pharmacists and laboratory staff etc.

EMPHASIS AREAS:

These activities emphasize monitoring, evaluation, and reporting through data collection, data analysis, data use and data dissemination. Emphasis is placed on strategic information, human capacity development and local organization capacity-building.

This activity will highlight gender issues by providing gender disaggregated data on patients accessing HIV/AIDS related services. Through this analysis, we will be able to contribute to national surveillance on utilization of HIV services and impact of HIV intervention on both sexes. This data will be essential to the development of outreach, treatment programs and education to reach an equitable number of men and women.

TARGETED POPULATIONS:

The SI activities target program managers and M&E officers including state and local M&E officers, site coordinators and principal investigators to provide them with skills and tools for programmatic monitoring and evaluation. The data collection and management components of these activities target medical record staff, data staff, and other health care workers who are involved in the implementation of these processes. Lastly, the M&E and capacity-building efforts target implementing organizations, including private, community-based and faith-based organizations involved in the provision of ART, HCT, BC&S, TB/HIV and PMTCT services.

CONTRIBUTIONS:

SI activities supported by Harvard are consistent with the 2009 PEPFAR goals to build indigenous capacity-building in the area of SI. Harvard SI activities are consistent with these goals in that funding will be used to strengthen local capacity in the area of database management, data analysis, data use, M&E and QA/QI. Harvard will also provide SI support to its local administrative office, central pharmacy and warehouse. Additionally, as part of our sustainability building efforts, Harvard will provide technical assistance and support for APIN to assume program management responsibility for the SI Activities. The goal of such efforts is to provide for greater assumption of responsibility for management and implementation of PEPFAR programming by Nigerian nationals through an indigenous organization.

LINKS TO OTHER ACTIVITIES:

These activities are linked to PMTCT, OVC, TB/HIV, HCT, ART, Basic Care & Support Services, SI, HCD, and Gender. In M&E activities, Harvard will link to the National M&E TWG and Nigeria Medication Event Monitoring System (MEMS). Additionally, through the provision of IT support and data management personnel, APIN+/Harvard will provide linkages between all supported sites as related to data sharing and HIV surveillance in PEPFAR program areas. Through operational research studies, APIN+/Harvard will collaborate with the FMOH, other GON representatives, NNART committee and the NIAID/NIH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13062	3226.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	6378	544.08	HHS/HRSA Track 2.0 Harvard SPH	\$1,900,000
6717	3226.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4170	544.07	Track 2.0	\$845,000
3226	3226.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	2770	544.06	Track 1.0	\$500,000

As PEPFAR programming segues into the next five year period, the USG/Nigeria team will increasingly shift programming focus to issues around a sustainable, Nigerian-led HIV/AIDS response. This shift will entail a new focus on larger issues around health systems strengthening and a continuing effort to provide strategic supports in the areas of capacity building and policy advocacy to ensure that the Nigerian response will meet the growing demands.

Since the inauguration of the new administration under President Yar'Adua a year ago, a number of changes in leadership among key federal line Ministries have occurred, many of which have challenged some of the policy and capacity building efforts undertaken during COP08. However, there have also been some key policy and systems-level achievements. Of particular note is the growing interest and activism seen at the State level, with increasing signs of effective leadership at that level, particularly with regard to supports for OVC programming and for harmonized monitoring and evaluation. The National Assembly has also shown signs of increasing leadership in the HIV response, as evidenced through the development of a strategic workplan for the Committee on HIV/AIDS/TB and Leprosy, which was developed with partner inputs. The drafting of an Islamic Policy for HIV/AIDS was another key development this year, which builds further on the advocacy and leadership efforts among the faith-based community.

Looking at the COP09 plan of action, the PEPFAR program will be working to address weaknesses in the activities addressing stigma, as discrimination continues to limit peoples' ability and willingness to seek out services and supports. Policy work will continue to improve the recognition of rights for marginalized populations (victims of trafficking, members of sexual and other minority groups, disinherited women, etc.) in order to reduce their vulnerabilities and improve their access to targeted services. A cross-cutting focus on gender will also be a key initiative, with a revitalized Gender Technical Working Group leading the way. The increased emphasis on children's issues across the board, in prevention, care, and treatment, will also link in with capacity building efforts to ensure the appropriate policy environment and leadership initiatives within the health care system to promote baby/child/adolescent-friendly and appropriate services. The continuing close partnership with the Global Fund, through technical assistance, participation on the Country Coordination Mechanism, and via common implementing partners, will further enhance strategic alignments of investments for accelerated results and longer-term sustainability.

Specific activities will continue from previous years to strengthen the capacity of host country government institutions, such as the Federal Ministry of Health, the Federal Ministry of Women Affairs and Social Development, and the Ministry of Defence, to plan, manage, and implement HIV programs, including national procurements and logistics systems. Local partner organizations, who are critical for the sustainability of the program and for the reach into underserved communities, will continue to receive tailored organizational capacity supports, particularly for management, leadership, and policy development. The USG team, in partnership with the other members of the National Technical Working Groups, which include members of governmental and PEPFAR implementing partner organizations, will provide strategic leadership for the development and utilization of policy documents, which will subsequently translate into guidance and job tools across all the programmatic areas of PEPFAR.

Looking to the next five years, there is a far better appreciation among Nigerian policymakers and development partners of the total need in this country and the challenges of filling the gap between available funding and the scope of the projected need. The size of Nigeria and its federal nature with 36 autonomous and heterogeneous states and a Federal Capital Territory, with limited trained human capital, all contribute to the numerous challenges in meeting the needs of those affected and infected by HIV. The financial commitments of Nigeria at the federal level have gradually improved, while state governments have been taking tentative steps to assigning complementary resources. Major new initiatives are being designed, with the support of key donors, to link capacity and resources. The USG and other development partners are working with the lead GON agency, the National Agency for the Control of AIDS (NACA), in developing a Joint Financing Arrangement (JFA) to codify one common workplan, national strategy, monitoring and evaluation systems, and budget. The PEPFAR/Nigeria compact strategy will provide another framework for enhancing this partnership and allow for strengthening of the strategic supports to the health system overall.

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 553.09	Mechanism: USAID Track 2.0 Policy TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 3238.26432.09	Planned Funds: ██████████
Activity System ID: 26432	

Activity Narrative: The proposed activity will be a new award which will be competitively solicited by USAID/Nigeria, with the award anticipated during the COP09 program period. It will build upon the successes and lessons learned from the other USG policy partners' program activities, which relate to activities cutting across all other program areas. It is a national, state, and local level integrated project mandated to create an enabling environment for HIV/AIDS working with public and private sector institutions. Activities will include developing the capacity of line ministries and the uniformed services, and continuing support for the Global Fund (GF) Country Coordinating Mechanism (CCM) and the GF grants implementation.

The activity will support preparation and/or review of local and national HIV/AIDS evaluations, strategic frameworks, and responses, focusing largely on health and education, with some cross-sectoral activities pertaining to agriculture (nutrition) and the economy (workplace programming, income generation, etc.). The activity will participate in the design of key policies and plans for all HIV/AIDS program areas to ensure improvement in data use for policy and planning purposes, with a strong focus on the special needs of children, gender, and trafficking in persons (TIP). The activity will perform the following: continue to support the National Assembly to enact appropriate legislation that supports national HIV/AIDS programs; promote policies that minimize use of injectables, appropriate waste management, and limitation of blood transmitted infections while also fostering the practice of non-remunerated safe blood donations and transfusions; and collaborate with the GON to evolve strategies for dealing with the HIV/AIDS challenge in incarcerated and displaced populations. Significant effort will also be placed upon the development, dissemination and practical application of HIV-related appropriate technical guidelines and policy initiatives throughout the nation, with a particular emphasis on assuring the adaptation and adoption of such materials at the State level.

The activity will also provide training and capacity building for the GON, key FBOs, CSOs, and other partners on technical areas for implementation of HIV/AIDS initiatives. It will also serve as the platform through which USG implementing partners dialogue for greater harmonization of activities via workshops and the exchange of information. The selected implementing partner will work with NIBUCAA or similar institutions in support of the direct establishment of Public-Private and Private-Private Sector partnerships that support wrap-around programs in HIV/AIDS treatment, care, and support.

CONTRIBUTIONS TO OVERALL PROGRAM AREAS: It is expected that the policy and guidelines developed and the work of the individuals trained will have a significant impact on PLWHAs. The policies and guidelines will help facilitate improved delivery of high quality and harmonized clinical and laboratory services. Issues related to greater ownership and support for PEPFAR in Nigeria will be facilitated via enhanced opportunities for dialogue and consensus building leading to greater sustainability.

Barriers to effective program implementation that arise from the predominant religious zones will be minimized by the special focus on FBOs to develop their own HIV/AIDS national and local policies, plans, and operational guidelines. Barriers that arise from excessive bureaucracy within federal, national, and local level institutions will be overcome by providing TA to these institutions to improve their capacity to carry out their core mandates around coordination of national programs.

LINKS TO OTHER ACTIVITIES: The activity is linked to initiatives in other HIV/AIDS program areas that cover reproductive health and population activities, child survival, and education. In addition, it links to the integration of HIV/AIDS into family planning and vice versa via new guidelines which will be developed. It is also linked to initiatives with the uniformed services, national management of TB, as well as programs addressing OVC. The new award is also intended to support a broader range of Investing in People initiatives in the health and education sector, and so funding and collaborative opportunities will also be leveraged from non-PEPFAR USG supports.

The activity is linked via the national multi-sectoral response to HIV/AIDS to activities in most ministries and parastatals of government, such as in the prisons, the armed forces and police, FBO, youth, and women. Further activities related to cross-cutting initiatives such as gender, human rights, and the elimination of stigma and discrimination form major linkages to this activity. It is also linked to the activities of the Global Fund in Nigeria.

POPULATIONS TARGETED: The activity focuses largely on national, state, and local level public and private sector institutions, especially those playing a significant role in addressing HIV/AIDS prevention, treatment, and care. In addition, the activity targets media organizations, as well as the national and state legislatures. The activity also targets the leadership of faith-based and community-based organizations as well as national networks of those living with the virus or associated with them.

KEY LEGISLATIVE ISSUES: This activity will increase legislative engagement with HIV/AIDS-related issues, especially those addressing institutionalization of the current structures leading the national response. In addition, this activity will be addressing specific legislation related to the workplace and HIV/AIDS, as well as the larger context of HIV/AIDS stigma and discrimination. This activity will also target legislative and policy issues at the State and Federal levels.

EMPHASIS AREAS: The activity's major emphasis is on policy/plans development and utilization. The activity will also focus on the use of accurate and strategic information to inform the policy and planning process. It would also focus on leveraging organized private sector support and resources for national HIV/AIDS programs as well as improving the political will and commitment of key national, state, and local leaders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13104

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13104	3238.08	U.S. Agency for International Development	The Futures Group International	6392	553.08	USAID Track 2.0 ENHANSE	\$3,000,000
6739	3238.07	U.S. Agency for International Development	The Futures Group International	4180	553.07	ENHANSE	\$3,800,000
3238	3238.06	U.S. Agency for International Development	The Futures Group International	2772	553.06		\$2,150,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4043.09	Mechanism: USAID Track 2.0 SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 5300.26064.09	Planned Funds: \$1,000,000
Activity System ID: 26064	

Activity Narrative: In COP08, the SCMS project continued to build the capacity of the Government of Nigeria (GON) and PEPFAR implementing partners (IPs) to manage well-functioning HIV/AIDS program logistics systems through the provision of supply chain services, where necessary, and technical assistance and capacity building in logistics functions through training in quantification, procurement monitoring and supervision, management skill development, and logistics data analysis for logistics management decision-making. Through such assistance, these entities improved their capacity to plan and synchronize procurements, thereby reducing the risk of product stockouts and expiration. The SCMS project also assisted the GON and IPs to establish appropriate coordinating bodies to oversee logistics activities and, where necessary, stimulate the formulation of appropriate logistics policies to support the implementation of procurement, distribution, storage, and logistics management information management practices. All of these activities were informed by the several assessments conducted jointly with the GON and IPs.

Sustainability of these SCMS technical interventions will be ensured through a variety of approaches, such as improving the enabling environment for the national program and ensuring availability of appropriate work tools and building capacity of the GON and the IPs in supply chain management functions.

In COP09, SCMS will work to consolidate the gains in this area and continue building capacity of the GON and IPs in management of functioning HIV/AIDS system(s) by supporting and providing an enabling environment for the two coordinating committees, the Logistics Technical Working Group (LTWG) and the Logistics Steering Committee (LSC), both of which were established in COP08. Specifically, SCMS will host the secretariats for an interim period, provide trainings for the up to 42 committee members on all aspects of supply chain management and the use of supply planning tools, dispensing tools, etc., during the regular meetings (to be supported by SCMS), and mentor members of the LTWG to strengthen logistics management systems and monitoring and supervisory activities for GON ART centers. With guidance and support from SCMS, these oversight and technical working bodies will be able to use logistics data for sound decision-making, including the utilization of informed quantification exercises to drive procurement actions. SCMS will use the forum created by these committees to explore the options for robust technical innovations, such as Coordinated Pooled Procurement (CPP) of HIV/AIDS commodities in concert with multilateral and bilateral stakeholders to support the national program implementation, for both the GON and PEPFAR IP-managed services. SCMS will, where appropriate, work to ensure that the memberships of the committees are expanded to include other stakeholders, as this will help in strengthening coordination among all stakeholders under the leadership of the GON.

Currently, there is a disconnect between the procurement planning cycles of various IPs and the GON, and there is no consolidated database tracking national commodity requirements, procurement, and usage. In COP08, SCMS worked with IPs and the GON to separately quantify ARVs and other selected commodity needs in the country. In COP09, SCMS will work with appropriate partners and stakeholders to commence a national joint quantification (using standardized methodologies), to be followed with quarterly reviews of this quantification, to inform procurement activities for selected HIV/AIDS commodities prioritizing rapid test kits (RTKs), first-line ARVs, and selected OI drugs. This joint quantification will enable all stakeholders to make an accurate determination of national commodity requirements and will improve medium to long-term planning and resource mobilization. This data will assist the implementation of HIV/AIDS Commodity Security initiatives started under COP08.

Commodity warehousing and effective distribution are crucial determinants to optimal supply chain performance. During COP08, SCMS leased a local warehouse to be developed into a cross-docking facility in order to improve its commodity receipt and distribution to IPs. Experience accumulated over these incipient warehousing and distribution activities has highlighted the need to further explore the possibility of holding larger volumes of commodities for slightly longer periods than anticipated. Hence, in the foreseeable future, it may be necessary to hold buffer stocks of some commodities in-country by the project in order to effectively deal with emergent needs, especially to support the operationalization of envisaged coordinated procurements across IPs and programs. SCMS will build this capacity within its country operations for use by USG agencies and IPs. This activity will also align and link with the Government-Owned, Contractor-Operated (GOCO) initiative developed in COP08 for the Nigeria Ministry of Defense with support from the U.S. Department of Defense HIV program. If necessary, SCMS will acquire and fit out a long-term pharmaceutical storage warehouse (with cold storage) for its own operations to cope with the demands expected from a rapidly growing (in terms of the number of different items and volume of commodities required) project in Nigeria. To further expand capacity in this area, SCMS will work with IPs to ensure they maintain proper warehousing and storage conditions in line with international standards. Appropriate warehouse management tools will be deployed as may be required by the IPs. These activities will ensure that commodities are properly managed/handled (thereby minimizing damages and avoiding expiry that can arise from overstock) and stored in such a way to optimize the quality of the commodities.

An effective and efficient Federal Central Medical Stores (CMS) is crucial to the performance of ARV, and other, supply chains. As such, strengthening CMS will be a cornerstone of the SCMS systems strengthening activities. An earlier assessment of CMS has shown that it currently has a weak capacity to respond to the demands for warehousing and storage of products. Consequently, SCMS developed a two-phase intervention approach, cognizant of the support from other partners such as the WHO. The first phase was implemented in COP08, while the second phase (provision of handling and racking equipments and installation of warehouse management tools/software) will be implemented in COP09. Inextricably linked to this phase is the provision of on-going technical assistance to CMS to help develop, document, and implement standard operating procedures and significantly improve working practices. SCMS will provide focused training in warehouse management to identified CMS staff. On-going TA will also be given to assist the CMS in developing a strategic plan to guide future activities, identification, and documentation of infrastructure developments needs and required skills in advocacy activities.

Monitoring the performance of health supply chains and taking remedial actions promptly when necessary are crucial to sustained optimal performance. However, the skill and commitment to such monitoring is lacking in the country. In COP09, SCMS will introduce the concept of Supply Chain Support Teams (SCSTs) comprising technical SCMS staff and GON or IP staff, as appropriate, into its Nigeria operations.

Activity Narrative: These teams will provide trained logisticians with the capacity to monitor and support the performance of supply chains at various levels. Using standardized indicators of logistics performance, the SCSTs will track performance of the supply chains and, together, act as an early warning system to identify impending or imminent supply chain breakdowns and act to forestall these problems. By developing methodologies and tools for conducting these activities, SCMS will work with the GON and IPs to establish and institutionalize this capacity, thereby building the capacity to identify these problems and resolve them before service delivery is compromised.

SCMS organized a SCM course for 25 participants in COP08. This highly effective and well-tested course was oversubscribed. In COP09, SCMS will organize a SCM Course for HIV/AIDS commodities (in-country) to build capacity and ensure a broader understanding of supply chain issues for an additional 24 individuals from the GON and IPs. In order to build the capacity of its staff to better manage training activities such as the SCM course utilising local resources, a Training of trainers on facilitation skills will be organized for 15 local supply chain professionals selected from the GON, SCMS, and the IPs, as appropriate, to create a pool of master trainers that can be drawn upon to provide future trainings in-country. In COP 09, an additional 18 persons (from the IPs and DoD) will be trained in the use of supply planning tools (such as Quantimed, PipeL, ProQ and ADT) to enhance supply chain management. Furthermore, SCMS will provide capacity building for SCM practitioners by supporting quarterly seminars during the meeting of the Nigeria Chapter of the Association of Public Health Logisticians, whose membership now exceeds 40 health logistics professionals.

During COP09, SCMS will continue to focus on strengthening institutional capacity for logistics management in the four relevant government departments (HAD, FDS, DPRS, and NACA) and among the IPs.

In order to ensure a conducive policy environment for SCM activities, SCMS will continue to collaborate with USG policy partners on the development of a harmonized national logistics policy. SCMS will identify various Federal policies and legislation that can impede the smooth running of SCM activities and actively work with the IPs and USG policy partners to resolve them as well as to harmonize policies, guidelines, and standard operating procedures related to logistics. This effort will lead to an improved environment in which HIV/AIDS services can be provided and accessed by those who need it, and will enhance the health commodity system overall.

In order to further improve on procurement responsiveness to USG and IP needs, SCMS will continue to fine-tune and implement the in-country procurement systems instituted in COP08. SCMS will work to establish local indefinite quantity contracts and bulk procurement agreements, as appropriate in anticipation of demand. These interventions will ensure that commodities are available on-time and thus prevent stock-outs. Whenever appropriate, SCMS will work with clients to coordinate demand and synchronize procurements in order to take advantage of the economies of scale inherent in its client base. Pooled procurement of commodity requirements will be actively promoted.

Currently, there are several challenges associated with the procurement of opportunistic infection (OI) drugs. A number of key OI medicines are banned from importation into Nigeria, and hence by default, need to be procured from local manufacturers. However, the fact that none of locally manufactured products has U.S. FDA or similar stringent drug regulatory authority approval places PEPFAR IPs in an untenable situation. In COP09, SCMS will work with the USG, IPs, and the GON to identify key OI drugs that are needed and initiate the process of pre-qualification towards identifying local sources. SCMS will also work with the GON towards defining the modalities for pain management by HIV/AIDS programs. SCMS intervention in this area will ensure that required materials for palliative care are available for use in the programs, thus improving the quality of life of PLWHAs.

The current distribution system for GON programs is still sub-optimal. In COP09, SCMS will implement the recommendations from the distribution options study (conducted in COP08). This implementation will result in an improved distribution system that ensures timely delivery of required materials, thus preventing stock-outs at the sites. It is envisaged that this area will provide an opportunity to work with private sector providers and support collaboration between the GON and the private sector in mutually rewarding public-private partnerships.

In COP09, SCMS will continue to assist the GON in taking a leading role in the transition to and implementation of a national logistics system for use by all partners. SCMS will conduct a Logistics Indicator Assessment (as appropriate) with the IPs and subsequently work with GON to conduct system design, LMIS, and LMIS SOP training for at least 15 staff (from the three IPs that have shown interest) based on the results of the assessment conducted for the IP. SCMS intervention will ensure that inventory control procedure and logistics management information systems are harmonized with the national system and strengthen information sharing among all players.

In COP09, SCMS will initiate activities geared towards harmonization of laboratory equipments, supplies, and reagents. A series of workshops will also be organized for end users and others who can objectively evaluate the performance of the equipment, supplies, and reagents that are currently in use. This intervention will be the basis for developing a guide towards harmonization and ensure that the end users get greater value for their equipments and supplies without promoting any particular product or brand.

Each of the planned interventions by SCMS will result in the following: availability of a national quantification with standardized methodologies to inform procurement and supply plans; increased coordination through the steering and operational logistics committees; an improved policy environment for smooth functioning of the supply chain system; an appropriate warehousing, commodity storage/handling and distribution system; streamlined laboratory requirements that will be efficiently managed; better information sharing; and increased availability of materials required for palliative and other types of care.

EMPHASIS AREAS

Activity Narrative: The objective of the project is to build and strengthen the capacity of program policymakers, managers, and operators (the GON and IPs) to effectively implement the National HIV/AIDS Program through regular meetings, intensive training, monitoring, and supportive supervision for logistics activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13089	5300.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6385	4043.08	USAID Track 2.0 SCMS	\$1,500,000
6727	5300.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4181	4043.07	SCMS	\$1,200,000
5300	5300.06	U.S. Agency for International Development	John Snow, Inc.	2775	556.06	DELIVER	\$464,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$420,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 632.09

Mechanism: HHS/CDC Track 2.0 Univ Maryland

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29222.09

Planned Funds: \$469,931

Activity System ID: 29222

Activity Narrative: FY08 Collaborative Nigeria NG.08.0205 Multi-country HRH Impact of Task Shifting Type II for ART Delivery on Patient and Process Outcomes in Emergency Plan Countries

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$469,931
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1561.09	Mechanism: HHS/CDC Track 2.0 Agency Funding
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 29679.09	Planned Funds: \$52,215
Activity System ID: 29679	
Activity Narrative: FY08 Collaborative Nigeria NG.08.0205 Multi-country HRH Impact of Task Shifting Type II for ART Delivery on Patient and Process Outcomes in Emergency Plan Countries	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$52,215
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 9407.09	Mechanism: USAID Track 2.0 AED Workplace
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 25661.09	Planned Funds: \$200,000
Activity System ID: 25661	

Activity Narrative: ACTIVITY DESCRIPTION: POLICY DEVELOPMENT AND HEALTH SYSTEMS STRENGTHENING

Under COP 09, AED will utilize a multifaceted approach to develop and implement HIV/AIDS programs and policies in the work place. While some progress has been made in developing workplace policies, much work remains to ensure that workers living with HIV/AIDS can live positively and that those vulnerable to the disease have the knowledge and skills to protect themselves. As a result, AED will focus efforts on working hand-in-hand with management of large and small and medium enterprises (SME) to develop effective HIV/AIDS policies.

AED's ongoing technical assistance and logistical support to targeted enterprises (both large and SME) will ensure that the companies' workplace HIV/AIDS policies and programs are appropriately developed and implemented. The following activities describe AED's proposed SMARTWork approach to building a comprehensive HIV/AIDS program to support project partners.

Workplace Awareness Building Presentations for Senior Management

In order to familiarize and educate management of the target enterprises about HIV/AIDS issues in the workplace, AED will arrange meetings to highlight the critical need for effectively responding to HIV/AIDS and the ease with which programs can be developed. During these meetings, AED will provide short presentations to clarify the components, strategies, and activities of an effective workplace program. The meetings will take place prior to launching program activities in order to build awareness for HIV/AIDS issues and to answer any concerns participants may have. Following each meeting, participants will be canvassed to assess interest in developing policies and prevention and care programs.

GIPA Principles promotion

AED will build the capacity of a pool of people living positively and openly with HIV through the Greater Involvement of People Living with HIV/AIDS (GIPA) program in order to support the development and implementation of HIV & AIDS Workplace programmes and policies in the targeted SMEs and enterprises. These GIPA officers will drive the implementation of workplace programs and the development of HIV/AIDS workplace policies for the SMEs and enterprises in which they work. They will also be used as trainers to build capacity for PEs, HIV/AIDS committee members and for sensitization exercises of the workplace program. GIPA programs remain a viable means of quickly and practically of addressing issues of stigma and discrimination in workplaces as well as accelerating HIV/AIDS workplace programs.

Capacity Building for Workplace HIV/AIDS Committees

AED will establish committees whose members will represent various aspects of the workplace, share a commitment to addressing HIV/AIDS, and have the credibility and skills to "sell" the program to others in the workplace. AED will provide assistance in identifying appropriate persons to represent the diverse interests and needs of workforce. The Joint Management-Labor Committee will ensure that differences are taken into account and policies and programs can be developed that work for all areas of the workplace. AED will then conduct a three-day capacity building training session for members of the HIV/AIDS Planning Committee. In 25 SMEs and 10 other enterprises, the training will include all aspects of HIV/AIDS policy and program development and serve to ensure that committee members can play a leading role in the management of each enterprise HIV/AIDS workplace program.

Peer Educator Training - Prevention, Education, and HIV/AIDS Sensitization

HIV/AIDS prevention, education, and training activities in the workplace are designed to educate and encourage workers to change or adopt behaviors that will reduce the spread of HIV. Peer educators have proven to be an extremely effective component of prevention education, as they are co-workers who have been specially trained to conduct informal education and training activities. AED will provide technical assistance to target enterprises in selecting up to 150 appropriate staff to participate in a three-day training to become HIV/AIDS peer educators. These peer educators will reach out to their co-workers through informal small group discussions and one-on-one interactions to discuss HIV/AIDS, teach safer sex practices, answer questions, distribute materials, and generally foster an environment of greater awareness and understanding about HIV/AIDS.

Support to Community-Based NGOs and Their HIV/AIDS Activities

AED will work to build capacity of the selected partner organizations to carry out effective HIV/AIDS prevention education activities. Additionally, AED will provide continued technical assistance to the planning committees and peer educators on implementing HIV/AIDS prevention education activities and linking programs with counseling, testing, and care and treatment service providers. In COP09, at least 2 new partner organizations will be provided with technical assistance for HIV-related institutional capacity building.

CONTRIBUTION TO OVERALL PROGRAM

The development of effective policies will assist in addressing emerging issues, for example, in the area of mandatory HIV testing, disclosure of medical information without consent, and discrimination of infected workers based on real or perceived sero-status. Through the development and scale-up of workplace education, policy development, and institutional capacity building activities, SMARTWork will contribute to the Nigerian National Strategic Framework 2005-2009.

LINKAGE TO OTHER ACTIVITIES

AED will collaborate with GHAIN, MEASURE, COMPASS, and SFH in order to share effective approaches and materials and to foster referral networks.

KEY LEGISLATIVE ISSUES ADDRESSED

Working with enterprises to develop effective policies will lead to an increased understanding of workplace HIV/AIDS prevention efforts and will assist in removing barriers toward HIV/AIDS prevention through ensuring workplace protection and guaranteed human rights of workers infected and/or affected by HIV/AIDS. AED hopes to partner with other organizations to encourage the National Assembly to pass the

Activity Narrative: anti-stigma law.
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5236.09	Mechanism: USAID Track 2.0 APS TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 25662.09	Planned Funds: [REDACTED]
Activity System ID: 25662	

Activity Narrative: The funds requested to support USAID's Annual Program Statement (APS No. 620-08-002: Support to Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services) for this program area are required for distinct phases of awards under this open solicitation.

For the first phase, first-year and/or partial year funding resources are required for proposed awards with new partners which will be partially funded using COP08 funds. Applications for these new awards are moving through the concept paper and full application reviews by the Technical Evaluation Committee (TEC) or are under negotiation, with awards expected before the end of the COP08 period. in early 2009. Details of these awards are still procurement-sensitive; however, these same partners will continue with activities throughout the COP09 funding period.

Regarding the second phase, under the open APS, a solicitation for concept papers is expected to be announced in February 2009. Resources will be required for the first year of funding for these applications which will be selected for award during the COP09 program period.

Funds required to implement or continue these awards are estimated at \$1,186,000. Given the programmatic particularities of initiatives undertaken in this area, additional language may be added to the APS to further define the specific types of capacity building and coordination services desired for support to the PEPFAR/Nigeria portfolio.

One of the cornerstones of the CSO/FBO APS is to reach out to national/regional-level agencies that have many chapters or branches that can, in turn, reach out to community-based organizations. This community-based engagement will allow local programs to reach deep into communities and help the Emergency Plan in Nigeria go to scale. The CSO/FBO APS was also created to build the capacity of local organizations working in HIV/AIDS because a significant number of Nigerian organizations are new, have little organizational capacity, and often lack linkages with other programs. The CSO/FBO APS will only fund applicants that have clear plans to build their own technical, organizational, and administrative capacities and link with other programs.

Community participation in HIV/AIDS prevention programs often provides a strong foundation for sustainable interventions. The CSO/FBO APS will support rapid scale-up of the reach and scope of existing prevention activities implemented by NGOs with large networks. Implementing partners (IPs) under the CSO/FBO APS will implement, enhance, and expand services to ensure that all HIV patients in the communities have access to comprehensive HIV diagnosis and care and related services. The IPs will involve PLWHAs, TB patients, and communities in TB/HIV program planning and implementation while working within the framework of the national program to avoid the creation of parallel systems.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: As has been the case with the APS in the past, targets are negotiated with each awardee based on the proposed program and geographic area during award negotiations and in accordance with specified minimum costs/target. After being approved by the TEC, O/GAC is copied on the award memo to the Agreement Officer to ensure that appropriate targets and associated costs have been negotiated. Targets and related awardee information will be uploaded into COPRS at that time.

LINKS TO OTHER ACTIVITIES: The overarching focus of the APS has been to bring new local partners to the current mix of partners providing prevention, care, and treatment in Nigeria. To date, the APS has been successful in many ways; however, challenges related to local partners' management capacity have slowed the process and have created uncertainties about their ability to implement in the accountable and transparent manner required by the USG of their recipients. The Leadership, Management, and Sustainability (LMS) mechanism implemented by Management Sciences for Health (MSH) will assist with these and other local partner capacity building activities. MSH will not only guide new partners through the solicitation and award process but will also assist them to put accountable and transparent systems in place that allow their first year of implementation to proceed smoothly and to ensure rapid achievement of results. Although the CTOs and activity managers for these new local partners will remain within the USAID technical team, MSH will be a key member of the extended team and will provide invaluable support in developing the capacity of the new awardees.

POPULATIONS BEING TARGETED: The activities and services implemented by the CSO/FBO APS IPs will target national and state ministries and government parastatals. It is anticipated that the overall program will lead to increased engagement of these organizations, as well as FBOs and CBOs in HIV prevention, care, and support, including stigma reduction. One of the major thrusts of the APS is to build local capacity; therefore, CBOs, FBOs, NGOs, and all implementing organizations are also considered the beneficiaries of the APS awards.

EMPHASIS AREAS: All APS awards will go to local partners with strong roots in the community, demonstrating a major emphasis on community mobilization/participation and local organization capacity building. The service delivery component of these awards will have a key focus on information, education, and communication in the community and will build linkages with other sectors and initiatives.

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism ID: 1561.09

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 12447.25984.09

Activity System ID: 25984

Mechanism: HHS/CDC Track 2.0 Agency
Funding

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$2,558,267

Activity Narrative: ACTIVITY DESCRIPTION:

To support the USG Nigeria health system strengthening program, the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has nine full time staff positions planned in COP09. These nine staff comprise the Capacity Development Coordinating Unit and cover cross-cutting issues. The capacity development coordinating unit utilizes the paired leadership model (1 US Direct Hire paired with 1 senior Nigerian) to manage the unit, thereby building capacity of the Nigerian staff in the management and leadership of the PEPFAR program. This model is also used to manage the CDC Program Services Branch and the CDC SI Unit. The capacity development coordinating unit includes 3 US Direct Hire (USDH) positions (previously approved as PSC positions, restructuring based on DHHS approvals), and 6 FSN (network coordinators, training coordinator, quality improvement specialist, health system strengthening specialist). The budget includes three USDH and six FSN salaries, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. Funds are not requested in COP09 for international TA as this is understood to be funded by the HQ operational plan (HOP).

These HHS/CDC staff members will coordinate with USAID/DOD staff, in clinical service provision, prevention, and SI program areas. Additionally, the staff work closely with the GON (Federal Ministry of Health, Federal Ministry of Education, State Ministries of Health, the National Agency for the Control of AIDS) and the PEPFAR implementing partners in the advancement of initiatives such as referral networks, implementation of the hub and spoke model of service provision, standardization of training packages, implementation of continuous quality improvement systems, and human capacity development. In addition, two significant USG initiatives in health system strengthening are supported in this program, the West African Infectious Disease Institute and the Nigerian Field Epidemiology, Veterinary and Laboratory Training Program.

In COP09, USG will continue to build on the gains of the development of the West African Infectious Disease Institute (WAIDI) activities started in COP08 in a proposed collaboration with Exxon Mobil. COP08 activities include the planned training of 20 master trainers who will be identified from the PEPFAR implementing partners, Abuja College of Medicine, GON and USG to attend a 4-week customized workshop and training course at the Infectious Disease Institute (IDI) in Kampala, Uganda using a standardized ART training curriculum that was prepared in COP08. The overall goals of the course are to develop a group of highly skilled, advance trainers, in the ART program area and to establish a broad support base for WAIDI. There has been direct involvement of the Government of Nigeria (GON) in the ART curriculum development process and in the broader discussions about the creation of a WAIDI.

Under COP09, the master training conducted under COP08 as described above will be followed by step down training courses (conducted by the initial cohort of 20 master trainers) in the six geopolitical zones of Nigeria. The trainees in these step-down trainings have been identified, and will be comprised of 130 Nigerians who had previously been trained at the IDI in an ART program. The graduates will be enlisted to participate in a 2-week master training program, thereby developing a much larger pool of master trainers nationwide.

ACCORDIA Foundation, USA (an organization that was instrumental in the development of the Ugandan IDI) has conducted an advocacy visit and fact finding mission to Nigeria in COP08. During this visit, the proposed WAIDI plans were discussed and advocacy visits to the GON were conducted. In COP09, the USG WAIDI team will further develop its collaborations with ACCORDIA Foundation in the planning and development of WAIDI, including the exploration of private sector interests such as Exxon Mobil and associated resources to sponsor other phases of the WAIDI project. Another initial activity in this partnership and the long term management of WAIDI will be the formation of a Nigerian chapter of the Academic Alliance. This will begin with the identification and assembly of a team of 6 to 8 university professors in the specialty areas of HIV/AIDS and other infectious diseases (such as malaria and tuberculosis) through advocacy to their various institutions. The WAIDI team will also collaborate with the ACCORDIA Foundation, the GON and the Abuja College of Medicine in the identification of a site within the Abuja metropolis to serve as a temporary site to key start activities of WAIDI in the clinical training area. Under COP09, \$700,000 will be devoted to the scale-up of this project.

Another key USG activity, in the area of Health System Strengthening, is the Nigerian Field Epidemiology, Veterinary and Laboratory Training Program (N-FELTP) modeled after CDC's Epidemic Intelligence Service program. N-FELTP commenced in Nigeria in 2007 and since then has trained 164 public health practitioners from 30 states in five short courses and currently has 13 persons enrolled in the first 2-year MPH degree awarding long course. The N-FELTP program is a collaborative activity with funding from not only CDC PEPFAR but also from USAID's avian influenza program and from the WHO, as well as in-kind contributions from the Government of Nigeria including a training/office facility and a part time program administrative assistant. It also involves critical collaborations with 2 Nigerian universities that have approved the curriculum and are providing MPH degrees to graduates. The initial short courses have led to significant improvement in surveillance activities and outbreak response across the federation leading to evidence-based decision making. The collaborative nature of the N-FELTP program is exemplified in the MPH program which has training for field epidemiologists, veterinary epidemiologists and laboratory scientists in HIV/TB and other issues of public health importance, addressing the "one health" concept. While the short courses seek to provide immediate personnel to strengthen the state public health systems, the long course is designed to train and produce public health administrators to re-engineer the national public health systems. The training is conducted in collaboration with the National Universities Commission, Federal Ministry of Health and two focal Nigerian universities, with linkages with African Field Epidemiology Network (AFENET) and Training in Epidemiology and Public Health Interventions Network (TEPHINET). The broad base of support that the program enjoys in country contributes to its sustainability. The goal of N-FELTP is to build capacity and epidemiological service provision at the local, state, and federal level. COP09 funding for the activity implementation is \$700,000.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The USG, through these activities, will ensure leadership in system improvements and capacity development at the national, state, and local levels. The capacity development coordinating unit will

Activity Narrative: facilitate transition and address issues as the PEPFAR Nigeria program transitions from an emergency plan under PEPFAR I to a sustainability plan under PEPFAR II. The WAIDI program is the beginning of a long term sustainability plan for improved, consolidated, national level clinical training. The FELTP will ensure sustainability through the involvement of graduates in the program, as well as by placing graduates back into their positions within the state and national Ministries of Health.

POPULATIONS BEING TARGETED:

The GON and implementing partners are targeted for continued improvements in linkages and advancement of networks of care. Additionally, physicians, laboratory scientists, nurses, and other healthcare workers with a basis in ART are targeted for training as master trainers under the WAIDI program. The FELTP trainees that are targeted for training are physicians, epidemiologists and laboratorians who work within the state and Federal Ministries of Health.

COVERAGE AREAS:

This program is national in its scope as the trainees will come from any of the 36 states or the Federal Capital Territory.

LINKS TO OTHER ACTIVITIES:

These HHS/CDC PSC staff positions will work in coordination with the Federal Ministry of Health, Federal Ministry of Education, Federal Ministry of Agriculture and the Federal Ministry of Defense to provide mentoring and technical assistance related to epidemiology, strategic information, clinical and laboratory services.

EMPHASIS AREAS:

The emphasis areas for this activity are human capacity development and system strengthening.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13145

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13145	12447.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$675,000
12447	12447.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$750,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 3682.09

Mechanism: USAID Track 2.0 SFH

Prime Partner: Society for Family Health-Nigeria

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 5299.24934.09

Activity System ID: 24934

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$350,000

Activity Narrative: This component is linked to Abstinence and Be Faithful, TB/HIV, Condom and Other Prevention, Counseling and Testing, OVC, Strategic Information, Care and Support, and HIV/TB program areas. In Nigeria, HIV & AIDS-related stigma is unacceptably high and poses a challenge to national HIV/AIDS control efforts. However, evaluation of SFH interventions showed that people who had been exposed to SFH's programs were less likely to stigmatize persons living with HIV/AIDS. In addition, young men reported that parents and religious leaders increasingly supported condom use by sexually active youths while still encouraging abstinence among youths. SFH engagement with religious leaders and other gatekeepers using the successful Zip Up abstinence campaign was instrumental in eliciting support for HIV prevention initiatives among gatekeepers in Nigeria.

In FY06, SFH sensitized the two major Islamic groups, the Jama'atul Nasir Islam (JNI) and the Ansar Ud Deen Society of Nigeria (ADSN), on HIV prevention and stigma reduction programming, as well as to conduct training of trainers for Implementing Committee Members (ICM). SFH also engaged with the Redeemed Christian Church of God (RCCG) at the national level by facilitating the development of its HIV strategic plan in preparation for the implementation of youth focused prevention programs. FY07 saw the addition of Living Faith Foundation and NASFAT to SFH's FBO initiative. In FY08, 2 FBO partners were supported technically to develop and produce their HIV/AIDS policies and implementation plan. In COP09, SFH will continue the implementation of FBO strategic plans under the Abstinence and Be Faithful program area. SFH will continue to train religious leaders to provide Abstinence and Be Faithful messages during sermons and religious events; youth leaders will also be trained as peer educators to provide abstinence messages to the youths within the organizations and host communities. In addition, in the COP09 year, SFH will support 2 new FBOs to develop and produce their national HIV/AIDS policies. In FY08, a FBO manual was developed to guide FBO program implementation targeted at the youths and married couples for Abstinence and Be Faithful programs. In COP08, SFH trained FBO staff members on HIV counseling and testing; In COP09, SFH will provide technical assistance and support to trained counselors to develop and implement an HCT outreach program for the individual FBO communities.

In COP09, SFH will continue to promote the meaningful participation of FBOs in both National Agency for the Control of AIDS (NACA) and State Agencies for the Control of AIDS (SACA) programs to ensure effective FBO contribution to National, State, and Community response to HIV. Other areas of continuous engagement with FBOs in COP09 will be in HIV prevention, care, and support, including stigma reduction. In addition, SFH will continue to strengthen the capacity of FBOs in leadership development and program management through organizational capacity development workshops. As part of the workplace initiatives in COP09, through funding and technical assistance, SFH will support the implementation of the national workplace policy in twelve selected companies.

In FY07, 21 civil society organizations (CSO) were engaged through participatory capacity building processes which enabled SFH to identify program management gaps in these organizations. In FY08, SFH identified and selected 32 new CSO partners to implement community prevention programs in 32 new sites across the SFH regional states. In COP09, SFH will continue community interventions with the existing 32 CSO partners. SFH will build CSO capacity on community mobilization and sensitization, program implementation, evaluation and financial management. CSO partners will also be provided technical assistance and support to access funds for HIV programming from other local and international donors. In COP09, SFH will continue to support national level civil society networks to enable these networks conduct state-level step-down training and to implement HIV prevention and basic care and support activities. SFH will continue to support capacity building of program persons in HIV program management, gender mainstreaming, proposal writing, grant management, policy development, and the establishment of management information systems for program tracking and evaluation. CSO capacity will be strengthened to implement comprehensive programs in FY09. SFH has plans for 3 program and finance officers to undergo capacity building in project management and implementation in COP09.

At the community level, SFH will continue to provide participatory organizational capacity development for over 32 community-based organizations in high risk sites and will train 2 persons per organization in community mobilization for stigma reduction and HIV program planning and management. Capacity building programs for CBO partners will also focus on provision of HIV services for referrals, treatment care, and support services. At the state and local government levels, SFH will provide technical support to strengthen 16 SACA and LACA groups in community level interventions targeted at most at-risk populations. SFH will also support in the development of community program strategies, work-plans and budgets. At the community level, SFH will train 3,128 persons from support group, youth, and FBO communities to carry out community outreaches and advocacy that will address stigma and discrimination against PLWHAs. In COP09, SFH will work with physically challenged groups to reach them with HIV prevention messages. SFH will build their capacity on program implementation and management. The physically challenged groups will also have their capacity built on Behavior Change Communication material development.

SFH will continue to support GoN to promote and position the "Heart to Heart" brand as the national HIV counseling and testing brand. SFH will achieve this through national mass media campaigns on radio and television, as well as print media approach. This campaign will lead to an increase in demand for HCT nationally and provide easy access to care and support services. In addition, SFH will also support the dissemination and implementation of the newly reviewed Behavior Change Communication Strategy developed by NACA at the state level. SFH will continue to provide support for a director within NACA in FY09. Funding from the HVABC program area will be used by SFH to continue to support the National Agency for the Control of AIDS (NACA) and National Prevention Technical Working Group (NPTWG) in the development and dissemination of the national prevention ABC guidelines. SFH will also support the National Tuberculosis/Leprosy Control program through the development of mass media campaigns that will promote TB prevention and control nationally via radio and TV campaigns. SFH will also train peer educators at the community level to create awareness and provide referrals to located DOTS sites in SFH states.

Activities in this program area will provide the enabling environment and strategic direction for other interventions especially among the FBOs. This component is linked to HVAB, HVCT, HVOP, TBHIV, and

Activity Narrative: HKID program areas. Specific targets include religious and community leaders, civil society organizations, and faith-based organizations. Dialogue and collaboration with GoN remains essential in the light of the principles of the “three ones”.

This activity will increase gender equity in programming through advocacy with other FBO leaders and will address issue of stigma and discrimination against PLWHA. SFH will engage with women’s groups within the FBO leadership and ensure that women groups are equitably represented in all training and leadership activities conducted amongst FBO groups. At the national level, SFH will continue to give funding and technical support for sensitization workshops to educate gatekeepers on the relationship between gender violence and spread of HIV. This activity places major emphasis on local organization capacity development while the minor emphasis areas are community mobilization and participation, training, and development of network/linkages and referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13101

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13101	5299.08	U.S. Agency for International Development	Society for Family Health-Nigeria	6390	3682.08	USAID Track 2.0 SFH	\$490,000
6732	5299.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$0
5299	5299.06	U.S. Agency for International Development	Society for Family Health-Nigeria	3682	3682.06	CIHPAC	\$41,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5271.09	Mechanism: USAID Track 2.0 FS LMS Leader
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 12449.24906.09	Planned Funds: \$3,500,000

Activity Narrative: This activity also relates to activities in Strategic Information, Gender, & Human Capacity Development.

Under the leader award to MSH/LMS, the Leadership, Management and Sustainability (LMS) Program's Capacity Building Project will provide assistance to Civil Society Organizations (CSOs), to successfully respond to the PEPFAR Nigeria Annual Program Statement (APS), strengthen the capacity of their institutions' capacity to qualify for and manage U.S. government funds, and to improve their ability to provide quality HIV/AIDS-related services to clients in Nigeria. During COP09, LMS will continue to provide assistance to CSOs that were given USAID/PEPFAR grants during COP07 and COP08 to improve their management systems, develop effective governance, and improve their project management capacity. LMS will also initiate assistance to eleven new CSOs that are either candidates for U.S. Government awards or that have recently been awarded grants and need to strengthen their institutional capacity to manage a U.S. Government grant. In addition, LMS will continue to implement the fellowship program, which builds the capacity of health professionals engaged in HIV/AIDS prevention and treatment, and provide assistance to the Nigerian Federal Ministry of Health HIV/AIDS Division (HAD), formerly known as NASCP.

The Emergency Plan gives special recognition to CSOs in its HIV/AIDS strategy because of their longstanding involvement in responding to the pandemic. CSO contribution to the Emergency Plan is pivotal given their leadership and legitimacy in communities. However, there are a number of challenges for these local CSOs as many of them are nascent organizations with low technical and organizational capacity. Many reputable faith-based organizations (FBOs) and non-governmental organizations (NGOs) capable of contributing significantly to achievement of Emergency Plan goals have been identified by the USG team in Nigeria. However, these organizations' limited experience with receiving USG funds—or indeed any external grants whatsoever—along with their limited management and accounting systems, has made it difficult to add these organizations to the Emergency Plan portfolio. Even those organizations that have been successful in the initial concept paper rounds of the CSO/FBO APS, have struggled to remain competitive in later rounds and almost all have stalled at the pre-award audit stage. With its expertise in strengthening management and leadership, and its ability to build sustainable and accountable systems, LMS will continue to support the development and maturation of these organizations and assist them to contribute to the Emergency Plan in a significant way.

For those CSOs that have been awarded USG grants, LMS will continue to provide assistance to refine and enhance their capacity to manage their grants, implement their projects, and strengthen the capacity of their staff and their institution to expand and improve the services it offers. The capacity building staff, using tools developed by LMS and local consultants, will work closely with individual organizations to improve institutional governance, decision making, annual planning, management information systems, financial controls, compliance with USAID requirements, and roll out of systems to state or local branches or affiliates.

In addition to this on-going assistance in COP09, LMS will provide training and technical assistance to 250 individuals to strengthen the capacity of up to 11 new CSOs anticipated to respond to the current APS under the COP08 and COP09 timeframes. Through workshops and individual mentoring, LMS will assist these new CSOs throughout each step of the procurement process, from concept paper through BAFO, developing potential partners' ability to represent themselves and their programs in a comprehensive and competitive manner. In addition, LMS will continue to assist organizations selected for award throughout the award process, assisting them to put accountable systems in place, or where necessary managing the award in the interim while systems are being built. This will allow provision of services to commence immediately while capacity is being built. Finally, LMS will support new awardees during their implementation, to assure that accountable and sustainable programs are built, and strive to ensure that awardees are capable of maintaining their new relationships with the USG.

In COP09, funds will be used to provide support in areas of organizational and human capacity development such as: development and maintenance of constructive, informed working relationships with USG PEPFAR; project management; monitoring and evaluation; financial management; strategic and annual planning; leadership development; and sound governance structures. Activities will align with the USG Data Demand and Information Use (DDIU) and data quality assessment/improvement (DQA/I) activities and communication and capacity building plan. These skills and organizational management and operational systems are necessary to both carry out the terms of USG funding agreements as well as to achieve expanded and improved organizational development for sustainability. These efforts will concentrate not only on CSO headquarters but also on their regional and state-level offices.

While some of the problems identified in the LMS assessments require longer term, specialized, or more intensive attention, a few organizations do not have and cannot hire the specialized help needed to address these problems. When appropriate, LMS will place long-term consultants within these organizations to provide structured intensive attention to the identified deficiencies. These long-term or "embedded" consultants will be assigned to an organization under an agreement which will specify problem area(s) to be addressed, organizational commitments, a timeline for completion, and desired outcomes. Working closely with the organization in which the consultant will be placed, LMS will recruit and orient qualified consultants, according to a detailed scope of work. During the period of placement, LMS will supervise and work closely with the consultant, provide necessary support, and monitor progress to ensure timely achievement of objectives. This element of the LMS intervention may be applicable to both CSO/FBOs and to identified line ministries, in line with the USG team's objectives and priorities.

In all of the components, the technical assistance will include a conscious integrated gender component for increasing gender equity and participation in HIV/AIDS programs. This component will further encourage CBOs and FBOs to capture and document active participation of females and males with periodic budgeting for equitable human and organizational development.

Building on the successful fellowship program initiated in COP07 and expanded in COP08, LMS, in conjunction with the Institute of Human Virology Nigeria, will continue to provide comprehensive training in

Activity Narrative: HIV/AIDS, professional skills development, and leadership and management to select groups of health care professionals. Through extensive classroom and practical, hands-on experience, fellowship participants are given the skills and experience to become leaders in their fields and agents for change and improvement of services. With management and leadership skills, in addition to in-depth HIV/AIDS knowledge, participants are expected to cascade their new knowledge through step-down activities that further help in reducing stigma, reducing barriers to access, and improving services. In COP09, the program will be expanded to three cohorts of 30 health professionals per cohort. LMS will continue to collaborate with IHVN and will continue to seek in-kind contributions and funding from private sources to cover a portion of the costs of the fellowship operation.

In continuation of the COP08 institutional capacity building support to NGOs and Government of Nigeria (GON) institutions, in COP09, LMS will build upon the Management Information Systems it has assisted GON institutions to establish. LMS will support both groups in the use of data for management decision making. The support to GON institutions will largely be aimed at optimizing the use of the information technology facilities that were developed for them in COP08. Focal persons will be trained in the collection, processing, and mapping of spatially referenced data using Geographic Information Systems. This will enable GON institutions to use real-time data for making management decisions on HIV/AIDS programming across the country with systems for reporting on the coverage and services available in PEPFAR-supported facilities across the country. After roll-out, GON institutions will also be able to generate accurate and up-to-date maps showing levels of coverage or other data of different local governments across the country.

In COP09, the LMS Program will continue its institutional capacity building support to the Federal Ministry of Health's HIV/AIDS Division (HAD), formerly the National AIDS and STI Control Program (NASCP), to increase its ability to provide nationwide coordination, thereby increasing synergies and effectiveness of the PEPFAR programs. In COP07 and COP08, LMS assisted the HAD to develop leadership and management skills at national and state levels and for focal persons at both levels. On-going support in areas of organizational development will continue the following: the development and maintenance of constructive, informed working relationships with all stakeholders, including the USG, its IPs and other donor organizations; project management; monitoring, and evaluation; financial management; strategic and annual planning; leadership development; and sound governance structures. The goal of this TA and capacity building is that these important GON institutions will improve their governance, effective internal and external communications, M&E systems, and management.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

LMS assistance to CSOs will result in the overall strengthening of host country NGO/FBO capacity to operate more efficient services, deliver more effective care, and reach their established targets. The Fellowship Program will contribute to building the capacity of individuals who will can provide improved care and lead changes for better services. LMS assistance to HAD and to other selected line ministries will improve the capability of this agency to oversee, coordinate, monitor, and support the national HIV/AIDS response.

LINKS TO OTHER ACTIVITIES

Activities will improve financial management, governance, human resource management, MIS, quality assurance, strategic planning, and leadership and governance of CSOs and governmental organizations. LMS activities in Nigeria will also improve government oversight of national and other donor supported programs, coordination of national efforts, greater efficiency and improved leadership of governmental programs. LMS work with CSOs and GON institutions will improve the synergies between the public and private sectors and encourage a partnership for the improvement of HIV/AIDS services.

POPULATIONS BEING TARGETED

This activity targets Nigerian CSOs (NGOs and FBOs), including national and regional multiplier organizations and local NGOs/FBOs, and the staff, volunteers, and consultants of those organizations. This activity also targets leaders within HAD and its affiliated state and local government organizations and parastatals. Additionally, this activity targets health professionals who are or will be leaders in providing services to HIV/AIDS clients.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will support NGOs and FBOs to increase gender equity in programming and also help to decrease stigma and discrimination. A major focus of this activity is human capacity development and much of the assistance and development efforts will be directed at improvement and strengthening of human capacity. This activity will also support the FMOH and other Ministries to increase their capacity to plan strategically, lead in the scaling up of HIV/AIDS activities in Nigeria, and monitor results.

EMPHASIS AREAS

This activity emphasizes human and institutional capacity development and building human resources and quality services as detailed in the activity description above.

Reprogramming, during the April 2009 reprogramming, \$1,000,000 was proposed for Management Sciences for Health (via USAID) for the following types of activities:

1. Assistance in planning and managing the process
2. Assistance in developing a list of stakeholders and facilitating stakeholder meetings
3. Assistance with planning, hosting, and conducting effective workshops/ conferences
4. Assistance in drafting the plan, ensuring its distribution for comment, revising the plan and developing the final draft
5. Assistance in identifying and reviewing the respective GON strategy documents including the FMOH integrated strategy, NSF 2, Vision 2020 and other relevant strategies

New/Continuing Activity: Continuing Activity

Continuing Activity: 13075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13075	12449.08	U.S. Agency for International Development	Management Sciences for Health	6383	5271.08	USAID Track 2.0 FS LMS Leader	\$1,050,000
12449	12449.07	U.S. Agency for International Development	Management Sciences for Health	5271	5271.07	Leadership, Management, and Sustainability	\$950,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11927.09	Mechanism: 09 PHE
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 29220.09	Planned Funds: \$923,451
Activity System ID: 29220	
Activity Narrative: New Nigeria NG.09.0221 Multi-country Study Health Systems Strengthening System-Wide Effects of PEPFAR-supported HIV Service Provision (SWEPT): Nigeria	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$923,451

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 554.09

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 3245.25203.09

Activity System ID: 25203

Mechanism: DoD Track 2.0 Program

USG Agency: Department of Defense

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$200,000

Activity Narrative: ACTIVITY DESCRIPTION:

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its fifth year in implementing PEPFAR activities. The DOD Program implements directly with the Nigerian Military. This type of implementation ensures direct capacity building within an agency of the Federal Government of Nigeria. Through this partnership, the impact of this program is felt on multiple levels- developing a strong USG relationship with another branch of the Nigerian Government; building capacity of the indigenous partner through joint implementation of activities; offering a cost effective model for implementation through a direct USG-GON collaboration, and supporting both the military and civilian communities.

The NMOD-DOD PEPFAR Program is governed by a Steering Committee (SC), co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria, whose membership includes representatives of both militaries, the Federal Ministry of Health (FMOH) and the National Agency for the Control of AIDS (NACA). The NMOD funds these meetings, held three times a year since 2005. The Emergency Plan Implementation Committee (EPIC), subordinate to the SC, is comprised of two NMOD personnel per treatment site along with the EPIC headquarters and the DOD HIV Program Office. This committee directs the implementation of the program through quarterly meetings and is funded by DOD. The DOD maintains daily contact with the EPIC headquarters on all aspects of program implementation. Through this partnership, the MOSD has directed the EPIC to harmonize with all other partners and funding streams of the Nigerian Military to ensure complete synergy among programs and to ensure coordinated and complementary use of resources.

Due to the formalization and strengthening of HIV infrastructure in prior COP years, EPIC was able to clearly articulate their needs and successfully received its fourth annual operating budget from the GON (2008 funding- \$3.4 Million USD). In addition, the NMOD has hired 100 new health care providers (HCPs). Both the operational funds and new HCP personnel are specifically for PEPFAR implementation.

The Nigerian Military provides prevention, care and treatment to its service members and the surrounding civilian community (constituting approximately 75% of the Military's patient load). During COP09, the NMOD-DOD HIV Program will continue to extend free prevention, care and treatment services in 20 military facilities and communities.

In COP09, DOD will focus primarily on supporting the NMOD in developing, implementing and reviewing policies on reducing the incidence and prevalence of HIV/AIDS in military communities. Other activities will include continuing support for training on administrative policy and systems strengthening activities, and the provision of training and development for the NMOD. Support to three target organizations (NMOD, EPIC and the Armed Forces Programme on AIDS Control) will include addressing high-risk issues such as peacekeeping and other international deployments as well as internal deployments.

At the local level, the DOD will support training and development activities for 200 individuals at 20 sites plus the three target organizations mentioned above, in centralized and site-specific settings, targeted at individual and work-group development in management, budgeting, logistics, project planning, implementation, and monitoring and evaluation. By training uniformed members and civilian employees at all levels who are on a career track in the GoN, the program fosters a generation of trained workers who are more likely to remain with the military for the long term. As these employees are promoted, individuals are not only technically trained, but also receiving management and oversight capability strengthening. This clearly fulfills PEPFAR program goals for independent operation and oversight roles.

Other specific interventions at sites will include mobilization of local military communities to address male norms and behaviors regarding cross-generational and transactional sex and support for the development of military policy to prevent sexual violence and coercion. CBOs will be strengthened in their efforts to reduce the stigma associated with HIV status and to reduce discrimination faced by those with HIV or AIDS.

Policies toward capacity building and NMOD ownership of PEPFAR activities will continue in COP09 with the NMOD's initiative to store, manage and distribute supplies (ARVs, reagents, other consumables) procured through the Supply Chain Management System (SCMS). Movement toward central acquisition and distribution will decrease operating costs and the use of cash accounts at each site. The DOD program will continue support policy development for implementation of the NMOD-owned, contractor (SCMS) operated warehouse developed under COP07 funding, as well as the linkages of NMOD customs agents with NAFDAC, federal customs authorities and the Ministry of Foreign Affairs. The program design will ensure continued USG visibility and accountability at all levels of implementation. The NMOD ownership of the program is supported through the integrated approach of PEPFAR implementation, the formation and strengthening of NMOD HIV structures, application of an operating budget, increases in HCPs and logistics improvements. The stewardship transfer, which is projected within the next two years, will contribute to a sustainable program.

Within Nigeria, in addition to its commitment to the PEPFAR Team and its technical working groups on policy and guideline development, the DOD will continue to be involved with organizations responsible for responding to the HIV/AIDS epidemic through national policy development, implementation and coordination activities. These organizations include the Federal Ministry of Health, HIV/AIDS Division (HAD), the National Agency for the Control of AIDS (NACA), and the Global Fund.

By the end of COP09, DOD will support 20 NMOD facilities in Anambra, Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Imo, Kaduna, Kano, Lagos, Oyo, Plateau, Rivers and Sokoto (15 states and FCT).

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

DOD activities will foster a strong USG relationship with another branch of the Nigerian Government; build the capacity of indigenous partner through joint implementation of activities; offer a cost effective model for implementation through a direct USG-GON collaboration, and support both the military and civilian communities.

Activity Narrative: TARGET POPULATIONS:

This activity targets both military and civilian populations, including health care workers, administrators and community liaisons at each site as well as Nigerian Ministry of Defence leaders and commanders, the Steering Committee and Implementation Committee and others who are involved directly with policy development.

EMPHASIS AREAS:

This activity includes emphasis on military populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13160	3245.08	Department of Defense	US Department of Defense	6400	554.08	DoD Track 2.0 Program	\$569,000
6800	3245.07	Department of Defense	US Department of Defense	4189	554.07	DoD Program	\$250,000
3245	3245.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$393,500

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 632.09

Prime Partner: University of Maryland

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 3253.25252.09

Activity System ID: 25252

Mechanism: HHS/CDC Track 2.0 Univ Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$50,777

Activity Narrative: ACTIVITY DESCRIPTION:

ACTION will continue to support the efforts of the Nigerian FMOH and nursing and midwifery educational sectors in strengthening the skills of nurses and midwives for the national response to the HIV/AIDS epidemic in the country in line with the Health Sector National Strategic Framework for HIV/AIDS. Nurses and midwives constitute the highest number of health care workers in Nigeria and spend the highest number of hours with patients. However, there has not been a specific program to address the weak nursing knowledge in HIV care that exists country wide. If adequately trained and empowered to utilize learned skills, nurses could render more appropriate care for PLWHAs and contribute meaningfully to mitigating the impact of HIV/AIDS as well as to sustaining the efforts supported by the Emergency Plan. As the number of patients accessing ART services continues to increase without an exponential increase in the number of doctors, especially in primary and secondary sites, doctors are overworked and patient access to care is sub-optimal. With proper training, nurses can be utilized through task shifting to address the personnel challenges faced by ART sites.

This activity is aimed at continuing to support a HIV care nurse training program at the practice and nursing education levels to address the weaknesses that exist in the skill levels of nursing professionals in Nigeria in a sustainable manner. This training will be tied in with an integrated care strategy being implemented at the model HIV Clinical Training Clinic at University of Abuja Teaching Hospital at Gwagwalada. The care model employs a care team strategy that upgrades the role of the nurse in care provision and case management and frees the physician to address patient management challenges rather than focusing on onerous paper work. A care team consisting of a physician, several nurses, adherence counselors, PLWHA treatment support specialists and pharmacy staff work together to facilitate efficiency and quality of patient care. A community liaison links the team and the patient to community-based services targeting improved treatment access, adherence, nutrition, safe water, linkage to other services and home-base care. Evaluation of this model and expanded training of other sites in an evidence-defined care model will help shape policy for operationalizing the IMAI/IMC approach.

The standardized curriculum developed and piloted in COP07 & COP08 was crafted to focus on specific skills sets and knowledge needs identified by the Nursing and Midwifery Council of Nigeria and Nigerian nursing educators. The curriculum incorporates the FMOH/NACA adopted IMAI/IMCI approach to HIV/AIDS care with emphasis on such nursing skills as: aseptic technique, injection safety, universal precautions, nursing triage, nursing assessment, follow up of stable ARV patients with prescription re-authorization, monitoring for ARV adverse effects and treatment efficacy, adherence/general counseling, and linkages with community care and other services. In addition, HIV palliative care at facility and community levels are emphasized including treatment of minor ailments (such as thrush, malaria, and diarrhea) using standing orders developed and approved by supervising physicians based on IMAI/IMCI guidelines. Through the training, nursing skills are enhanced to provide counseling for prevention, HCT, disclosure/partner notification and other support services. As many of these skills are transferable, the ability of nurses to manage and care for patients with other chronic disease conditions is enhanced.

In COP07/COP08, ACTION collaborated with FMOH, Nursing & Midwifery Council of Nigeria and other USG partners, MSH/LMS in particular, to develop a standard HIV/AIDS curriculum for nurses in practice. A pilot TOT was conducted for 45 trainers drawn from different facilities at all tiers of the healthcare system through the PEPFAR Healthcare Professional Fellowship program. This Fellowship program was jointly implemented by ACTION and MSH/LMS. Participants of this fellowship program have received support from their facility and stated administrators to step down training in their various facilities and communities. Also in COP08, ACTION rolled out this training to its 5 regions as TOTs for a total number of 150 nurse master trainers, mostly continuing education nurses from tertiary and secondary facilities, and others from PHCs to enhance facility based and sponsored HIV training and retraining. Through advocacy by ACTION, the USG, and others, the Nursing and Midwifery Council of Nigeria has mandated nursing schools to include HIV/AIDS nursing in their training curricula and has identified the need to standardize the content of these curricula. The HIV/AIDS nursing training curriculum developed under COP07 & COP08 was adapted by the Council as the model curriculum for HIV/AIDS nursing education for incorporation into standard education of nursing & midwifery students country-wide. ACTION supported meetings with key stakeholders to carry out the adaptation for nursing students; supported an initial pilot TOT for 25 nursing and midwifery school faculty and produced copies of the curriculum for dissemination. In addition, nursing school administrators were encouraged to incorporate clinical rotations at ACTION and other IP supported hospital and community based sites into their curriculum to enhance hands on experience for students.

Under COP09, ACTION will focus on continuing to strengthen the capacity of nursing and midwifery schools countrywide to improve the knowledge base of future graduating nurses and midwives in the area of HIV prevention and comprehensive care of PLWHAs and PABAs. ACTION will support 2 regional step down trainings for a total of 60 nurse educators from at least 5 schools of nursing who will be identified by the Nursing and Midwifery Council of Nigeria. These trainings will be held at 2 nursing schools in ACTION regions utilizing the master trainers from COP08. IHV Nigeria Training Department will continue to oversee assessments and monitor for quality as well as coordinate and improve training materials and follow up of trainees.

ACTION currently supports ARV services at 78 sites and will develop 32 additional primary care sites under COP09 for a total of 110 sites structured under a hub and spoke network model. 32 hub sites are affiliated with 32 smaller secondary hospital sites and 32 additional primary health center ARV sites so that routine care of stable patients can be available at the community level. These primary health center sites already have established referral relationships with existing ARV sites at the secondary or tertiary level and will be strengthened under COP09 to provide ARV in a more accessible location. Most of these sites are staffed by nurses. ACTION anticipates that at least 16 of the primary health centers will be developed as "nurse managed" ART sites with oversight from the affiliated hubs. These are ideal settings for student rotations. ACTION support for nurse HIV and AIDS training will not be limited to ACTION supported sites or states, as the program is designed to provide supports across PEPFAR and beyond.

Sites were selected in line with the National ARV Scale-Up Plan with the goal of universal access. They

Activity Narrative: include: Akwa Ibom, Anambra, Bauchi, Benue, Cross Rivers, Delta, Edo, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Curriculum development and implementation will lead to capacity development at the site level and nursing schools. This is consistent with national guidelines to ensure sustainability. ACTION staff will ensure that there is a step down training with trainees from various hospitals using the Training Centers in Benin, Kano, Jos and Abuja. The GON and other IPs will also utilize the curriculum and other trainers developed to further step down the trainings with development of a cohort of trainers across the country.

EMPHASIS AREAS:

This activity focuses on training, as capacity development for sustainability is a key focus. This activity also focuses on training curriculum and module development, provision of additional training resources for trainers and trainees for step down training in hospitals, and human resources, as manpower shortfalls to address HIV care needs will be addressed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13117

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13117	3253.08	HHS/Centers for Disease Control & Prevention	University of Maryland	6394	632.08	HHS/CDC Track 2.0 Univ Maryland	\$2,760,000
6764	3253.07	HHS/Centers for Disease Control & Prevention	University of Maryland	4184	632.07	Cooperative Agreement	\$1,450,000
3253	3253.06	HHS/Centers for Disease Control & Prevention	University of Maryland	2778	632.06	UTAP	\$1,015,000

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$19,729,238

Program Area Narrative:

The M&S budget for COP09 reflects the shift from scale-up to sustainability while still enabling the team to provide technical support and monitoring of PEPFAR activities across a significant number of implementing partners. As such, the only new positions requested in COP09 are a Human Resources Specialist and a Program Assistant to the PEPFAR Coordinator, both funded through the Dept. of State and to be located at the Embassy.

Thirty positions for the Centers for Disease Control (CDC) and the Department of Defense (DOD) remain vacant due to lack of Human Resources infrastructure at the Embassy to support the classification and recruitment of these previously approved positions. Thus, the Department of State seeks to fund a full time, contracted, Foreign Service National (FSN) Human Resources Specialist at the US Embassy – Abuja. PEPFAR will fund this position as it is integral to ensuring that CDC and DOD attain the determined staffing pattern in support of PEPFAR Nigeria programs.

The second position requested is a full time Eligible Family Member (EFM) or FSN Program Assistant in the PEPFAR Coordinator’s office. Given the size of the PEPFAR Nigeria program and the responsibilities placed on the Coordinator, the team has agreed that administrative, planning, and organizational support is necessary in order for the Coordinator to be successful in coordinating as well as in representing the PEPFAR team. The incumbent will be funded by PEPFAR through the Department of State and will be located at the U.S. Embassy. Other support to the Coordinator and the PEPFAR team in general is the Public Affairs Specialist who is dedicated to PEPFAR.

USAID is well on the way to filling COP08 vacancies, with all hires expected on board prior to the start of COP09. It should also be noted that USAID will be looking at using a greater number of local hire staff when expatriate technical advisors conclude their terms of service during COP09. This is an indication of the greater availability of technical specialists within the Nigerian populace, as well as move to increase cost efficiencies.

Challenges still exist for the continued scale up of human resources, including an extraordinarily long lag time between position approval to actual employment due to the many and time consuming bureaucratic processes. Additionally, Nigeria is a “hard to recruit” post for USDH or qualified expatriates, suffering from high rates of crime and environmental factors such as malaria and

other infectious diseases, and lacking amenities such as recreational opportunities and quality health care.

The following section is the beginning of a response to the cable request on best practices in interagency coordination (STATE 112759). We understand that the deadline for this response has been shifted to December 1st, but we offer the following information towards that deadline. The Interagency management process developed by the PEPFAR Nigeria team is one that aims to strategically direct activities and align communications to Washington, the Government of Nigeria and other donor groups. PEPFAR Nigeria has created administrative structures, governance mechanisms, and decision-making procedures to ensure effective communication, coordination and decision-making.

The PEPFAR team is managed by senior leadership from the U.S. Embassy, CDC, USAID, and DOD. Weekly meetings are held with the HIV/AIDS leadership from these Departments/Agencies and are chaired by the PEPFAR Coordinator, in order to discuss planning or reporting issues, Global Fund and other donor coordination, guidance from Washington, planning for Technical Assistance (TA) visits, and any upcoming events or meetings that require the attendance of one or more of the team members. Also held weekly is a meeting with the Investing in People team, which is chaired by the DCM. This meeting provides a linkage between senior management of the PEPFAR team and other health and education programs operating with support from the USG in Nigeria.

The PEPFAR team is subdivided into 14 Technical Working Groups (TWGs) as represented in our functional staffing chart. TWGs cover the following topics: (1) procurement and; (2) ABC and Other sexual prevention; (3) medical transmission; (4) PMTCT; (5) pediatric and adult ART; (6) basic care and support and OVC; (7) TB/HIV; (8) counseling and testing; (9) the SI and HMIS working group; (10) laboratory; (11) networks of care; (12) gender; (13) human resources for health; (14) health systems. In addition there are three cluster groups that meet less frequently to discuss linkages between programs in terms of planning, implementation and policy developments. The cluster groups are the care and treatment cluster, the prevention cluster, and the SI/lab (cross-cutting) cluster. Each working group is composed of chairperson(s), a network coordinator, liaisons from other working groups and general members. Each working group has a chair or two co-chairs. There is a specific network coordinator assigned as a member of all technical working groups. These network coordinators liaise with implementing partners to clearly map out physical locations and the types of services offered for network referral purposes. Extended versions of these working groups include implementing partner and GON representatives. All working groups report back to the senior management and policy group. This regular reporting is done through various mechanisms from as needed verbal and/or written communication to scheduled presentations to the USG management team

The Team utilizes knowledge management tools in order to ensure effective communication and information sharing across the interagency team. PEPFARNigeria.org is a password protected internet site that allows the team to share document drafts, notes from meetings, TA briefings, and other information of use. A central budget and strategic information database has also been developed so that reliance on excel spreadsheets will soon be a thing of the past for PEPFAR Nigeria. This database will allow the team to readily access data and tailor reports on PEPFAR implementing partners for use with donor groups, the GON and media outlets.

One current obstacle faced by the PEPFAR team is HR support from the Embassy in support of CDC and DOD hiring and benefits/compensation functions. This is remedied in COP09, as is support for the PEPFAR Coordinator's Office.

Where have we eliminated redundancy and applied department/agency strengths to achieve efficiencies? USAID, under COP08, is hiring a position to focus on Nutrition to cover all agencies.

How have we eliminated "turf" to forge an implementation action team that speaks as one USG? The Nigeria team is very much integrated. All agencies are represented on TWGs, and joint site visits are often conducted with representatives from CDC, DOD and USAID to mutually learn from and provide TA to USG partners. Instead of representing one agency when giving a speech or talk, the individuals speak on behalf of USG PEPFAR.

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1532.09	Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 3263.24947.09	Planned Funds: \$7,321,220
Activity System ID: 24947	

Activity Narrative: The USG Nigeria team's M&S goal, through the USAID office in Nigeria, is to have appropriate oversight for the 37 track two agreements worth \$163,246,093 and the three track one support agreements worth \$2,092,426 (this does not include the management of SCMS, which is an additional \$60,045,951); to deliver quality results and responsible and transparent use of USG funds. Given the highly technical nature of ART services, and the need for broad expansion for community- and home-based care services, the need for on-site monitoring is substantial. The expansive portfolio, including new and inexperienced indigenous partners and a national coverage for service provision, places significant management demands on the team. In addition to the contractual responsibilities for the USAID-managed agreements and contracts, the USAID team plays a vital technical and strategic role in integrating the Emergency Plan programming across partners. The interagency technical teams are also involved in the joint oversight and monitoring of all Implementing Partners, and in coordinating and collaborating with the GON and bilateral and multilateral donors, including Global Fund and the Clinton Foundation, and with other stakeholders. Additional leadership is seen in the management and strategic direction of the Country level Compact with the host country government, which entails interaction and partnership with counterparts at the federal, state and local levels for broader health systems strengthening and coordination. The technical team members also play key roles in the development of national guidelines and in advocacy efforts around their areas of technical expertise. This leadership builds significant national capacity and is increasing the quality and consistency of HIV services across the country.

To perform this mandate, USAID/Nigeria has planned for a staff of 61 staff to directly and indirectly support the HIV/AIDS and TB activities in COP09, an increase of 3 technical, specialist and administrative support positions (see USG Nigeria staff matrix COP09). All of the 60 approved positions under COP08 are filled or are under recruitment. This modest increase plan has been developed as part of the interagency process, in order to ensure strategic growth and appropriate managerial coverage in line with agency comparative advantage. The new core staff will be integrated into the technical working groups in line with the respective expansions of the subgroups' portfolios to ensure appropriate technical oversight and administrative support.

The COP09 USAID staffing plan within the core technical team includes two USDH that fill the positions of HIV Team Leader and Deputy Team Leader. On the wider support team, there are five USDH, including a Program Officer, a Contracting Officer, the Controller, the General Development Officer and the Executive Officer (partially funded). In addition, USAID provides supports for two key interagency positions, the PEPFAR Regional Legal Advisor (a USDH) and the PEPFAR Coordinator (PSC). Of the remaining 52 positions, 29 work within the technical office providing direct HIV/AIDS programs support and 23 are Mission support positions that reside in the Finance, Contracts, Partnership, and Executive Offices. The detailed listing is presented in the Staffing Matrix. In the attached supporting documents is a full USG PEPFAR Nigeria organizational chart that indicates the interagency complementarities of staffing designs.

M&S costs are inclusive of 'fully loaded' costs for the 32 personnel supported via M&S (the other staff are covered under their program funding areas), rent for offices and warehouse space, utilities, security, travel and training for M&S staff, IT taxes for all USAID staff, parking fines, and IT equipment. The funds also include provisions for required technical assistance efforts or surge capacity needs as well as program audit/costing assessment support. The M&S budget also provides necessary support required for the planned relocation of the USAID offices during the FY09 timeframe. General ICASS charges are addressed under another budget line, split out by program area.

The USAID M&S budget in COP09 supports the USG interagency team process of providing technical guidance and monitoring of PEPFAR activities across a significant array of implementing partners throughout Nigeria. The HIV/AIDS office within the USAID/Nigeria Mission is committed to the precepts of GIPA efforts, and includes GIPA language in all recruitment announcements to encourage models of positive living within the USG team, an effort enhanced by the within-Mission workplace policies and activities.

Through an interagency agreement, USAID is the technical working group lead in several program areas, including: Sexual prevention, Biomedical transmission prevention, Care and Support, OVC, C&T, Commodities Logistics, and Health Systems Strengthening. USAID also has staff designated for the CDC-led technical working groups in the areas of TB/HIV, Lab and ART. Technical staff members from all PEPFAR implementing agencies are viewed as USG team staff and the designation of 'lead' indicates primary responsibility for coordination and reporting to the joint USG PEPFAR management team on programmatic progress and on developments in those technical areas. Policies and resource allocation decisions are made through weekly interagency PEPFAR management meetings, weekly Investing in People management meetings with the Front Office of the Embassy, and regularly scheduled meetings with the Ministry of Health and NACA.

The USAID ICASS budget for FY09 is estimated at \$332,076 (for staff covered under M&S funding, see separate submission) and IRM Tax at \$194,931 (for all staff).

New/Continuing Activity: Continuing Activity

Continuing Activity: 13131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13131	3263.08	U.S. Agency for International Development	US Agency for International Development	6396	1532.08	USAID Agency Funding	\$2,604,217
6775	3263.07	U.S. Agency for International Development	US Agency for International Development	4186	1532.07	USAID Agency Funding	\$2,520,156
3263	3263.06	U.S. Agency for International Development	US Agency for International Development	2780	1532.06	USAID Agency Funding	\$2,112,210

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 554.09 **Mechanism:** DoD Track 2.0 DoD Agency
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 3264.25212.09 **Planned Funds:** \$2,411,255
Activity System ID: 25212

Activity Narrative: ACTIVITY DESCRIPTION: In COP08, the DOD increased its technical staff to provide increased technical and programmatic oversight to the U.S. Department of Defense (DOD) – Nigerian Ministry of Defense (NMOD) HIV Program. In COP09, the program will continue to provide prevention, care and treatment services at 20 sites in 15 states and the Federal Capital Territory. The Nigeria DOD HIV Program has planned for full staffing at 31 positions in FY2008, the same staffing level as COP08. This is in line with the movement from PEPFAR 1 (an emergency phase) to PEPFAR 2 (sustainability phase).

The COP08 staffing plan includes 3 USDH hires that are comprised of the Director, Executive Officer and Program Manager. The latter two positions are secured through interagency personnel agreements. A further breakdown of total staff includes 29 Locally Employed Staff (employed as contractors and FSNs), of which 15 technical staff are funded under specific program. Remaining staff under M&S include 5 drivers and 11 administrative staff. All positions are agreed upon through an interagency staffing process.

The M&S budget also includes operational funds (e.g., office lease, utilities, vehicle fuel), M&S-related equipment, M&S-related staff inclusive of all associated costs, M&S staff-related travel, M&S staff-related training and residential leases and post allowances for 3 USDH M&S positions.

DOD ICASS and CSCS costs are included in accordance with COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13168	3264.08	Department of Defense	US Department of Defense	6401	554.08	DoD Track 2.0 DoD Agency	\$1,961,613
6815	3264.07	Department of Defense	US Department of Defense	4193	554.07	DoD Agency Funding	\$1,605,000
3264	3264.06	Department of Defense	US Department of Defense	2773	554.06	DoD	\$1,550,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7215.09

Mechanism: USAID Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 15675.24959.09

Planned Funds: \$332,076

Activity System ID: 24959

Activity Narrative: ACTIVITY DESCRIPTION:
The USAID Agency ICASS budget for FY08 is estimated at \$296,431, to provide necessary ICASS supports for the staff of 28 USAID personnel supporting the HIV/AIDS and TB activities under the M&S area in COP08.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15675

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15675	15675.08	U.S. Agency for International Development	US Department of State	7215	7215.08	USAID Track 2.0 ICASS	\$296,431

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1561.09

Mechanism: HHS/CDC Track 2.0 Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 6566.25985.09

Planned Funds: \$3,630,771

Activity System ID: 25985

Activity Narrative: ACTIVITY DESCRIPTION: This narrative describes the CDC Nigeria M&S needs for both GHCS and GAP funds. The CDC Nigeria M&S budget, including GCS and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the COP09 submission.

The USG Nigeria team's M&S goal, through the HHS/CDC office in Nigeria, is to have sufficient staff for COP09 to provide more technical and programmatic oversight and assistance to all implementing partners in Nigeria. The CDC M&S budget in COP09 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in Nigeria, which is the second largest PEPFAR country based on the established 2009 end targets. Geographic size of the country, 25% larger than Texas, also influences the USG staffing needs to provide monitoring of activities. Dramatic expansion of the Nigeria PEPFAR program in COP08 has more than doubled the number of ARV treatment partners from seven to sixteen by end of COP08. Direct country project officer oversight at CDC is in place for eight of the sixteen treatment partners working in nearly 300 clinical sites (Harvard University SPH-APIN, University of Maryland-ACTION, Columbia University-ICAP, Catholic Relief Services-AIDSRelief, Vanderbilt University, Partners for Development, APIN LTD and URC). Additionally, HHS has fifteen other cooperative agreements supporting a broad range of implementing partner activities in Nigeria such as laboratory, safe blood, TB/HIV, OVC and PMTCT. RFA awards in COP08 have added ten new HHS/CDC funded partners with an eleventh additional new award, to the FMOH HIV/AIDS Division, in process. COP09 RFA awards will likely add 1-2 new partners. These new partners will need rapid integration and agency management to influence achievement and progress towards Nigerian national and PEPFAR goals.

To achieve the goals of effective technical assistance to the Government of Nigeria and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Nigeria has planned for full staffing at 81 positions in FY09, which is a level total number of staffing as approved in COP08. Some of the previously approved positions, however, have been adjusted to reflect changes in program management; for example, the decision reached with the US Mission to indefinitely delay the opening of a CDC-supported PEPFAR office in Lagos due to Mission support constraints. Those positions have been incorporated into respective support in the Abuja office. Presently 57 of the 81 approved COP08 positions have been filled and five positions are under recruitment, including three US Direct Hire (USDH) positions which are in the selection process.

The COP09 HHS/CDC staffing plan includes 10 USDH that are comprised of the Chief of Party, Deputy Director, Associate Director for Epidemiology & Clinical Programs, Associate Director for Laboratory Science, Associate Director for Management and Operations, Associate Director for Program Monitoring and Evaluation, Associate Director for Program Administration, Associate Director for Health Systems Strengthening, and Resident Advisor and Laboratory Advisor for the CDC Field Epidemiology and Laboratory Training Program. Due to safety and security issues, the PEPFAR team and US Mission have decided in 2008 to delay plans to open a CDC-supported PEPFAR field office in Lagos. The positions planned for the Lagos PEPFAR Field Office in COP07 and COP08 have been transitioned to the Abuja-based office and will support activities in the Lagos area. Two PSC positions approved in COP08 are planned to transition to USDH positions and have been approved by HHS; they are included in the total above. It is not expected that these USDH positions will be filled immediately in COP09 due to the timeline for incorporation into US Mission management support plans and Mission approval, followed by recruitment, selection and relocation. A further breakdown of total staff requested includes 35 FSN technical staff (funded under specific program areas and M&S), 1 PSA technical staff, 1 PSA administrative staff and 35 M&S FSN support staff including 23 administrative, finance and IT staff plus 12 drivers. The attached supporting documents include a full USG PEPFAR Nigeria organizational chart. The specific disciplines of technical staff were determined through an interagency staffing for results process that allows for complementary staffing across agencies. While some technical positions in program areas are duplicative for agencies, that duplicity is based on the total size of COP09 programming and the minimum time required to adequately monitor field work of partners and provide technical assistance to the Government of Nigeria. Additionally, an independent review of USG staffing management and plans is scheduled for Q1 FY09. This analysis will assist the team in identifying any gaps and will provide guidance on management and staffing needs. As the program moves into PEPFAR II, the team will need to ensure appropriate focus on programmatic oversight, technical assistance to support the GON, and development and implementation of the PEPFAR Compact.

M&S costs are inclusive of rent for offices and warehouse space, 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 USDH M&S positions expected in FY09, residential leases and post allowance for 10 USDH M&S positions, security services for offices/warehouse, and communications costs. This COP09 submission does not include HQ TA support in keeping with COP09 guidance that this will be funded through the Headquarters Operational Plan process.

ICASS charges of \$1,169,376 and CSCS charges of \$623,803 are budgeted separately in their own activities as required by COP09 guidance.

Reprogramming: during the April 2009 reprogramming, \$150,000 was programmed into this activity to support the development of Nigeria's PEPFAR Partnership Framework.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13146	6566.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6397	1561.08	HHS/CDC Track 2.0 Agency Funding	\$1,984,840
6794	6566.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4187	1561.07	HHS/CDC Agency Funding	\$1,050,000
6566	6566.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2783	1561.06	HHS/CDC Agency Funding	\$925,626

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1530.09	Mechanism: HHS/CDC Track 2.0 CDC Agency
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 3260.25986.09	Planned Funds: \$3,056,000
Activity System ID: 25986	

Activity Narrative: ACTIVITY DESCRIPTION: This narrative describes the CDC Nigeria M&S needs for both GHCS and GAP funds. The CDC Nigeria M&S budget, including GCS and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the COP09 submission.

The USG Nigeria team's M&S goal, through the HHS/CDC office in Nigeria, is to have sufficient staff for COP09 to provide more technical and programmatic oversight and assistance to all implementing partners in Nigeria. The CDC M&S budget in COP09 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in Nigeria, which is the second largest PEPFAR country based on the established 2009 end targets. Geographic size of the country, 25% larger than Texas, also influences the USG staffing needs to provide monitoring of activities. Dramatic expansion of the Nigeria PEPFAR program in COP08 has more than doubled the number of ARV treatment partners from seven to sixteen by end of COP08. Direct country project officer oversight at CDC is in place for eight of the sixteen treatment partners working in nearly 300 clinical sites (Harvard University SPH-APIN, University of Maryland-ACTION, Columbia University-ICAP, Catholic Relief Services-AIDSRelief, Vanderbilt University, Partners for Development, APIN LTD and URC). Additionally, HHS has fifteen other cooperative agreements supporting a broad range of implementing partner activities in Nigeria such as laboratory, safe blood, TB/HIV, OVC and PMTCT. RFA awards in COP08 have added ten new HHS/CDC funded partners with an eleventh additional new award, to the FMOH HIV/AIDS Division, in process. COP09 RFA awards will likely add 1-2 new partners. These new partners will need rapid integration and agency management to influence achievement and progress towards Nigerian national and PEPFAR goals.

To achieve the goals of effective technical assistance to the Government of Nigeria and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Nigeria has planned for full staffing at 81 positions in FY09, which is a level total number of staffing as approved in COP08. Some of the previously approved positions, however, have been adjusted to reflect changes in program management; for example, the decision reached with the US Mission to indefinitely delay the opening of a CDC-supported PEPFAR office in Lagos due to Mission support constraints. Those positions have been incorporated into respective support in the Abuja office. Presently 57 of the 81 approved COP08 positions have been filled and five positions are under recruitment, including three US Direct Hire (USDH) positions which are in the selection process.

The COP09 HHS/CDC staffing plan includes 10 USDH that are comprised of the Chief of Party, Deputy Director, Associate Director for Epidemiology & Clinical Programs, Associate Director for Laboratory Science, Associate Director for Management and Operations, Associate Director for Program Monitoring and Evaluation, Associate Director for Program Administration, Associate Director for Health Systems Strengthening, and Resident Advisor and Laboratory Advisor for the CDC Field Epidemiology and Laboratory Training Program. Due to safety and security issues, the PEPFAR team and US Mission have decided in 2008 to delay plans to open a CDC-supported PEPFAR field office in Lagos. The positions planned for the Lagos PEPFAR Field Office in COP07 and COP08 have been transitioned to the Abuja-based office and will support activities in the Lagos area. Two PSC positions approved in COP08 are planned to transition to USDH positions and have been approved by HHS; they are included in the total above. It is not expected that these USDH positions will be filled immediately in COP09 due to the timeline for incorporation into US Mission management support plans and Mission approval, followed by recruitment, selection and relocation. A further breakdown of total staff requested includes 35 FSN technical staff (funded under specific program areas and M&S), 1 PSA technical staff, 1 PSA administrative staff and 35 M&S FSN support staff including 23 administrative, finance and IT staff plus 12 drivers. The attached supporting documents include a full USG PEPFAR Nigeria organizational chart. The specific disciplines of technical staff were determined through an interagency staffing for results process that allows for complementary staffing across agencies. While some technical positions in program areas are duplicative for agencies, that duplicity is based on the total size of COP09 programming and the minimum time required to adequately monitor field work of partners and provide technical assistance to the Government of Nigeria. Additionally, an independent review of USG staffing management and plans is scheduled for Q1 FY09. This analysis will assist the team in identifying any gaps and will provide guidance on management and staffing needs. As the program moves into PEPFAR II, the team will need to ensure appropriate focus on programmatic oversight, technical assistance to support the GON, and development and implementation of the PEPFAR Compact.

M&S costs are inclusive of rent for offices and warehouse space, 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 USDH M&S positions expected in FY09, residential leases and post allowance for 10 USDH M&S positions, security services for offices/warehouse, and communications costs. This COP09 submission does not include HQ TA support in keeping with COP09 guidance that this will be funded through the Headquarters Operational Plan process.

ICASS charges of \$1,169,376 and CSCS charges of \$623,803 are budgeted separately in their own activities as required by COP09 guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13147	3260.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6398	1530.08	HHS/CDC Track 2.0 CDC Agency	\$3,056,000
6793	3260.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4188	1530.07	HHS/CDC Agency Funding	\$3,056,000
3260	3260.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2779	1530.06	HHS/CDC Agency Funding	\$3,017,766

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7212.09 **Mechanism:** HHS/CDC Track 2.0 CSCS
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 15640.28489.09 **Planned Funds:** \$623,803
Activity System ID: 28489
Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the Nigeria related HHS/CDC CSCS head tax for OBO Embassy construction projects. It is a subset of total HHS/CDC M&S but has designated the State Department (OBO) as the Prime Partner receiving the funds. The cost of HHS/CDC CSCS in Nigeria has increased as anticipated in COP09. This is offset by decreases in infrastructure costs.
New/Continuing Activity: Continuing Activity
Continuing Activity: 15640

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15640	15640.08	HHS/Centers for Disease Control & Prevention	US Department of State	7212	7212.08	HHS/CDC Track 2.0 CSCS	\$289,531

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 6707.09 **Mechanism:** HHS/CDC Track 2.0 ICASS
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 15639.28490.09 **Planned Funds:** \$1,169,376
Activity System ID: 28490

Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the HHS/CDC ICASS costs for operations in support of the PEPFAR program in Nigeria. It is a subset of total HHS/CDC M&S but has designated the State Department as the Prime Partner delivering the services. Although the cost of ICASS in Nigeria is expected to rise only marginally from COP08, when staffing and procurements saw their most significant growth along with the size of the entire PEPFAR program. The Embassy, as a result of expanding PEPFAR support, is seeing a decrease in unit costs for overall ICASS services as the economy of scale brings greater efficiency to joint operational support for ICASS participants.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15639

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15639	15639.08	HHS/Centers for Disease Control & Prevention	US Department of State	6707	6707.08	HHS/CDC Track 2.0 ICASS	\$1,000,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7216.09

Mechanism: DoD Track 2.0 ICASS

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 15676.28491.09

Planned Funds: \$400,000

Activity System ID: 28491

Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the DOD ICASS costs for operations in support of the PEPFAR program in Nigeria. It is a subset of the total DOD Management and Staffing budget but is designated for State Department as the Prime Partner delivering the services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15676

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15676	15676.08	Department of Defense	US Department of State	7216	7216.08	DoD Track 2.0 ICASS	\$325,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7227.09

Mechanism: DoD Track 2.0 CSCS

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 15677.28492.09

Planned Funds: \$114,737

Activity System ID: 28492

Activity Narrative: ACTIVITY DESCRIPTION: This activity funds the Nigeria DOD CSCS head tax for OBO Embassy construction projects. It is a subset of total DOD M&S but is designated for State Department (OBO) as the Prime Partner receiving the funds.

New/Continuing Activity: Continuing Activity

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	Yes	X	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 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
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 2009?	Yes	X	No

Other Significant Data Collection Activities

Name: How to optimize PMTCT effectiveness (HOPE) project.

Brief Description of the data collection activity:

As part of OGAC multi-country effort to identify factors responsible for low PMTCT uptake and device strategies to stem the tide, PEPFAR-Nigeria through IHVN and AID Relief will conduct this PHE to optimize the effectiveness of PMTCT programs by evaluating models that increase the engagement and retention of HIV-infected pregnant women in antenatal and HIV care. Specifically, this evaluation study will compare the effectiveness of two categories of program intervention models to improve the engagement and retention of women in PMTCT programs. This proposed activity depends on the OGAC PHE approval process and its associated timelines.

Results: TBD

Preliminary Data Available:

12:00:00 AM

Name: GIS mapping and secondary data analysis

Brief Description of the data collection activity:

Health Systems 20/20 will collaborate with in-country institutions (e.g., APIN, African Health Project, Zaria Training Institute, the Nigeria Institute for Social and Economic Research) to build capacity in the use of GIS software to generate maps that, coupled with HIV/AIDS epidemiological data and HRH data, will show the distribution of human resources available to deliver HIV services. This is a desk review of secondary data sources, including human resources, health system, and service provision assessments, as well as epidemiological, financing, and other data sources. Data will be consolidated into a GIS database with federal and state level HIV/AIDS.

Preliminary Data Available:

12/1/2009

Name: Assessing the Impact of Barriers to ART Initiation among Clinically Eligible Patients

Brief Description of the data collection activity:

Limited access to care and treatment contributes to low ART coverage, but many other factors contribute as well. Delays in ART initiation among individuals already enrolled in care that are clinically eligible for ART account for an unexplored area of missed opportunity. The goal of this study is to identify statistically significant barriers and enablers to treatment initiation among clinically eligible patients already receiving pre-ART care for HIV infection. The proposed study will employ a prospective, matched cohort design, with cohorts from selected sites offering ART care and treatment services of different natures and intensity. This proposed activity depends on the OGAC PHE approval process and its associated timelines.

Results: TBD

Preliminary Data Available:

12:00:00 AM

Name: Integrated Biological and Behavioral Surveillance Survey (IBBSS)**Brief Description of the data collection activity:**

PEPFAR Nigeria, in collaboration with the Federal Ministry of Health, Nigeria will conduct a second round of the Integrated Biological and Behavioral Surveillance Survey (IBBSS) to determine the trend of HIV prevalence, HIV/AIDS knowledge, attitudes and behavior among high risk populations in Nigeria. The first round of this study was conducted in 2007. The 2009 study will be national in scope and focus on female commercial sex workers, transportation workers (i.e., commercial drivers, long distance truck drivers, motor cyclists), men who have sex with men (MSM), intravenous injecting and non-injecting drug users, military and the police services, and additional high-risk groups, as necessary, who were not included in the first round. The study involves the administration of survey questionnaires to selected respondents, with standardized modules that address HIV/AIDS awareness, knowledge, behavior, and attitudes to HIV/AIDS. Blood samples will be obtained from willing respondents; these will be tested for HIV. Informed consent will be obtained from all respondents for both questionnaire administration and blood draw. The survey will be anonymous but linked to ensure strict confidentiality of participants. HIV counseling and linkages to treatment, care and support services at USG PEPFAR supported sites will be provided, as appropriate to respondents found to be HIV positive.

Preliminary Data Available:

4/1/2010

Name: The impact if task shifting type II for ART delivery on patient and process outcomes in Nigeria.**Brief Description of the data collection activity:**

The FY 08 PHE is to be conducted by PEPFAR-Nigeria through AIDS Relief and FHI. It is an intervention study that will seek to determine the impact of implementing the WHO Global Recommendations and Guidelines on Task Shifting of HIV treatment from physicians or non-physician clinicians to nurses in public sector health facilities. The evaluation will focus on type II task shifting, which is defined as the transfer of skills to nurses and midwives to enable them to assume tasks previously undertaken by more senior cadres (e.g. medical officers and physician assistants), herein referred to as 'clinicians. This proposed activity depends on the OGAC PHE approval process and its associated timelines. Results: TBD

Preliminary Data Available:

12:00:00 AM

Name: System-Wide Effects of PEPFAR-Supported HIV Service Provision; The Impact of PEPFAR on Health Service Utilization and the Overall Health System in Nigeria**Brief Description of the data collection activity:**

This is an FY09 multi-country Public Health Evaluation (PHE) to be conducted in by four implementing partners (Institute of Human Virology, Columbia University, AIDS Relief and Family Health International) to determine the impact of PEPFAR-supported provision of HIV-related services on other health services provided by health facilities and on the health system overall. This will assist to identify factors that influence this impact, to understand the processes by which this impact occurs, and to allow for comparison in other PEPFAR country settings. This study will consider impacts at two major levels: those that occur in service delivery at the facility level, and those that occur at the level of the entire health system. This proposed activity depends on the OGAC PHE approval process and its associated timelines. Results: TBD

Preliminary Data Available:

12:00:00 AM

Name: Retention of patients in Pre-ART care and evaluation of a clinic-based intervention to improve retention among HIV-infected patients in Nigeria**Brief Description of the data collection activity:**

This is another FY09 intervention study to be conducted by two IPs (AIDS Relief and Columbia University) to gather data on follow-up rates among different sub-populations of pre-ART patients to assess whether different interventions can help increase follow up and retention rates. It is being proposed as a 2-phase study with the first phase designed to increase routine monitoring data and provide baseline information on follow up rates, and the 2nd phase designed to implement an intervention that will increase follow up rates among pre-ART patients. This proposed activity depends on the OGAC PHE approval process and its associated timelines. Results: TBD

Preliminary Data Available:

12:00:00 AM

Name: Evaluation of Interventions to Reduce Early Mortality among Adults
Initiating ART in Nigeria.

Brief Description of the data collection activity:

This will be a prospective cohort study with a control arm (A) and two TB intervention arms (B and C). It will be conducted by IHVN to monitor the extent and definitive causes of early mortality (up to 12 months) among patients eligible for and initiating ART, as well as to evaluate the effect of TB intensified case finding (ICF) and treatment on early mortality reduction. Other outcomes will be identification of optimal combination of screening tool and diagnostic tests to identify TB cases in resource-limited settings and their cost-effectiveness. This proposed activity depends on the OGAC PHE approval process and its associated timelines.

Results: TBD

Preliminary Data Available:

12:00:00 AM

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
20081112 - Amb. COP09 Letter _signed.pdf	application/pdf	11/13/2008		Ambassador Letter	AParrish-Fuentes
Public Private Partnerships Table Nigeria.xls	application/vnd.ms-excel	11/14/2008		PPP Supplement	CLau
COP09 HCW Salary Report Nigeria.xls	application/vnd.ms-excel	11/14/2008		Health Care Worker Salary Report	CLau
COP09_Global_Fund_Supplemental_Form_Nigeria_FINAL.doc	application/msword	11/14/2008		Global Fund Supplemental	CLau
PAC_C0P09_HCD_11.13.08_FINAL.doc	application/msword	11/14/2008		HRH Program Area Narrative*	CLau
USG Nigeria OVC Budgetary Requirement Justification FY 2009.doc	application/msword	11/14/2008	OVC Budgetary Requirement Justification	Budgetary Requirement Justifications	CLau
USGPEPFARteam10.24.08.doc	application/msword	11/14/2008	Nigeria Team Staffing Organizational Chart	Other	CLau
COP09 Nigeria Oversight Functional Chart.doc	application/msword	11/14/2008	COP09 Nigeria Oversight Functional Chart	Other	CLau
COP09 Management and Staffing Budget Table.xls	application/vnd.ms-excel	11/14/2008		Management and Staffing Budget Table	CLau
PAC_COP09_Gender_11.14.08_FINAL.doc	application/msword	11/14/2008		Gender Program Area Narrative*	CLau
FY09 Budgetary Requirements Worksheet Nigeria.xls	application/vnd.ms-excel	11/14/2008		Budgetary Requirements Worksheet*	CLau
REQUEST_TO_WAIVE_8%_justification_FHI_and_UMD.doc	application/msword	11/14/2008		Single Partner Funding	CLau
Executive Summary COP09_11_26_08_FINAL.doc	application/msword	12/1/2008		Executive Summary	AParrish-Fuentes
summary targets and explanations.xls	application/vnd.ms-excel	12/2/2008		Other	JRose1