FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH

National Health Sector Strategic Plan
&
Implementation Plan for HIV/AIDS
2010 - 2015

HIV/AIDS Division
Department of Public Health
Federal Ministry of Health

Foreword

Nigeria is signatory to the resolutions of the United Nations General Assembly Special Session on HIV/AIDS held in year 2000. This makes a case for Nigeria as a nation to continuously reflect on the progress that has been made in HIV and AIDS prevention, treatment, care, support and mitigation against the common indicators agreed to with other nations.

A review of the National Sentinel Surveillance report over the years shows that significant progress has been made in reducing the prevalence of the infection from 5.8% in 2001 to 4.6% in 2008. But reports from surveys in other population groups especially Most at Risk Population have HIV prevalence as high as 75%. We should therefore be cautious in thinking that the epidemic is on the decline. Currently, Nigeria has the largest number of people infected with the HIV virus in Africa. Thus improving the quality of life for the infected and affected population will require an effective, efficient and evidence based costed HIV/AIDS Health Sector Strategic Plan (HSSP) and implementation plan(IP) that will sustain the gains achieved and provide a framework and guide for scaling up to universal access to comprehensive treatment, care and support services in Nigeria.

The health sector response contributes the largest proportion of the National Multisectoral response to the HIV/AIDS. The national goal is to halt and reverse the spread of HIV by 2015 and in so doing contribute to the MDGs and the national developmental goals including the President's seven point agenda and the vision 20:2020. To achieve this, we need to ensure that resources are properly being channeled to achieve Universal access to comprehensive HIV prevention, treatment, care and support services. Greater effort and focus is being placed on HIV prevention as it represents our best hope while effective strategies for control will be built on a detailed knowledge of the current epidemic including the factors that drive the epidemic and future progression. Government is therefore committed to widespread health sector reforms and system strengthening to sustain needed services in the longer-term as the demands of the epidemic on the health system has increased. In this regard the importance of integration, collaboration and decentralization of health services cannot be overemphasized. Government in addition, is committed to strengthening Public-Private partnership for service expansion and resource mobilization.

The credibility and validity of this plan lie in its development process which enjoyed an expanded contribution from many of our committed stakeholders including the 36 states and FCT.

I therefore encourage all the stakeholders both in private and public sector to use this document as a guide for programme implementation, monitoring, evaluation of impacts and proper reporting for decision making.

Professor C. O. Onyebuchi Chukwu

Honourable Minister of Health

Acknowledgement

This strategic plan for the health sector response to HIV and AIDS has emerged after a long but very participatory process of consultation, workshops, meetings and literature review. Many people and organizations have contributed in different ways: Federal, State and Local Government, international donor partners, civil society and most importantly people living positively with HIV. As a regular contributor to the process, and participant at some of these meetings, I have seen that health sector stakeholders from all corners of Nigeria have been involved and have contributed to making it everybody's plan.

The health sector is large and diverse, and this National Health Sector Strategic Plan will help guide the many organizations involved in the health sector response so that efforts can be harmonized and consistent with best practice and national guidelines. Most importantly, the

2010 – 2105 Strategic Plan fits into the new multisectoral National Strategic Framework (NSF) led by NACA.

We are sincerely grateful to our stakeholders whose efforts and resources have made this strategic plan a reality. I wish to thank the development partners for their support and technical assistance to NASCP, especially the UN agencies (WHO, UNAIDS & UNFPA), DFID through ENR, and United States Government through the USAID and MSH.

The hard work of the HSSP teams and the consultant involved in the development of the Plan is acknowledged. Their contribution and commitment to the process was invaluable.

Accepting and using this strategic plan is a step towards having an effective programme for the control of HIV/AIDS in Nigeria. It is expected that all stakeholders involved in the health sector response to HIV/AIDS, at national, state and LGA levels, to develop their respective implementation plans, based on this agreed strategic plan.

Dr. Mansur Kabir

Head, Department of Public Health

Executive Summary

This Health Sector Strategic Plan (HSSP) 2010-2015 for HIV & AIDS outlines strategies and practical steps to be taken in the implementation plan for cost-effective programmes needed to achieve the Millennium Development Goals (MDGs) in the health sector in Nigeria for the period. It provides some background information on Nigeria and introduces the strategy for the health sector response. Five strategic priority areas are covered namely Programmes Development and Administration; Prevention; Treatment, Care and Support of HIV/AIDS and Related Health Conditions; Advocacy, Communication and Social Mobilization as well as Strategic Information. Research on vaccine and other related issues will be given due emphasis to bridge the existing gaps in the first HSSP.

The implementation plan is developed to provide specific and detailed strategies to be adopted to ensure achievement of HSSP 2010-2015 objectives. It also ensures that actions on the health sector response are implemented over the next 6 years in a manner that justifies the expected huge financial, technical and human resources that will be deployed to implement the strategies.

Measures to ensure efficient mobilization and allocation (including release and utilization) of resources are emphasized as *sine qua non* to the effective implementation of key activities. The Government of Nigeria and Partners have been instrumental achievements made in HSSP 2005-2015 in Nigeria that resulted in the drop of HIV prevalence from 5.8% in 2001 to 4.4% in 2005. This decline, unfortunately, has been followed by a recent rise to 4.6 percent in 2008. Based on the latest result, an estimated 2.98 million people in Nigeria were infected by the end of 2009, of which 1.72 million (58.3 percent) are females. Concerted effort is similarly required in this second half of the MDG *'life cycle'*.

To realize the national goals and objectives, improved funding, social infrastructure and human resource capacity are invaluable ingredients needed to meet the desired scale up of services. The cost of implementation of HIV/AIDS programmes in Nigeria as detailed in the HSSP and implementation plan is enormous. Ownership of, and improved support for the programmes can no longer be left for the Federal Government and International partners alone. States, Local Government Areas, communities, corporate organisations, philanthropists and the private sector have more crucial roles to play if the targets of the MDG for 2015 are to be met.

Dr. Wapada I. Balami *mni*

National Coordinator
HIV & AIDS Division

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Abbreviations and Acronyms

ABUTH	Ahmadu Bello University Teaching Hospital
ACSM	Advocacy, Communication, and Social Mobilisation
AFPAC	Armed Forces Program on AIDS Control
AIDS	Acquired Immune Deficiency Syndrome
ALCO	Abidjan-Lagos Corridor
ANC	Ante-Natal Care
AONN	Association of OVC NGOs in Nigeria
APIN	AIDS Prevention Initiative Nigeria
ART	Antiretroviral Therapy
BBSW	Brothel-Based Sex Worker
BCC	Behavioural Change Communication
BSS	Please delete and use IBBSS
CBO	Community-Based Organisation
CDC	Centres for Disease Control
CHAI	Clinton Health Access Initiative
CHBC	Community Home-Based Care
CIDA	Canadian International Development Agency
CiSHAN	Civil Society Network for HIV/AIDS in Nigeria
CMD	Chief Medical Director
CMO	Chief Medical Officer
CMS	Central Medical Stores
CPT	Cotrimoxazole Preventive Therapy
CSO	Civil Society Organisation
CTX	Cotrimoxazole
DBS	Dry blood spot
DFID	UK Department for International Development
DHIS	District Health Information System
DOTS	Directly Observed Treatment – Short Course
DPHDC	Department of Primary Health Care and Disease Control
DRF	Drug Revolving Fund
DRM	Drug Resistance Monitoring
ECOWAS	Economic Community of West African States
ENR	Enhancing Nigeria's Response to HIV/AIDS
EWI	Early Warning Indicator
FASCP	Federal Capital territory AIDS & STI Control Programme
FBO	Faith-Based Organisation
FCT	Federal Capital Territory
FDS	Food & Drug Services department, FMOH
FGON	Federal Government of Nigeria
FHI	Family Health International
FMOH	Federal Ministry of Health
FMWA&SD	Federal Ministry of Women Affairs and Social Development
FP	Family Planning
FSW	Female Sex Worker
GFATM	Global Fund to fight HIV/AIDS, TB and Malaria
GFR	Global Fund [GFATM] Round (number 5/ 8 /9, etc)

GHW	General Health Workers
GON	Government of Nigeria
HAD	HIV/AIDS Division
HAF	HIV/AIDS Fund
HAPSAT	HIV/AIDS Program Sustainability Analysis Tool
HCT	HIV Counselling and Testing
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immunodeficiency Virus
HSIP	Health Sector Implementation Plan
HSS	Nigeria HIV Sentinel Survey
HSSP	Health Sector Strategic Plan
HSSP 1	Health Sector Strategic Plan 2005-2009
HSSP 2	Health Sector Strategic Plan 2010 - 2015
HAD	HIV AIDS Division
IBBSS	Integrated Biological and Behavioural Sentinel Survey
ICT	Information Computer Technology
IDP	International Development Partner
IDU	Injecting Drug User
IEC	Information, Education, Communication
IHVN	Institute of Human Virology Nigeria
IMNCH	Integrated Maternal, Newborn, and Child Health
IP	Implementing Partner
IPT	Isoniazid Preventive Therapy
IT	Information Technology
JMTR	Joint Mid-Term Review
L&D	Labour and Delivery
LACA	Local Action Committee on AIDS
LAMIS	Lafiya Management Information System
LGA	Local Government Area
LHPMIP	Logistics and Health Program Management Information Platform
LM	Line Ministry
LMIS	Logistics Management Information System
LUTH	Lagos University Teaching Hospital
M&E	Monitoring and Evaluation
MAP	Multi-Country AIDS Program
MARPs	Most-at-Risk Populations
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MDR-TB	Multi-Drug Resistant TB
MMIS	Making Medical Injections Safer
MOV	Means of Verification
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
MWM	Medical Waste Management
NAAC	National AIDS Advisory Committee
NACA	National Agency for the Control of AIDS
NARHS	National HIV/AIDS and Reproductive Health Survey
NASA	National AIDS Spending Assessment
NASCP	National AIDS and STI Control Program
NBBSW	Non-Brothel-Based Sex Worker
NBTS	National Blood Transfusion Service
NDE	National Directorate of Employment
NDHS	National Demographic and Health Survey
NEACA	National Expert Advisory Committee on AIDS
NGO	Non-Governmental Organisation
NGU	Non-Gonococcal Urethritis
NHA	National Hospital, Abuja
NHMIS	National Health Management Information System

NIBUCCA Nigeria Business Coalition Against AIDS

NiDAR Niger Delta AIDS Response

NNRIMS Nigeria National Response Information Management System

NPC National Population Commission

NSF National Strategic Framework

NSF-1 National Strategic Framework 2005 – 2009

NSF-2 National Strategic Framework 2010 - 2015

NTBLCP National TB and Leprosy Control Programme

OIs Opportunistic Infections

OVC Orphans and Vulnerable Children

OVI Objective Verifiable Indicators

PABA People Affected By HIV/AIDS

PATB People affected by tuberculosis

PCA Presidential Committee on AIDS

PCR Polymerase chain reaction

PDA Programme Development and Administration

PEP Post-exposure prophylaxis

PEPFAR President's Emergency Plan for AIDS Relief

PHC Primary Healthcare Centre

PID Pelvic Inflammatory Disease

PLWHIV People Living with HIV/AIDS

PMTCT Prevention of Mother to Child Transmission

QA Quality assurance

QI Quality improvement

RBF Results-Based Financing

RTI Reproductive Tract Infection

SACA State Action Committee on AIDS/State Agency for the Control of AIDS

SAPC State AIDS Programme Coordinator

SBTS State Blood Transfusion Service

SCMS Supply chain management system

SDPs Service Delivery Points

SI Strategic Information

SMEDAN Small and Median

SMOH State Ministry of Health

SNR Strengthening Nigeria's Response to HIV/AIDS

SOP Standard Operating Procedure

SPDC Shell Petroleum Development Cooperation

SRH Sexual and Reproductive System

STI Sexually Transmitted Infection

TB Tuberculosis

TOR Terms of Reference

TWG Technical Working Group

UBE Universal Basic Education

UMTH University of Maiduguri Teaching Hospital

UNAIDS Joint United Nations Programme on HIV/AIDS

UNGASS United Nations General Assembly Special Session

UNICEF United Nations Children's Fund

UNTH University of Nigeria teaching Hospital

UPTH University of Portharcourt Teaching Hospital

USAID United States Agency for International Development

USG United States Government

VCT Voluntary Counselling and Testing

WHO World Health Organization

Introduction

HIV/AIDS has remained a disease of global public health importance despite the fact that its morbidity and mortality have appreciably reduced. Disparity, however, still exists in its burden and presentation between developed and developing countries, thus slowing progress in socio-economic development. Despite the considerable progress that has been made in many of these developing countries with support from International Development Partners (IDPs), there still exists a huge resource gap which must be filled toattainthe goal of universal access to comprehensive HIV services.

Country Profile

Nigeria occupies a landmass of approximately 923,768 square kilometers on the west coast of Africa, between longitudes 2° 2' and 14° 30' E and latitudes 4° 1' and 13° 9' N. It shares borders with four countries: the Republics of Cameroon and Chad to the east, the Republic of Niger to the north and the Republic of Benin to the west.

Administratively, Nigeria is divided into 36 states and a Federal Capital Territory (FCT). Three levels of government – National, State and Local Government Councils – are recognised, in accordance with the 1999 Constitution which is currently operational. Each state has a varied number of local government councils with a total of 774 Local Government Areas (LGAs) in the country. The 36 states of the federation are grouped into six geopolitical zones, based mainly on ethnic affinity and varying degrees of political affiliation. There are over 300 ethnic groups and more than 400 dialects that bleed into one another in the geopolitical zones. This diversity provides rich cultural heritage. Christianity and Islam are the dominant religions, while traditional religion remains prominent and influential. Nigeria is an agrarian country but crude oil and, more recently, gas are the major sources of revenue.

Population

Nigeria is the most populous country in Africa. Based on estimates from the National Population Commission (NPC) 1991 analysis and 2006 census, Nigeria's population by December 2009 was 156,000,000(156 million).The population of women of reproductive age, 15-49 years, in the 2006 population census was 34,961,107 or 50.1% of the total female population (0 to 85+ years) or 24.9% of the total Nigerian population. The under 15 (<15 years old) constitute 41.8%, reflecting a relatively young population. About two-thirds of the total population lives in rural areas on subsistence farming.

The Health Sector in Nigeria

The health sector in Nigeria is categorised into formal and non-formal sectors with a wide range of care providers. The formal sector provides orthodox healthcare, while the non-formal sector provides traditional and spiritual forms of healthcare[1]. The formal sector covers the public,private-for-profit and private-not-for-profit.

Public Sector

The Public sector includes Ministries of Health at federal and state levels (FMOH and SMOH), tertiary and teaching hospitals, training and research institutions, the health components of Ministry of Defence (the Armed Forces Program on AIDS Control (AFPAC)) Ministry of Internal Affairs (Prisons, Police, etc.), and other parastatals, as well as LGA health departments including Primary Healthcare Centres (PHCs).

Private Sector

The Private Sector provides healthcare to the public in the three forms stated below:

- Healthcare-for-profit: private hospitals and clinics, Pharmacy stores
- Healthcare-not-for-profit: Faith-Based Organisations (FBOs), Non-Governmental Organisations (NGOs)
- Non-formal/traditional providers

Private-for-profit facilities are hospitals and clinics owned by individual registered practitioners, while private-not-for-profit units are made up of Mission hospitals and clinics owned by NGOs (few) and workplace clinics (e.g. hospitals owned by multinational organizations).

The non-formal health sector includes services provided by churches, pharmacies, wholesalers, patent medicine stores, hawkers, and traditional healers.In all these, FMOH provides the leadership for a coordinated health programme.

The HIV/AIDS Division (HAD), FMOH

The National AIDS and Sexually Transmitted Infection (STI) Control Programme (NASCP), now known as HIV/AIDS Division (HAD), FMOH, was created as a programme under the Department of Primary Health Care and Disease Control (DPHCDC) in FMOH in 1992[1]. This was six years after the first case of HIV/AIDS was reported in Nigeria in 1986, and its mandate was to lead the National HIV/AIDS response. Seven years later, when NACA was created in 1999[1] this mandate became restricted to the health sector response. Other sectors have since come on board to lead in their areas of comparative advantage, but the health sector still remains the largest of all the sectors in the multi-sectoral response.

Vision, Mission and Mandate of the HAD

- **Vision:** A division which, anchored on a culture of continuous improvement, proactively contributes to overall public health in Nigeria, through effective coordination of the health sector response to HIV/AIDS.
- **Mission:** To reduce morbidity and mortality from HIV/AIDS in Nigeria through effective, overall coordination and management of the health sector response.
- **Mandate:** To coordinate the formulation and effective implementation of National Policies, Guidelines and Standard Operating Procedures for the prevention of new HIV infections as well as treatment, care and support for those infected and affected by the virus in Nigeria.

The roles and responsibilities of the HIV/AIDS Division are summarised in table 1 right.

Table 1: Roles and Responsibilities of HIV/AIDS Division of FMOH in the Multi-Sectoral Response

• Information, Education, Communication • Overall health sector HIV/AIDS response management and coordination. • Treatment, care and support for those infected and affected • Prevention of new infections through Prevention of Mother to Child Transmission(PMTCT), HIV Counselling and Testing(HCT), blood safety, Information, Education, Communication(IEC)/ Behavioural Change Communication (BCC), Effective treatment of STIs, condom promotion and quality assurance, universal precaution (including PEP and Making Medical Injections Safer (MMIS))	• Formulating and disseminating national health sector HIV/AIDS policies and guidelines • Providing training and technical support to state and LGA AIDS control programmes and health care facilities • Facilitating the procurement of HIV/AIDS-related equipment, drugs and other supplies • Developing systems to monitor and evaluate health sector intervention and compliance with policies and guidelines

Source: *Federal Ministry of Health/ NASCP, Nigeria. National Situation Analysis of the Health Sector Response to HIV and AIDS in Nigeria. FMOH/NASCP 2005; 1-198*

Overview of HIV/AIDS Epidemic

HIV/AIDS has become a global epidemic afflicting an estimated 33.4 million people who were living with the infection as at December 2008, of whom 22.5 million live in Sub-Saharan Africa.[2,3]

Data from a 20xx Joint United Nations Programme on HIV/AIDS (UNAIDS) report showthat an estimated 2.7 million people were newly infected with HIV in 2008 alone, which is 19% fewer than the 3.1 million people newly infected in 1999 and more than 21% fewer than the estimated 3.2 million in 1997, the year in which annual new infections peaked.[4]

HIV Epidemic in Nigeria

Historical perspective and Epidemiology

Nigeria officially reported her first case of HIV/AIDS in a 13-year-old girl in 1986 and since then has been battling with the disease.[5]

The first antenatal HIV/AIDS sero-prevalence sentinel survey in 1991 showed a prevalence of 1.9%.[5] This rose to 5.8%in 2001, followed by a decline to 5.0% in 2003 and 4.4%in 2005.[6] This decline was not sustained. The 2008 survey showed a slight rise to 4.6%.[6] With this prevalence rate, it was estimated that 2.95 million people in Nigeria are currently infected, of which 1.72 million (58.3%) are female.[6,7]

Young people are also disproportionately affected[5]: the age group with the highest prevalence(5.6%)is 25-29 (figure 2). In general, the Most-At-Risk Persons (MARPs) or groups include sex workers and their clients, Injecting (and other)Drug Users (IDUs), and Men who have Sex with Men (MSM). Mobile populations such as long-distance drivers and uniformed services personnel also belong to this group. Young people, prisoners and people in other custodial settings also constitute highly vulnerable groups.[8]

The results of the analysis of the mode of transmission of HIV in Nigeria carried out by the National Agency for the Control of AIDS (NACA) in 2008 showed that about 62%of new infections occurred among persons perceived as practising "low risk sex" in the general population, including married sexual partners.The rest of the new infections (38%) are attributable to IDUs, Female Sex Workers (FSWs), and MSM and their partners, who constitute about 3.5%of the adult population.

The majority of the problems of gender and health inequalities occur in countries of sub-Saharan Africa and Asia. Among sub-Saharan African countries,Nigeria continues to present poor health indices, especially those concerning women and children.

Nigeria's Response to the HIV Epidemic

Nigeria's national response commenced shortly after the official declaration of the first case of AIDS in 1986.[1] The declaration was greeted with initial scepticism resulting in delayed response by government. However, in 1987 the FMOH set up the National AIDS Advisory Committee (NAAC), followed by the National Expert Advisory Committee on AIDS (NEACA).[1] The establishment of NASCP in FMOH in 1988[1] marked the beginning of more coordinated response, albeit one which focussed essentially on the health sector. The era of multi-sectoral response began in 1999 with the formation of the National Action Committee on AIDS to coordinate the multi-sectoral response, and to report to the Presidential Committee on AIDS (PCA). In 2007, the National Action Committee wastransformed into a full agency – the National Agency for the Control of AIDS (NACA) –by an Act of the National Assembly, to further strengthen its coordinating role and the overall national response.[1,9]

Table 2: Stages of Nigeria's Response to HIV/AIDS

a). Health sector response	b). Coordination of multi-sectoral response
Health sector-based response:short-term plans (1980s) Health sector-led multi-sectoral response:medium-term plans (1990s) Health Sector Strategic Plan (2005-2009) Health Sector Strategic Plan(2010-2015)	National Council on Health (NCH) endorse multi-sectoral approach (1997) Presidential AIDS Council (PAC) coordinate multi-sectoral response (involving nine main Line Ministries (LMs)) (2000) HIV/AIDS Emergency Action Plan (HEAP) (2001-2004). Establishment of NACA (by Act of the national Assembly) (2007) National Strategic Framework (NSF) 2005-2009 (NSF-1) by NACA National Strategic Framework (NSF) 2010-2015 (NSF-2) by NACA

Sources [1, 9, 10, 11]

The first national HIV/AIDS policy (1997) was revised in 2003 and 2009 as part of efforts to strengthen the national response. To further strengthen the response in the immediate multi-sectoral era, the HIV/AIDS Emergency Action Plan (HEAP) was developed; itguided the national response from2001-2003. HEAP was replaced by the National Strategic Framework (NSF-1) 2005-2009, at the expiration of which the NSF-2 (2010 – 2015) was developed.

The main target of the revised national policy on HIV/AIDS (2009) is "to have halted and begun to reverse the spread of HIV, provide quality treatment for people living with HIV, and offer care and support to people infected and affected by HIV/AIDS by 2015 as Nigeria moves towards fulfilling its Universal Access commitment".[9,12,14]

In the context of the multi-sectoral response to HIV/AIDS, the health sector strategic plan was developed to guide the implementation of the health sector response to HIV/AIDS in Nigeria. The national Health Sector Strategic Plan(HSSP) for HIV/AIDS operates in the milieu of other national developmental plans, programmes and initiatives.

Table 2 left shows the stages of Nigeria's multi-sectoral response to HIV/AIDS, coordinated by the health sector and NACA.

Motivating Factors for the HIV/AIDS Response

The motivating factors for the HIV/AIDS response include:government commitment; increased partners' interest and support; the establishment of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM); and private sector initiatives.

The Health Sector Strategic Plan 2005–2009 and its Implementation

The National Situation Analysis of the Health Sector Response to HIV/AIDS in Nigeria in 2004 stimulated a positive response. Lack of financial support was identified as the greatest impediment to appropriate response to fight HIV/AIDS at both national and state levels.[9,12]This led to the development of the National Health Sector Strategic Plan 2005-2009 (HSSP 1)and the implementation plan for NASCP.

The logical framework for HSSP 1 had as its goal "To halt and begin to reverse the spread of HIV by 2015" and "To continue to contribute to the reduction of morbidity and mortality from HIV and AIDS in Nigeria through an effective and sustainable health sector response".[13]

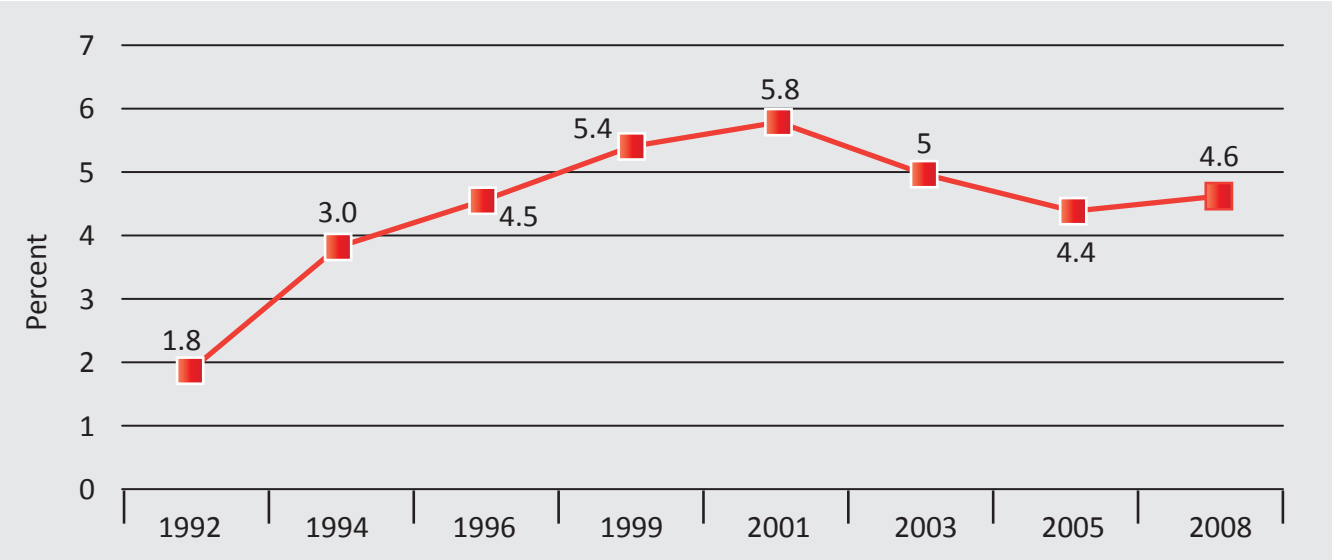
The purpose of these goals was to reduce the incidence and prevalence of HIV/AIDS in Nigeria through prevention, equitable treatment, care and support services (especially for those infected and affected by HIV/AIDS). There were seven outputs for the implementation of these goals with Key Performance Verifiable Indicators/Objective Verifiable Indicators (OVI), Means of Verification (MOV) and Risks and Assumptions in a four-column logical frame. Various targets were set for the various outputs to be executed at the three levels of government covering all LGAs in the country.

Key activities were listed for implementation to meet the goals and objectives in the various thematic areas. The major components of the HSSP 1 Implementation Plan are summarised in table3.

Table 3: Major Components of the HSSP Implementation Plan 2005-2009

Output	Thematic area
1.	Strengthened capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated and adequately funded response to HIV/AIDS in the health sector,based on the principles of the 'three ones'
2.	Public-Private Partnerships (PPPs) for increasing coverage and improving access to HIV/AIDS-related services strengthened
3.	Delivery of sustainable, comprehensive and high quality prevention, treatment, and care and support services that are guided and monitored by national protocols for all health service providers
4.	Efficient and sustainable logistics systems in place for improved access to health commodities for HIV/AIDS and related problems
5.	Monitoring and Evaluation (M&E) and surveillance systems established for effective tracking of the HIV/AIDS epidemic and the health sector response
6.	Coordination and dissemination of research on HIV/AIDS-related issues to inform policy and planning
7.	Advocacy before relevant stakeholders;measures to reduce stigma and discrimination; training and retraining and retention of staff; and, in collaboration with training institutions, integration of information on HIV and HIV programmes into training curricula of medical, nursing, midwifery and other healthcare workers

Figure 1: Trends in National Prevalence of HIV, Nigeria (HSS 2008)[13]



Resource Mobilisation for the Health Sector Strategic Plan 2005–2009

The Government of Nigeria (GON) proposed two hundred and fifty-three (253) billion Naira,for the implementation of the HSSP1; ten (10) billion Naira wereappropriated, while about seven (7) billion Naira werereleased.[15] With the various implementation and monitoring structures in place, there was a significant influx of resources from across the world, from international partners such as: the United States Government (USG),UN Agencies, the International Development Association(World Bank), GFTAM, Aids Prevention Initiative Nigeria (APIN), the Clinton Health Access Initiative(CHAI), the Canadian International Development Agency (CIDA), NGOs, FBOs, Community-Based Organisations (CBOs), Civil Society Organisations(CSOs) etc.[14,15](see also National AIDS Spending Assessment (NASA)and HIV/AIDS Program Sustainability Analysis Tool (HAPSAT)reports).

Massive capacity building and infrastructure upgrades were undertaken in various thematic areas, including PMTCT, HCT, Antiretroviral Therapy (ART), STI, TB and Opportunistic Infections (OIs), blood safety, injection safety, commodity security, IEC/BCC, M&E, and Community Home-Based Care(CHBC). While existing structures were strengthened, the need for new HCT, PMTCT and ART centres and massive scale-up of these programmes were identified.

Current Situation, Outcome, and Impact of Implementation of HSSP 1 on the HIV Epidemicin Nigeria

Significant improvement has been made in the health sector response to HIV/AIDS over the past five years. In 2005, the number of people in Nigeria estimated to be infected with HIV was 2.86 million.[16]This constituted only a slight reduction ofabout 250,000 cases, or 8.74% of the 2.86 million cases reported two years previously in 2003 sentinel survey in Nigeria. This reduction might have been contributed to by deaths from the disease, even as many infected people prolonged their lives with the help of ART. From available records, the outcomes fell short of the NSF targets in many areas, and for several reasons. Overall, significant progress can be said to have been made when the current HIV-infected population of 2.95million is compared with the estimated 5.4 million recorded at the peak of the infection in 2001[5] and the 3.5 million people in 2003 (see figure 1).

Awareness of HIV/AIDS

Better awareness, greater input of resources, including funding from the national, states and external sources,[16,17,18]have no doubt contributed immensely to the success so far recorded (in spite of the 0.2% increase in HIV prevalence in the 2008 sentinel survey to 4.6%[18] when compared with the 4.4% three years previously in 2005).[16,19,20,21,22]These manifestations were also the outcome of the scale-up of access to services for People Living with HIV/AIDS (PLWHIV).[23,24]

The results of the 2007 National HIV/AIDS and Reproductive Health Survey ((NARHS) plus 2007) showed that more than 90% of the population were aware of AIDS or had heard of HIV. This level of awareness is high and 12.5% greater than the 80% reported in 2003. Awareness was generally higher amongst the urban population and male respondents.[24]

Improved knowledge and awareness has not quite translated into positive behaviour change, thereby lowering the national prevalence of HIV. The level of awareness of the national prevalence of HIV from the 2008 sentinel survey for males and females, urban and rural, is shown in figure 2.

The National Behaviour Change Communication Strategy was based on the adoption of A, B or C (A: Abstinence for the Unmarried; B: Being Mutually Faithful for the Married; and C: Use of Condoms during high-risk sex); safer sex practices remain key to the prevention of new infections. In spite of these efforts, condom use in high-risk sex (non-marital sex used as a proxy for high-risk sex) dropped from the level previously achieved in 2005.[25]

Figure 2: Level of Awareness of HIV/AIDS (Source: NAHRS 2007)[24]

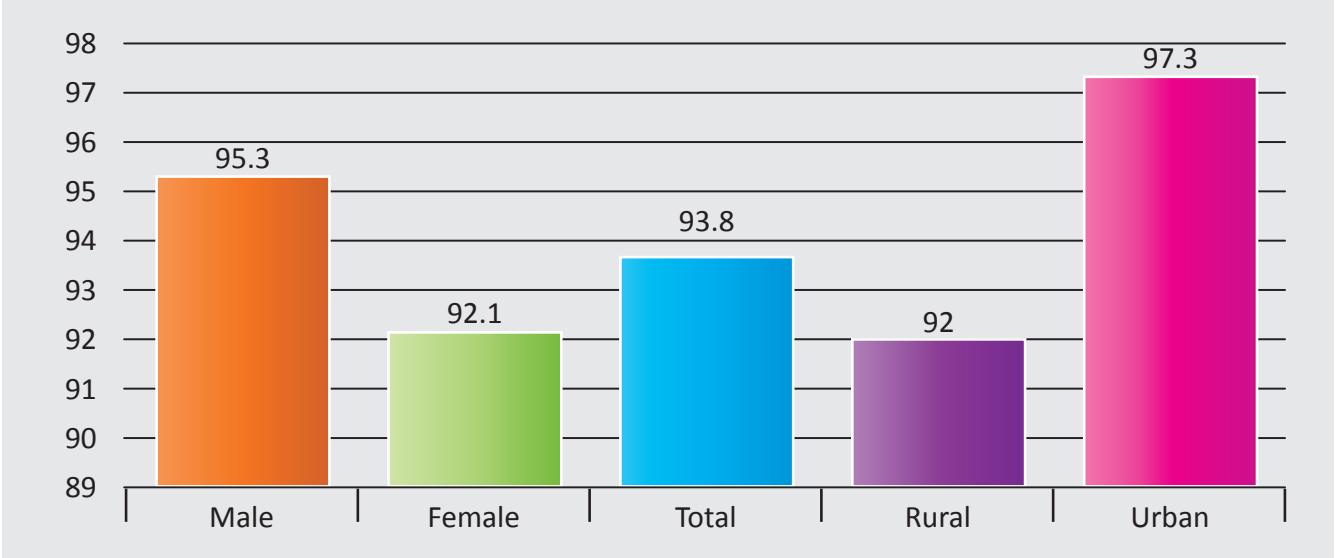
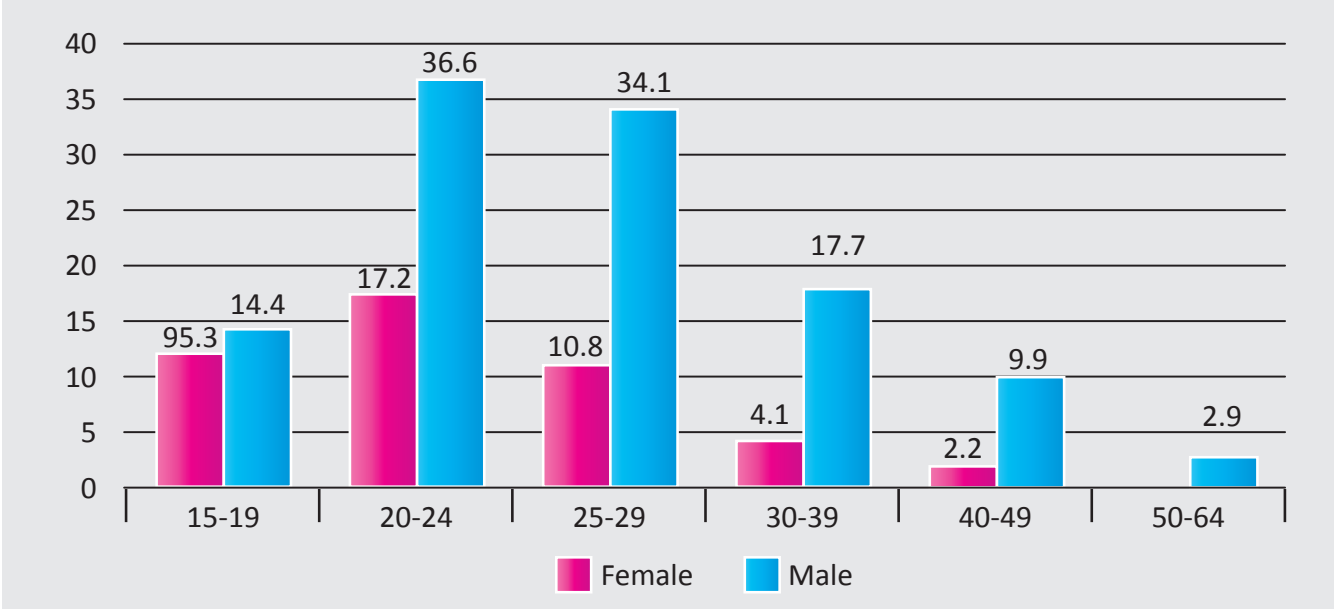


Figure 3 Pattern of Non-Marital Sex by Age (Source: NARHS 2007)



Most At-Risk Populations for HIV/AIDS

A report from the 2007 HIV/STI Integrated Biological and Behavioural Surveillance Survey (IBBSS)[26] identified some high-risk groups that need targeted actions. These MARPs for HIV/AIDS include Brothel-Based Sex Workers (BBSWs), Non-Brothel-Based Sex Workers (NBBSWs), MSM, members of the Armed Forces, Police, Transport workers, and IDUs.

There is wide geographical variation in the prevalence of HIV among FSWs, with an overall prevalence over 30%. Those FSWs working in FCT and Kano have a prevalence of almost 50% in 75% of the four groups surveyed.[26]

The value of high condom use, overall lower average number of clients, and fewer cases of STIs, was manifested in Lagos, which had a considerably lower HIV prevalence than FCT and Kano. However, condom use in commercial sex improved and increased significantly in some other states, e.g.Anambra.[26]

Drinking alcohol (especially among persons aged 40-49 years), formal and higher education, and cohabitation have been associated with high-risk sexual behaviour and relative higher HIV prevalence.Women in the 30-39 year age group had the highest prevalence (5.4%), while those in the 15-19 year age group had the least (1.7%). Sex in exchange for gifts or favours was another identified risk factor. Stigma and discrimination are ingredients that are driving the infection underground. All these needed targeted intervention. The patterns of Non-Marital Sex by Age (figure 3) and by Marital Status (table 4 below) in the general population are quite revealing.

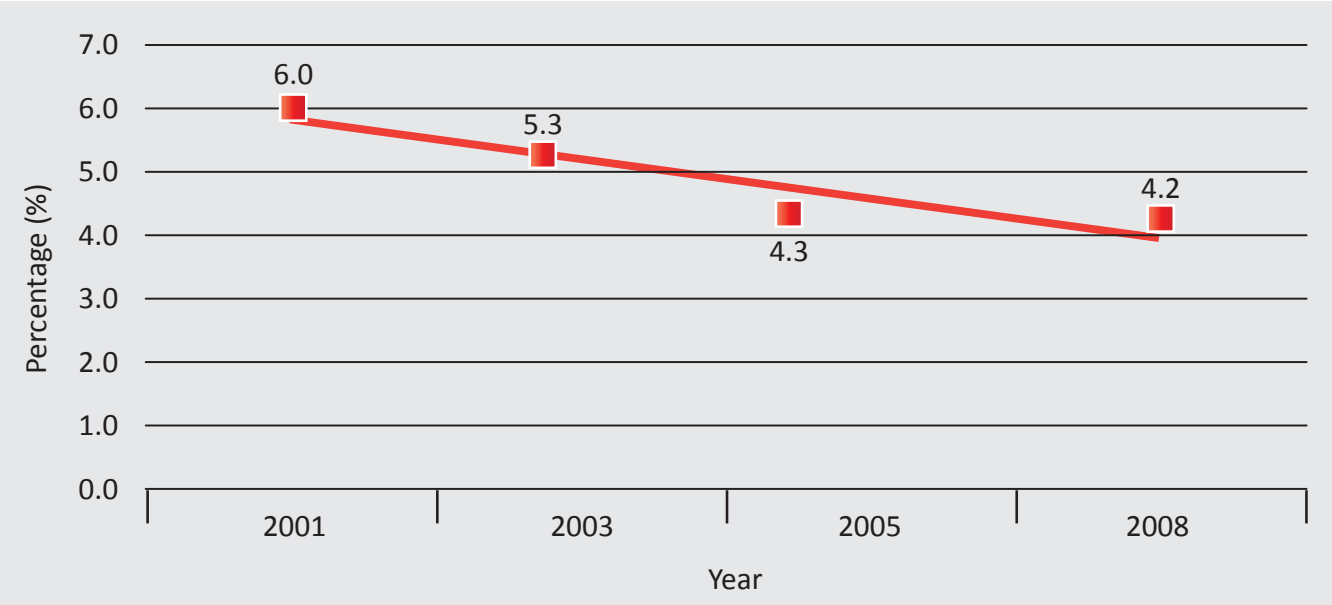
Transport workers, who spread HIV and other infections within and across states and international borders in the Economic Community of West African States (ECOWAS) sub-region, were targeted in five countries and at eight borders in the Abidjan-Lagos Corridor (ALCO) Joint Regional HIV/AIDS Project.

The objective of the project was to improve access to HIV/AIDS prevention, care and support services for the vulnerable groups that are not sufficiently covered by the national response. Analysis of the outcome has revealed encouraging results that were well above the expected outcomes. Such programmes, no doubt, will benefit the uniformed personnel who often engage in official duties and peace missions outside their primary areas of domicile.

Table 4: Pattern of Non-Marital Sex by Marital Status (Source: NARHS 2007)[18]

Status	Male	Female
Never Married	34.1%	31.2
Currently Married	8.0%	0.7%
Formerly Married	20.7%	9.0%
Overall	20.7%	10.7%

Figure 4: Trends in National HIV Prevalence among Women Aged 15-24 Years, 2001-2008(Source: FMOH NHSS 2008)[18]



At the facility level, unsafe injection practices and inappropriate waste disposal methods constitute high-risk practices and hazards that can spread the infection from patients to health workers and vice versa.[20,21] These inappropriate behaviors and practices, including the recapping of needles, are currently been addressed with appropriate training documents.[21,22]These activities, in conjunction with other prevention programmes, have resulted in the current trend of HIV prevalence in the country (figure 4).

The summary of the HIV estimates at the end of 2008 is shown in table5 (below). The impact of HIV interventions on young female adults is illustrated by the decline in national HIV prevalence (figure4 above).
The distribution of HIV infection among various population age groups in Nigeria is shown in figure 5. Women aged 25-34 years have prevalence above the national average of 4.6%.

Figure 5: HIV Prevalence (All Females) By Age (NHSS 2008)

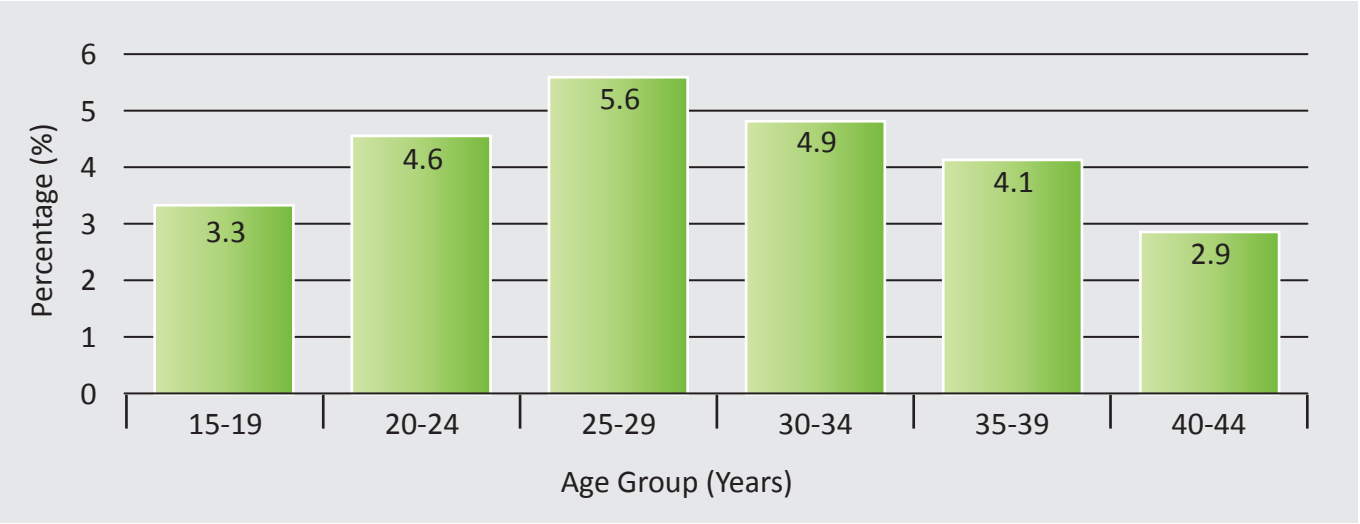


Table 5: Summary of HIV Estimates in Nigeria by End of 2008 (NHSS 34)

• Overall HIV prevalence – 4.6%. • Number of PLWHIV–2.87 million • Annual HIV+ births – 56,681 • Cumulative AIDS deaths – 2.99million (Male1.38, Female1.61) • Annual AIDS deaths–198,198 (Male88,742, Female109,456) • No. requiring ART – 812,001 (Adults 711,696, Children100,305) • New infections –380,000 (Adults 323,000, Children57,000) • Total AIDS orphans – 2.12million • Prevalence range – 1.0% in Ekiti to 10.6% in Benue	• All states and FCT had prevalence greater than 1% • 17 states and FCT had prevalence greater than 5% • In 7 of the states and FCT the prevalence was 7% and above; 4 of the states were from the South-South, 2 and FCT from North Central and 1 from the North West geopolitical zones • There was a declining HIV prevalence trend among women aged 15-24years from 2001-2008 • 5 states showed a declining HIV prevalence trend from 2001-2008 while one showed an increasing trend • There arec.3 million PLWHIV,of which 833,000 require ART • Urban prevalence was higher than rural in 28 of 37states (NHSS 2008)[18]

HIV Prevalence in the States of Nigeria

The prevalence of HIV is not uniform among the states. While two states have prevalence of 10.0% or more, 18states have prevalence below the national average of 4.6%.

The pattern of HIV prevalence among the states is shown in figure 6 below, while the distribution of HIV infection among sexes and age subgroups is detailed in table 6.

Figure 6: Summary of HIV Prevalence By State (NHSS 2008) [18]

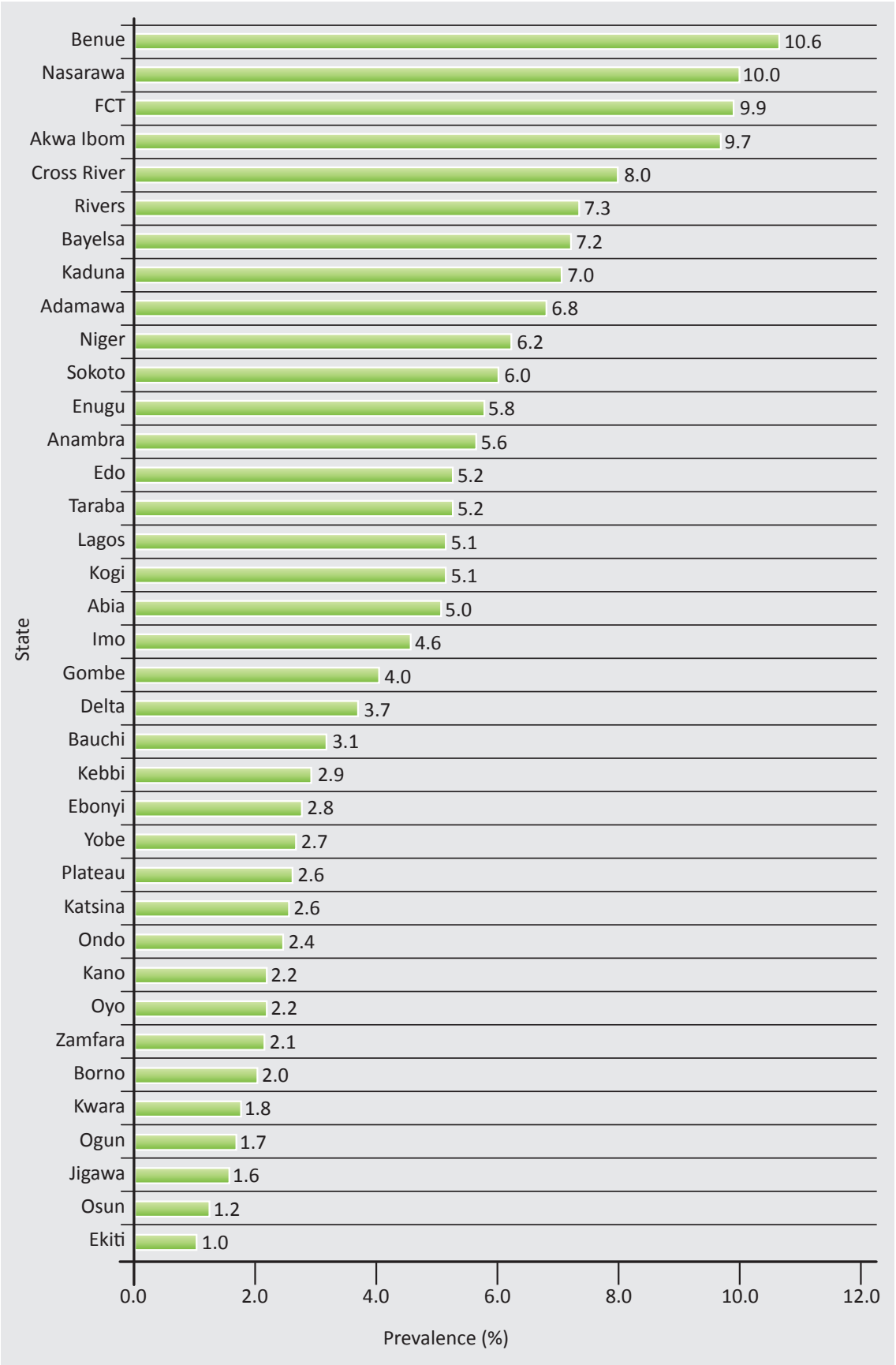


Table 6: HIV Infection by Age Group and Sex in the Nigerian Population

HIV epidemiology of target population(s)			
Population Groups	**Estimated Number**	**Source of Data**	**Year of Estimate**
Number of people living with HIV (all ages)	2,950,000	NARHS 2007/Ante-Natal Care (ANC) 2008 EPP	2008
Females living with HIV aged >25 years	862,000	NARHS 2007/NPC 1991 Analysis	2009
Males living with HIV aged >25 years	1,303,000	NARHS 2007/NPC 1991 Analysis	2009
Females living with HIV aged 20-24 years	284,000	NARHS 2007/NPC 1991 Analysis	2009
Males living with HIV aged 20-24 years	196,000	NARHS 2007/NPC 1991 Analysis	2009
Females living with HIV aged 15-19 years	121,300	NARHS 2007/NPC 1991 Analysis	2009
Males living with HIV aged 15-19 years	85,600	NARHS 2007/NPC 1991 Analysis	2009
Pregnant females living with HIV (all ages)	287,303	UN/United Nations General Assembly Special Session (UNGASS) Nigeria Report 2009	2009

Table 7: National Objectives, Targets and Achievements for HIV/AIDS Programme 2005-2009 [13,14]

Objectives	Targets	Achievements
To contribute to the reduction in morbidity and mortality from HIV/AIDS in Nigeria through an effective and sustainable health sector response	1. 25% reduction in HIV/AIDS prevalence among adults every five years	8% reduction (2008)
	2. Reduce by 25% the HIV/AIDS-specific death rate by 2009	43% reduction (2008)
To reduce incidence and prevalence of HIV/AIDS in Nigeria through prevention, equitable treatment, care and support services (especially for those infected and affected by HIV and AIDS)	1. By 2009, 50% of Nigerians have access to quality Voluntary Counselling and Testing (VCT)	1,749,521
	2. 1 million people have access to ART by 2009 in all states (national scale-up plan)	302,973
	3. 50% reduction in prevalence and incidence of STIs in Nigeria by 2009	NA
	4. 50% reduction in transmission of HIV through Mother to Child Transmission(MTCT) by 2009	NA
	5. 50% reduction in HIV transmission through transfusion of blood and blood products by 2009	NA

Strategic Priority Areas and Components of the National Health Sector Response to HIV/AIDS

The Programmes Development and Administration (PDA)

PDA is the hub of NASCP, having the responsibility of general coordination, state coordination and coordination of partners, including engagement/ collaboration with other LMs. In order to ensure achievement of its mandate, PDA has been sub-divided into sections which include: Policy, Strategic Planning and Budgeting; State and Line Ministry Coordination; and Networking and Coordination of Development Partners. The Logistics Management, Finance, Stores and Administration sections initially formed partsof PDA before recent internal reforms.

Key Achievements in PDA

Policy, Strategic Planning and Budgeting/Networking and Coordination

- Introduction of re-engineering initiative into NASCP and drafting of NASCP Vision, Mission, and Mandate
- Setting programme benchmarks and coordinating performance management in line with the HSSP 2005-2009
- Development of the firstever NASCP job description document to ensure coordination of effort and clear delineation of roles
- Development of NASCP organisational manual to strengthen general coordination and staff welfare
- Establishment of NASCP knowledge sharing forum, peer review mechanisms, and feedback systems
- Improved resource mobilisation (including procurement of relevant office equipment) from GON and development partners, including GFATM, World Bank, UN systems and many bilateral partners
- Introduced Results-Based Financing (RBF) methods for programme improvement and achievement of set targets
- Coordination of annual joint planning meetings with states and other partners to develop and review work plans, share lessons, and build consensus for future business
- Facilitation of the first ever coordination forum of NACA-SACA/NASCP-SASCP to delineate roles and responsibilities,and develop plan of engagement
- Conduct of first ever stakeholders' forum and follow-up meetings for integration of the private sector into the health sector response to HIV/ AIDS
- Inauguration of health sector PPP Technical Working Group (TWG) on HIV/AIDS
- Development of a two-year strategic plan and costed implementation plan for the integration of the private sector into the health sector response to HIV/AIDS in Nigeria
- Mid-term review of the HSSP through the Joint Mid-Term Review (JMTR) of the NSF
- Establishment of the HIV/AIDS health sector partnership forum
- Coordination of training events on leadership and programmemanagement for 30 NASCP staff members
- Support to four states to develop and or review their HSSP
- Support to six states in collaboration of Strengthening Nigeria's Response (SNR) to HIV/ AIDS to conduct orientation and training of health workers on use of key HIV guidelines
- Review of the HSSP 2005-2009 to produce HSSP 2010-2015

Logistics Management

- Facilitating procurement of Antiretrovirals (ARVs), drugs for OIs, HIV test kits and other commodities in line with due process guidelines of the Federal Government of Nigeria (FGON)
- Supporting Central Medical Stores (CMS) in the generation, collation and analysis of the bimonthly Logistics Management Information System (LMIS) reports
- Co-facilitating with FDS and SCMS Deliver to conduct capacity building workshops for health personnel on the use of LMIS. (LMIS tools are used for reporting and pulling drugs and commodities from the national ART programmes)
- Collaborating with FDS and SCMS Deliver to carry out an assessment and process mapping of CMS; disseminate findings and recommendations for the improvement of CMS operations
- Collaborating with FDS and SCMS Deliver to carry out periodic quantification exercises for ARV drugs to ensure that information from treatment sites drive procurements
- Facilitating the interim task force on ARV distribution to ensure efficient, timely and

effective distribution of ARVs from CMS Oshodi to ART sites

- Facilitating the establishment of the integrated health logistics TWG

Challenges in PDA

- Inability to ensure strict compliance with the HSSP in implementation of health sector HIV interventions owingto inadequate shared knowledge of its contents
- Inadequate coordination of increasing health sector partners as the health sector response increased with increasing HIV burden
- Unmet need in capacity building of health personnel at all levels to manage and coordinate effectively the health sector response to HIV in the face of emerging issues
- Poor state of infrastructure including office spaces for NASCP and SASCPs
- Inadequate financial commitment at all levels to support the health sector response to HIV
- Inappropriate establishment of SASCPs in states and poor capacity to step down coordination at such levels
- Poor integration of activities and intervention to ensure cost-effectiveness and reduce effort duplication
- Inadequate harmonization of HIV logistics and commodities management among GON and implementing partners

Priorities for 2010-2015

- Strengthen NASCP internal coordination mechanisms
- Strengthen coordination of partners including states and LMs
- Improve integration of private sector into health sector response to HIV/AIDS
- Improve management capacity of NASCP, SASCPs and FASCP through targeted continuous education initiatives including on-the-job supportive supervision and mentoring
- Embrace innovations to Improve on HIV resource management and finance tracking
- Improve on performance management to ensure achievement of targets
- Improve work climate environment for staff motivation and improved performance
- Strengthen logistics management and eliminate stock-out of HIV drugs and commodities
- Promote knowledge sharing and the place of HTA in effective management of the health sector response to HIV

Prevention

The prevention component of the HIV/AIDS division, FMOH, is made up of HCT, PMTCT, STI control, and infection control and waste management sections.

HIV Counselling and Testing

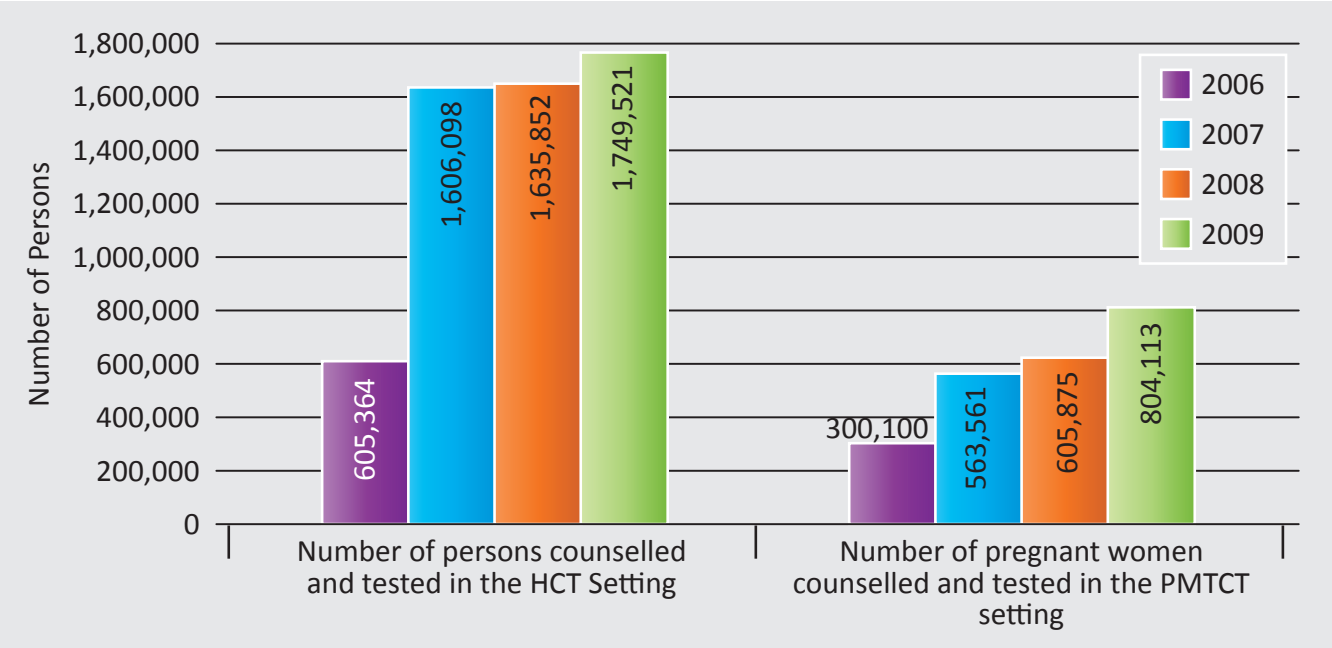
HCT is a process by which an individual is empowered to make an informed decision about taking an HIV test. The individual must be assured that the whole process is voluntary and confidential. HCT links individuals to all forms of HIV/AIDS prevention and control interventions, including PMTCT, treatment and care. HCT also serves as a link to other sexual and reproductive health services. Only about 14% of infected people report ever having being tested for HIV (NARHS 2007). The access and coverage is still low.

There are more sites and health facilities in urban than in rural areas. Over the years, the number of HCT sites has increased tremendously. In 2009, there were1,074 HCT sites, including mobile services, which are grossly inadequate and unevenly distributed (Table 8).

Table 8: Service Statistics as at December 2009 [14] (FMOH, HAD M&E Report 2008)

PMTCT Sites	Blood Safety Sites	Sites that OfferTraining on Injection Safety	TB/HIV Sites	HCT Sites	ART refill Sites	ART Sites
670	294	270	385	1,074	459	393

Figure 7: Number of Persons and Pregnant Women Counselled, Tested and Given Results



The number of functioning HCT sites is directly and proportionally related to the rapid increase in the number of people that have been counseled, tested and given results (see table 8 and figure 7). The number of persons who received HCT in 2009 was 1,749,521, spread across1,074 sites. This showed an almost 300% increase on the 606,364 tested in 2006.

The success recorded is not unconnected with the series of interventions implemented during the period under review. The number and distribution of health facilities providing HIV/AIDS services among the geopolitical zones are shown in figures 8-10.

Figure 8: Number of Health Facilities Providing HIV/AIDS Services

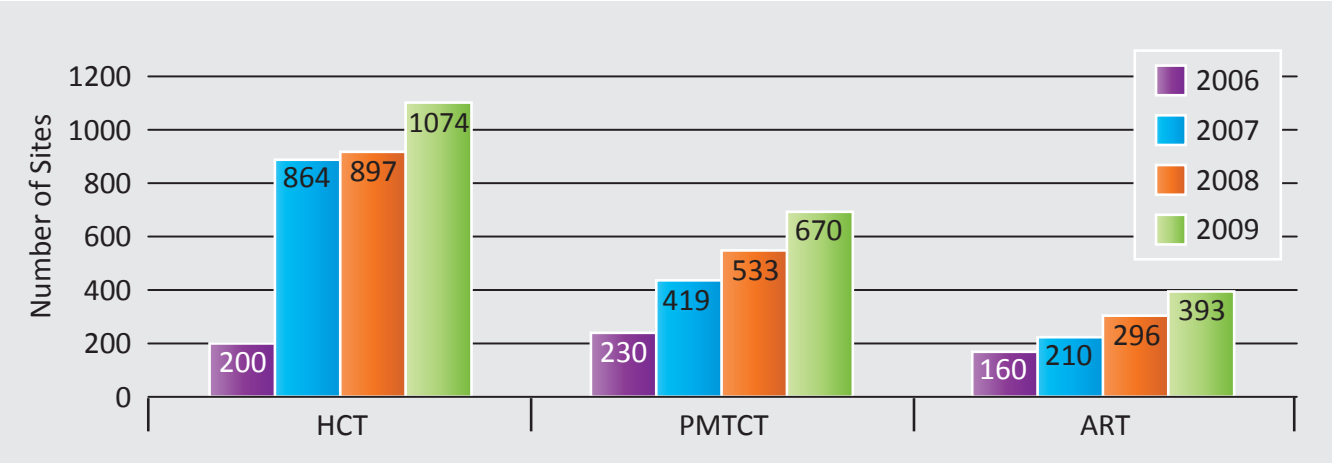


Figure 9: HIV/AIDS Service Sites Disaggregated By Ownership (December 2009)

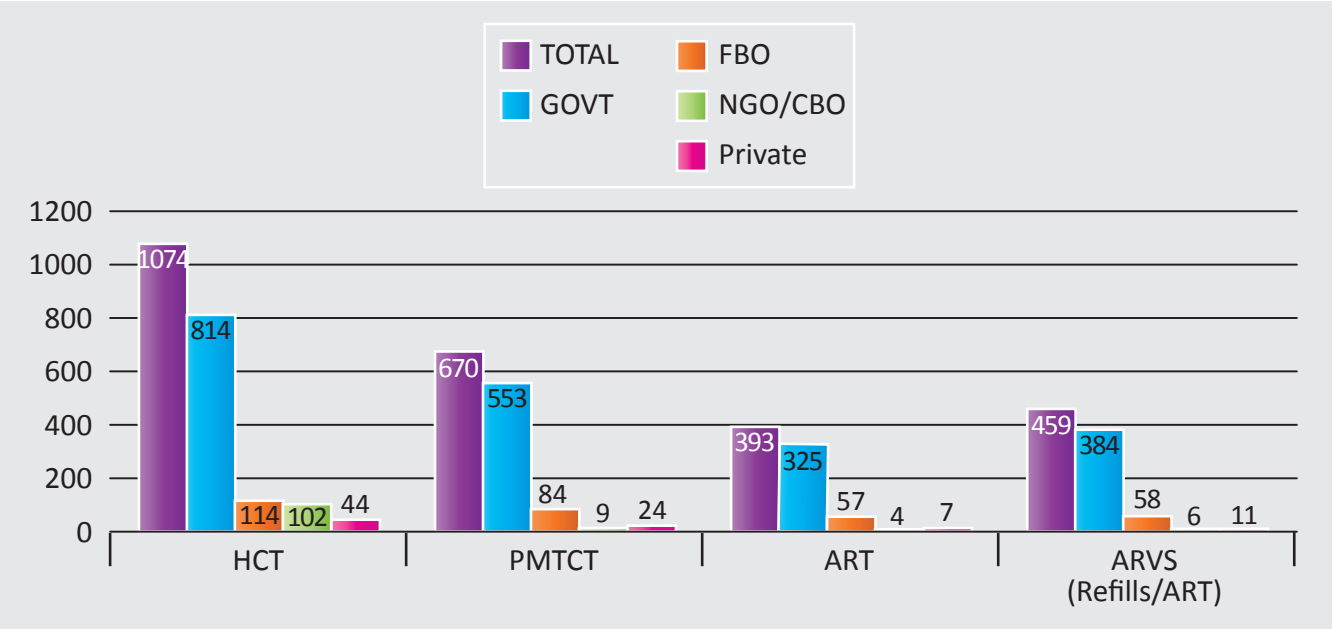


Figure 10: Distribution of HCT Sites in the Six Geopolitical Zones (Source NARHS 2007)

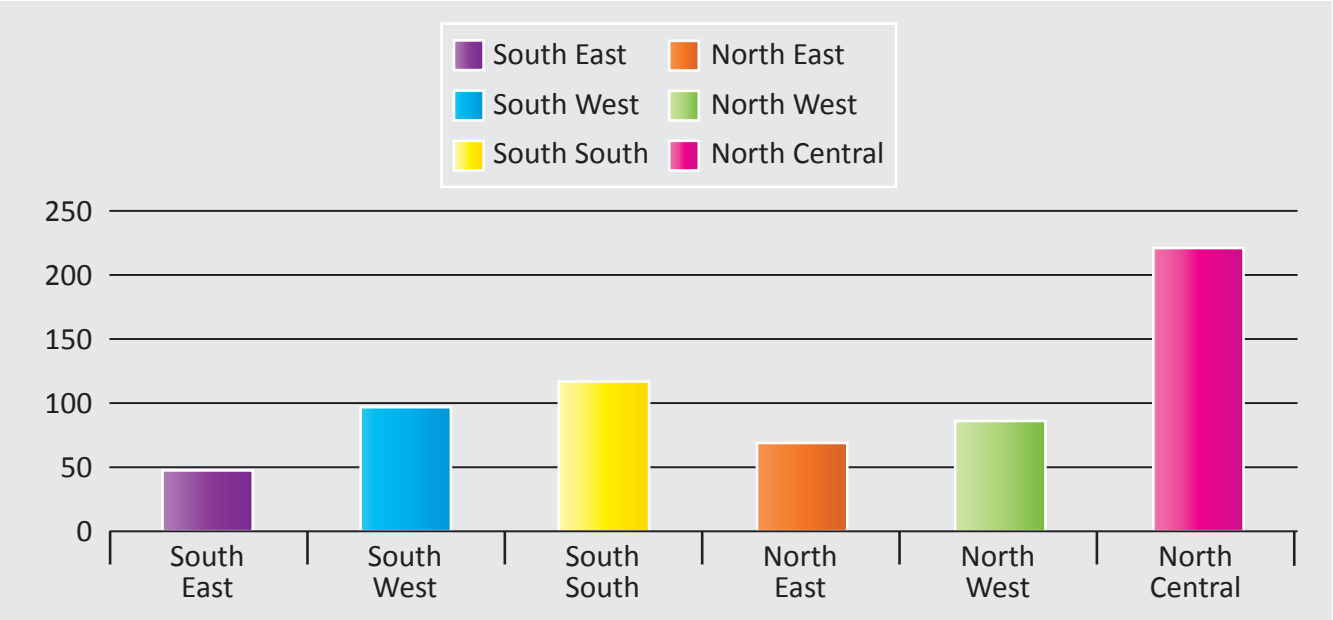


Table 9: Other Achievements in Provision of HCT Services

Inauguration of National Task Team on HCT, Guidelines and Training Materials

A national task team on HCT was inaugurated in 2004, and it accomplished the following:

- Reviewed the national HCT guidelines and training materials (2006)
- Developed an HCT strategy scale-up plan (2007)
- Developed a national HCT non-cold-chain testing algorithm and minimum standards for HCT service delivery
- Developed counseling and testing Standard Operating Procedures (SOPs) and cue cards for use at PHC level in 2006. Orientation of counselors and testing of trainers on the HCT documents and laboratory protocols (2006) was also achieved

Accreditation of Four Nursing Institutions

Four nursing institutions at Lagos, Calabar, Kano and Abuja were accredited in 2005. This is to enhance the training of manpower for HCT and other services as well as for the training of counsellors.

Assessment of Health Facilities, Training of Healthcare Providers and HIV Screening Services

- Assessment and selection of 1,074 HCT sites (including mobile services)
- 1,500 health care providers were trained (as at 2008)
- 5,596,835 people were counseled, tested and given results as at December 2009
- Commencement of integration of HCT into other services (TB, ANC, STI, Family Planning (FP)clinics etc.)
- Adoption of a non-cold-chain-dependent serial testing algorithm

Challenges in HCT Service Provision

The successes recorded in provision of HCT services were not achieved without challenges. Some of the challenges are summarized in table 10.

Table 10: The Challenges for HCT Services

- Weak HCT coordination mechanisms and referrals
- Inadequate HCT service delivery points leading to poor coverage
- Low uptake of available HCT services
- Inadequate number of trained HCT service providers on a background of staff attrition
- Limited integration of HCT into other services
- Weak logistics system for HIV test kits and consumables
- Weak quality assurance system for HCT
- Payment for HCT services in some centres that are not supported by donors despite government's free HCT policy

Plans for HCT Scale-up and Targets for 2010-2015

HCT is the gateway to HIV care and support services. Unfortunately, response to the few available services remains poor. For example, only 48.9% of males and 55.7% of femalesknow where to get an HIV test. Less than 15% of both sexes have had an HIV test.[24]

HCT Targets

In 2007, only 42% females and 40.8% males had an HIV test in the previous 12 months.[24]The plan for HCT scale-up is the establishment of 13,863 HCT sites by 2015, with mobile services and community outreach to MARPS. While the focus is the PHCs, sites for HCT will also be set up in all secondary health facilities and all tertiary institutions including infectious disease hospitals, as well as sites already offering ART and PMTCT services.

To enhance service provision, at least two healthcare providers will be trained per site; services are expected to reach 80% of sexually active persons who are aged 15 years and above. Thus a projected population of 79,851,906 million will be reached by 2015.

To meet the demands for the scale-up of HCT services, the GON is encouraging local manufacturing of HIV test kits, reagents and other related commodities.

The National PMTCT Programme

The national PMTCT pilot programme started in six tertiary institutions (ABUTH, LUTH, UMTH, UNTH, UPTH and NHA) with the support of the United Nations Children's Fund (UNICEF) in 2001.Two sites (JUTH and UCH) were added with support from APIN in 2002. The number of sites increased to 11 (AKTH, UBTH & NAUTH) in 2003 with the support of CDC. By the end of 2004 there were a total of67 PMTCT sites. This increased to 234 sites by the end of 2005, 601 in 2008 and at the end of 2009 Nigeria had 670 PMTCT sites covering tertiary, secondary, primary, mission, private and NGO sites.

According to the World Health Organisation (WHO)/ UNAIDS/UNICEF (2008), a total of 207,107 pregnant women were tested for HIV in 2007, an estimated coverage of 4%. The coverage of PMTCT services in Nigeria for 2007 was also reported as 7% for ARV prophylaxis during pregnancy, and 2% for ARV prophylaxis to infants born to infected mothers.

NASCP service statistics show that in July 2009 national PMTCT uptake was 11%, as against 2% in 2004.[30] The report also indicates that the number of HIV-exposed infants receiving ARV prophylaxis increased from 516 babies in 2004 to 2,230[30].

The current service statistics fall far from meeting the target set for PMTCT in NSF-1 i.e. reducing "the transmission of the HIV virus through mother-to-child-transmission by 50%, by the year 2010", and even the national target of universal access of 80% by 2015[12,15,30] in line with the Millennium Development Goals (MDGs).

Therefore, there is an urgent need to accelerate the scale-up of the PMTCT programme across the country through the four-pronged approach (see below). Other methods include increasing access to PMTCT services by further decentralising the services from tertiary and secondary facilities to primary care facilities, and increasing access to Early Infant Diagnosis (EID) facilities.

The Objectives of the PMTCT Component

The objectives of the national PMTCT programme, in line with the 2003 National Policy on HIV/AIDS,are to: reduce the transmission of HIV through MTCT by 50% by the year 2010; increase access to quality HCT services by 50% by the same year; ensure that 50% of HIV-positive pregnant women and their babies have access to antiretrovirals (ARVs) for PMTCT; and to ensure thatall HIV-positive mothers and their partners have access to ARVs and other care and support services.[15,31, 32,33]

PMTCT Strategy

The strategies for realizing the goals of PMTCT are based on a four-pronged approach.[32] These are: primary prevention of HIV infection in women of reproductive age; prevention of unintended pregnancy in HIV-positive women; prevention of mother-to-child transmission (PMTCT) of HIV; and treatment, care and support services for HIV-infected mothers, their infants and family members.

The outcome of PMTCT interventions from 2004-2009 are shown in tables 10-11 and figure 13, while projections for the next six years (2010-2015) are shown in table 12 below.

Achievements of the PMTCT Component and Targets for 2010-2015

The key achievements of the PMTCT programme are shown on tables 10-12and figure 13, while targets for 2010-2015 are shown in table 13.

Table 11: Achievements of the PMTCT Component

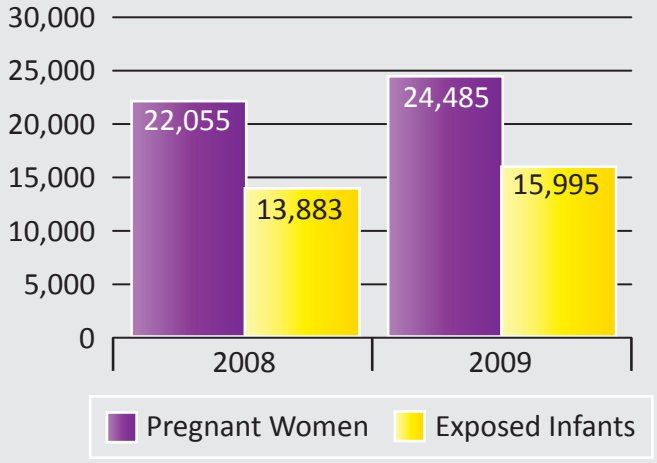
SN	Indicator	2009
1	Number of preg counselled & tested for HIV during ANC, L&D, the post-partum	820,865
2	Number of preg counselled, tested for HIV and received result during ANC, L&D, the post-partum and received result	804,113
3	Proportion of pregnant women that received their result	97.96%
4	Number of preg who tested for HIV and received result during preg, L&D, the post-partum and tested positive	31,540
5	HIV prevalence among pregnant that were C&T and received result (PMTCT)	3.92%
6	Number of HIV positive pregnant women receiving ARV prophylaxis to reduce MTCT	24,485
7	Proportion of pregnant women who tested positive and were given ARV prophylaxis for PMTCT	77.63%
8	Number of infants born to HIV-Infected women, who received an HIV test within 12 months of birth	12,254
9	Number of infants born to HIV-Infected women, who received an HIV test within 12 months of birth and tested positive	1,601
10	Proportion of HIV positive infants amongst HIV exposed infants (born to HIV+ women) that were tested for HIV	13.07%

Figure 11: Achievements of the PMTCT Component

Target: To ensure that 50% of HIV Positive pregnant women and their babies access ARV by 2010 for PMTCT (PMTCT Scale Up Plan 2007)

PMTCT ARV Prophylaxis Coverage (%)

Year	Mother	Babies
2008	8%	7%
2009	12%	11%



ARV Prophylaxis for HIV positive women and exposed infants

	2004	December 2009
Number of sites	67	670
ANC HIV prevalence rate	5.0%	4.6%
National PTMCT coverage	2.0%	11.0%
Number of pregnant women tested and counselled	18,554	804,113
Number of HIV-exposed infants	1,630	27,870
Number of pregnant women on ARV prophylaxis	645	18,887
Number of HIV-exposed infants on ARV prophylaxis	516	2,230
Number of EID primary testing kits	-	8
Number of EID secondary (QA) testing kits	-	2
Number of DBS collection sites	-	340
Number of infants tested usingPCR	-	6,375
Number of HIV-positive infants	-	5,329

Table 13: PMTCT National Targets[33]

Indicator	2008	2009	2010	2011	2012	2013	2014	2015
General Population	146,122,408	150,418,872	154,801,325	159,228,643	163,782,582	168,466,764	173,284,913	178,240,862
Number of pregnant women (at 40/1,000 crude birth rate)	5,844,896	6,016,755	6,192,053	6,369,146	6,551,303	6,738,671	6,931,397	7,129,634
Number of pregnant women targeted to be counselled and tested	605,875	1,203,351	1,857,616	2,547,658	3,275,652	4,043,202	4,851,978	5,703,708
Proportion of pregnant women counseled and tested	11	20	30	40	50	60	70	80
Number of pregnant women who tested positive for HIV	27,870	55,354	85,450	117,192	150,680	185,987	223,191	262,371
Number of infants exposed to HIV infection	27,870	55,354	85,450	117,192	150,680	185,987	223,191	262,371

Opportunities for the National PMTCT Programme

The PMTCT programme has received huge support from International Partners (IPs) since its commencement in 2002. CIDA supported scale-up for PMTCT, while UNITAID provided a grant for PMTCT commodities (drugs, test kits, reagents etc.). The Global Fund Round 8 HSS support has provision for PMTCT scale-up and the President's Emergency Plan for AIDS Relief (PEPFAR) planned an "Accelerated PMTCT Programme" in Nigeria. The Global Fund Round 9 grant also provided support for PMTCT programmes and DRF for MDGs.

Sexually Transmitted Infection Management and Control

STIs are major public health problems all over the world. It is estimated that, globally, a million people acquire STIs, including HIV, every day.

In Nigeria, there are about 3 million reported annual cases of STIs, mainly caused by Chlamydia, N. gonorrohoeae and Trichomonas vaginalis.

Clinic-based studies in Nigeria (FMOH 2007; National Manual on Syndromic. Management of STIs and Reproductive Tract Infections (RTIs)) showed the prevalence of STIs as follows:

Non-Gonococcal Urethritis (NGU)	26.3%
Gonorrhoeae	18.0%
Trichomoniasis	9.8%
Candidiasis	9.6%
Chancroid	9.3%
Primary syphilis	2.3%
Genital warts	1.0%
Lymphogranuloma venereum	1.5%
Genital herpes	2.2%

Although clinic-based data have their limitations, they, no doubt, present a glimpse of the burden and their epidemiologic context. These clinic-based studies demonstrate that non ulcerating STIs predominate in Nigeria.

Common complications of STIs are Pelvic Inflammatory Disease (PID), tubal blockage, infertility and cervical cancer in women. In men they may lead to infertility and urethral stricture.

STI control has historically passed through phases of development in the FMOH, having been in existence before the emergence of HIV/AIDS.

The synergistic relationship between STIs and HIV is well recognised. Studies have shown that STIs increase the concentration of HIV in genital secretions, and that improved clinical management of STIs significantly reduces the incidence of HIV infections. The issue of resistance to well-known effective antimicrobials is fast-growing, further complicating the efficacy of treatment of STIs; effective control of STIs is therefore an important component of prevention of HIV.

With the present HIV/AIDS pandemic, the imperative for a more coordinated plan to bring STIs under control has become increasingly urgent,given the strong correlation between the spread of conventional STIs and HIV transmission. The emergence and spread of HIV/AIDS has, on the other hand, made the management and control of some STIs more complicated due to immunity suppression.

Though STIs present serious public health problems in Nigeria, the absence of a well-coordinated national program remains one of its major challenges. Efforts at overcoming this challenge include its integration of the STI control section of the prevention branch of NASCP and the development of policy documents.

In addition, there have been some attempts at building the capacity of health workers on syndrome management of STIs, which at the moment, appears rather fragmented.

Achievements 2005-2010

Some of the achievements recorded over the last five years include

- Development and dissemination of the national guidelines of the syndromic management of STIs and other RTIs
- Development of facilitators' guide to the syndromic management of STIs and other RTIs
- Development of training manual on syndromic management of STIs and other RTIs
- Training of trainers on syndromic management of STIs
- Rapid assessment of STIs situation in Nigeria

Challenges

Most significant is the absence of strategic documents that will spell the vision, goals, plans and targets of the STI programme in Nigeria. Indeed, the significance of these strategic documents cannot be overemphasized.

Other challenges include

- Weak national coordination mechanism for STI control
- Inadequate resources for STI control

Priorities for 2010-2015

To redress this yawning gap in the national programme, and bring to the front burner the issues around STI control in the country, the following are recommended.

- National stakeholders' consultation on STIs
- Establishment of national TWG on STIs
- Development of a national policy document on STIs
- Development of national strategic plan for STI management and control
- Development of a robust system for STI M&E and surveys

Infection Prevention and Control/Waste Management

FMOH, in collaboration with John Snow Incorporated, launched the Making Medical Injections Safer (MMIS) project in Nigeria in 2004, with a pilot phase in Ajeromi Ifelodun, Badagry (Lagos State), Gwagwalada (FCT) and Tarauni (Kano State).[1] This has been scaled up to 24 additional LGAs and PEPFAR sites across 30 states. As at March 2009, 689 health facilities (public and private) in FCT and five target states (Lagos, Kano, Edo, Anambra and Cross River State)have been trained in MMIS in collaboration with a USG team. An additional 198 health facilities in 21 non-target states were also reached with this service. Other training interventions are as stated in figure 12 below.

Development of National Documents on MMIS

The following national documents were developed and put to use during the period, namely:

- National Policy on Injection Safety and Medical Waste Management
- Standards for Universal Precaution
- National Health Care Waste Management Plan
- National BCC and Advocacy Strategy
- Do No Harm
- A Facilitator's Guide on Infection Prevention and Control and Community Outreach Strategy

These documents have been put to use to varying degrees.

Treatment Care and Support for PLHIV and Related Health Conditions

The increased availability and use of ARVs has impacted significantly on the HIV epidemic, resulting in better public perception of the disease, decrease in disease transmission and occurrence of OIs, and increase in the quality of life and life expectancy of PLWHIV. The last five years have witnessed significant progress in the provision of, and access to, treatment and care services in the country, through infrastructure upgrades, capacity building, and M&E (see table 14 and figure 13).Although the effects of OIs account for most of the ill health associated with HIV infection, a minimum package for diagnosis, prophylaxis and treatment was yet to be defined to ensure standardization and equitable access to these services. The integration of HIV/AIDS programmes into other disease programmes such as those for TB, malaria and reproductive health is an area that requires exploration; it is necessary to bridge the gap in geographical, gender and age imbalance in the provision of treatment, care and support services, which the significant increase in access is yet to address. Similarly, there are challenges concerning both variations in the quality of care, and the safeguarding of continuum of care through referral networks.

The objectivesrelated to treatment of HIV/AIDS and associated conditions are:

- Access to quality care and support services by PLHIV (as defined by national guidelines) improved to at least 50%
- Effective referral and linkages within and between relevant health care facilities and community-based care service points improved by 80%
- At least 80% of adults (men and women) and

all children (boys and girls) have access to comprehensive quality HIV/AIDS treatment

- At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs
- TB and HIV/AIDS collaboration established and strengthened in all states and LGAs
- All TB patients have access to quality comprehensive HIV/AIDS services
- All PLHIV have access to quality comprehensive TB services

Strategic Interventions

These objectives are achievable within the next six years throughadvocacy, training, decentralisation, integration of services, provision of medical commodities and equipment, provision and upgrade of physical infrastructure, and good use of PPP. Other objectives include: the establishment of a laboratory quality system management network; QA/QI; clinical pharmaco-vigilance for ARVs; local manufacture of ARVs and other commodities; upgrade of laboratory infrastructure for OI management; provision of medical commodities, equipment, and drugs for OI management; and implementation of QA/QI for OI management.

Strong coordinating bodies; capacity building; effective involvement of communities, PLWHIV and PATB; linkages between/integration of pharmacy and Directly Observed Treatment – Short Course(DOTS) services; a functional M&E system – each of these elements is necessaryfor all states and LGAs to implement strong TB/HIV collaborative interventions by 2015.

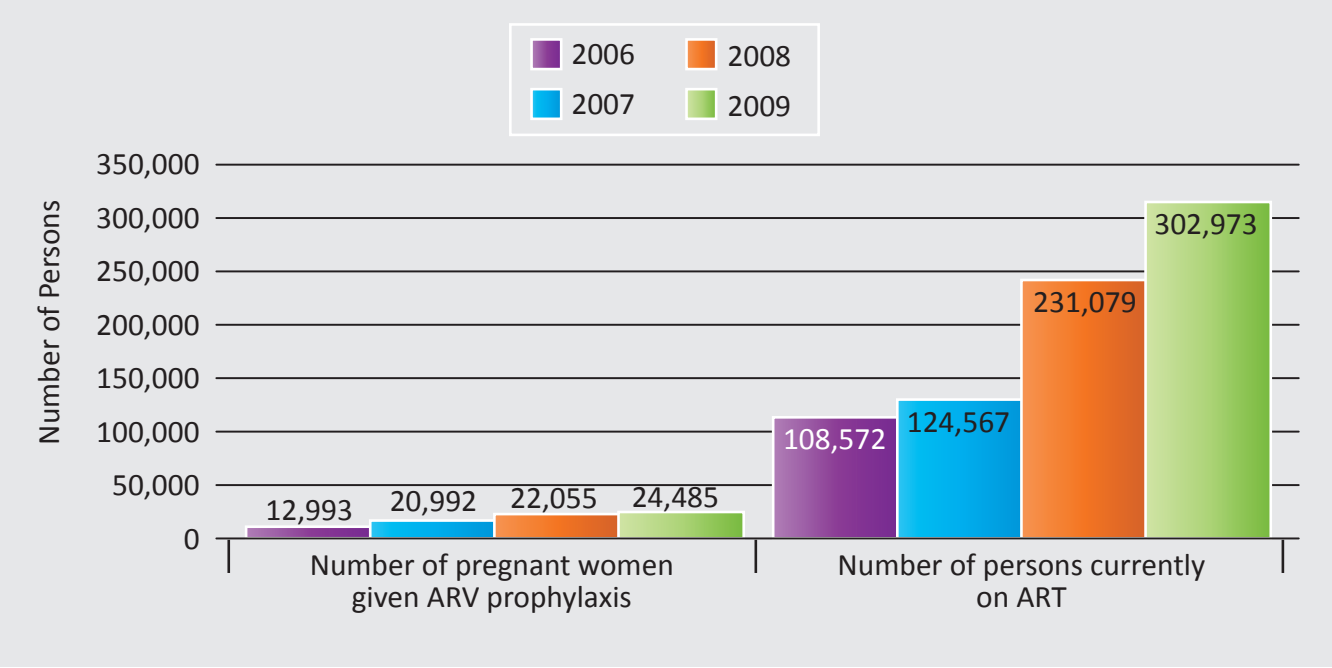
It is essential that all TB patients have access to quality and comprehensive HIV/AIDS services by 2015. This requires improved access to HCT services for all TB patients; Cotrimoxazole Preventive Therapy (CPT) for patients with HIV-TB co-infection; ARVs for PLWHIV with active TB; and a sustainable supply of medical commodities.

Similarly, intensified case finding of TB; appropriate laboratory support for TB and Multi-Drug Resistant TB(MDR-TB) diagnosis in HIV infection; Isoniazid Preventive Therapy (IPT) for PLHIV, pharmaco-vigilance for anti-TB drugs; improved supplies of drugs and commodities; and TB infection control in HIV healthcare delivery sites – every one of these components is important in case PLWHIV are to have access to quality TB screening, and those suspected to have TB are to receive comprehensive TB services.

Adult and Paediatric Antiretroviral Therapy (ART)

The number ofARTsites increased by 150% from 160 in 2006 to 393 in 2009 (figure 13).This is directly related to the significant increase in the number of persons who had HCT by 2009.

Figure 13: ART and ARV Prophylaxis 2006-2009



Information on the incidence of ARV resistance and the patterns of resistance are at the moment not well documented.

Table 14: Antiretroviral (Combination) Therapy for People with Advanced HIV Infection:National Targets and Achievements

Year	2005	2006	2007	2008	2009	2010
Access to ART	National Population Target					
Estimated population target for ART (%)	Initial target **(100)**	Scale up of ART (%)				
		(18)	(25)	(40)	(60)	(85)
Absolute population target for ART	540,000	97,200	135,000	216,000	324,000	459,000
Actual population of PLWHIV on ART and yearly increase achieved(%)	50,581 (9.37)	90,008 (92.6)	212,859 (157.67)	289,500 (134.03)	302,973 (93.5)	
Proportionof 2005 estimate of 540,000 PLWHIVin need of ART receiving ART (%)	(9.37)	(16.67)	(39.35)	(53.61)	(61.1)	
Proportion of 2008 NARHS estimate of 833,000 PLWHIV in need of ART receiving ART (%)			(25.55)	(34.75)	(36.4)	

Sources: Modified from UA report June 2008, FMOH report Jan.2009 and NACANSF11, 2010

Laboratory Services

The objective of the laboratory component is pivotalin both the prevention of HIV infection and AIDS, and the treatment, care and support for PLWHIV and People Affected by AIDS (PABA) in Nigeria, through qualitative and effective service delivery using appropriate laboratory intervention strategies that are sustainable and adaptable to the local environment.

Key areas of work include: laboratory monitoring tests, HIV laboratory diagnosis, data management, quality assurance and condom laboratory. Laboratory activities are cross-cutting, especially in prevention, treatment and surveillance.

Palliative Care, Community Home-Based Care

The focus of care and support in HIV management is directed at PLHIV, PABA and Orphans and Vulnerable Children (OVC).

The federal and state government agencies, in partnership with international partners, NGOs, FBOs, CBOs, associations of PLHIV, and other stakeholders, have continued to provide a wide range of care and support services throughout Nigeria. In spite of the present level of intervention, there exists a large population of Nigerians with unmet needs for care and support services. The negative impact of HIV/AIDS on families, communities, social infrastructure and national development is felt by all. GON is therefore committed to scaling up care and support services to mitigate these effects, and to achieve MDG targets.

The overwhelming evidence that ART improves symptoms and signs of HIV/AIDS[1] has changed the initial perception that HIV/AIDS is a terminal illness, thus influencing the increasing number of people seeking treatment, care and support services in Nigeria.

Palliative Care

The national palliative care strategic framework captures the essence of palliative care in the following definition: "… the holistic and comprehensive family-centered and patient-focused care provided by a multidisciplinary team at all the stages of HIV infection to improve the quality of life for the patient and family by anticipating and addressing their physical, medical,

mental, social and spiritual needs. It must be available at all levels of care and seen as an integral part of the national health care delivery system."[34]

Palliative care has progressed beyond its application in clinical medicine – end-of-life care, terminal care, or hospice care for terminal illnesses. It now encompasses the whole range of care, from diagnosis, through early treatment, to end-of-life care for any chronic illness, particularly HIV/AIDS with its multidimensional problems. Palliative care is an approach to care that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering.[34] This includes early identification, impeccable assessment, and treatment of pain and other problems (physical, psychological, social and spiritual), according to the Nigerian national palliative care guidelines.

Concepts in Care and Support

Care and support involves provision of palliative care and social support to PLHIV and their families, and provision of social protection to children. AIDS-related care and support are key elements in the response to the HIV epidemic. Not only do they directly benefit PLWHIV, they also help to reduce the social and economic impact of the epidemic, and to boost HIV prevention. Care and support services are also offered to chronically ill people suffering from other diseases. Other beneficiaries are family members, including OVC of these chronically ill people. The outcome is to improve the quality and length of life of the infected and affected people.

Continuum of Care

The continuum of care comprises the variety of services provided to PLWHIV and their families by the different professional and non-professional care-givers, across the different settings of care, through the changing phases (and severity) of their illnesses. The components of the continuum of care and active referral network are illustrated in figure 14 below.
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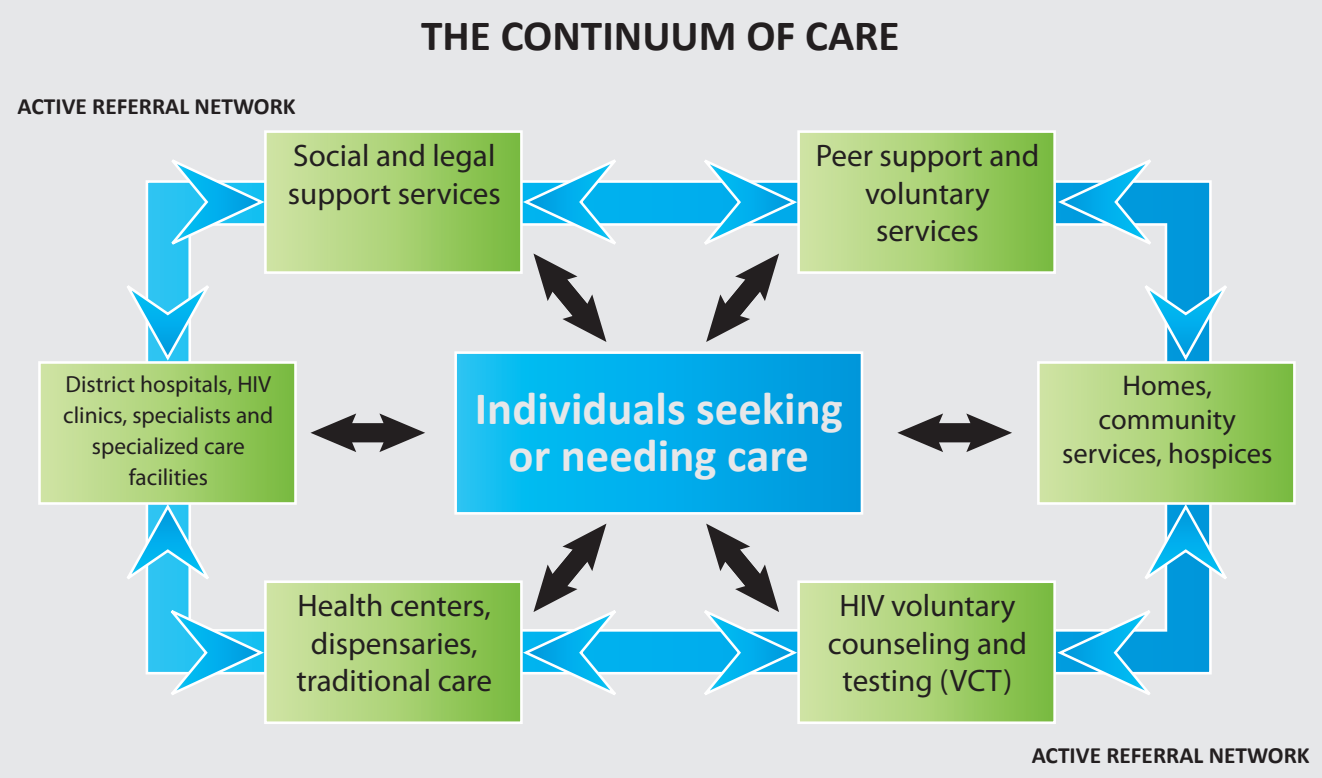
Figure 14: Components of Continuum of Care and Active Referral Network.[35]



Continuum of Care: Major Challenges/Gaps for PLWHIV and PABA

Inadequate resources: The inefficient system of resource mobilization, allocation, and management is a major challenge in achieving significant success in care and support. The well designed and appropriately justified scale-up plans remain just plans because of the huge gap in financing.

Inadequate dissemination of treatment, care and support guidelines: Evidence-based practice shows that multicentre or recurrent activities achieve high levels of success when practitioners use guidelines, protocols etc. The national response has also developed national frameworks, guidelines and protocols. Not all stakeholders, however, have access to these documents. This means that the ultimate goal of producing these documents remains elusive. Some of these documents would best serve their purposes if they are merged into a single document, especially for the use at community and or facility level.

Poor state of infrastructure and staffing: Social services, including healthcare, are severely constrained by inadequate coverage, chronic shortages of qualified staff, the poor maintenance culture, and the poor state of national infrastructure (impassable roads, water shortages, power outages etc.). These constraints are experienced more in rural areas, some of which are cannot be reached even by CBOs.

Inadequate attention to socio-cultural and economic drivers of the HIV epidemic: The national response does not adequately address all the significant cultural and customary practices and attitudes, which, together with poverty, constitute the socio-cultural drivers of the HIV epidemic. This, in addition, poses a challenge for provision of care and support services.

Inequities in distribution of service delivery outlets: There are more HIV/AIDS service delivery centres in urban than in rural areas,[36]which results in many rural dwellers coming over to urban centres to access services. This means that rural dwellers access services at greater cost than their urban counterparts, despite the large income gap between the groups[36], which is skewed against rural dwellers. It can also be inferred that uptake of most of these services is lower in rural areas than in urban centres. This is particularly true of care and support services, asthey are labour-intensive, and qualified practitioners in this field are few.

Location of clients: Home-based care requires the practitioners in these specialized fields to reach the homes of clients with care and support services. These tasks are difficult to carry out with respect to the many clients who live in difficult to reach communities.

Referral and networking: Poor referral and networking is a big challenge because many patients are not well informed about the services and locations of service providers.

Opportunities for income generation: Many PLWHIV are ignorant of available opportunities for income generation. They are unaware of microloan facilities, and even when they constitute themselves into cooperatives, they are unable to access grants because of their inability to write fundable proposals.

Professionalism in palliative care: Practitioners of palliative care are few and have a narrow skills base. Community sensitization and mobilization to participate in palliative care is deficient. Many care and support providers are not well trained and cannot therefore offer quality services.

Most practitioners offer mainly social support or end-of-life care. They do not incorporate HIV clinical and psychological care into their services. There is also a lack of standards for palliative care at the different levels of care.

Expansion of services for care and support: The current government commitment to the rapid expansion of services for care, support and treatment, is focused on ART, and is skewed towards tertiary or specialist centres, leaving the lower levels of healthcare and the other services uncovered.

AIDS-associated cancers: Most patients with AIDS-associated cancers do not access the needed treatment, including cancer palliative care, because of high cost and a paucity of services, presently limited to urban tertiary centres. Only a few urban NGOs are involved in cancer palliative care.

TB/HIV COLLABORATION

The goal of the TB/HIV collaboration is to decrease the burden of TB and HIV on those affected by both conditions.

Specific objectives are to:

- establish the mechanisms for collaboration between TB and HIV/AIDS programmes
- decrease the burden of TB on PLWHA
- decrease the burden of HIV on TB patients

Strategies to achieve these include:

- Setting up a coordinating body for TB/HIV activities at all levels (federal, state, LGA and facility)
- Conducting surveillance of HIV prevalence among tuberculosis patients
- Carrying out joint TB/HIV planning
- Embarking on resource mobilisation for TB/HIV
- Building capacity of health personnel on TB/HIV
- TB/HIV communication advocacy, programme communication and social mobilisation
- Enhancing community involvement in collaborative TB/HIV activities
- Operational research
- M&E
- Establishing mechanisms for intensified tuberculosis case-finding
- Introducing IPT
- Ensuring tuberculosis infection control in healthcare and congregate settings
- Provision of HIV testing and counselling at DOTS sites
- Introduction of HIV prevention methods at DOTS clinics
- Provision of CPT
- Ensuring HIV/AIDS care and support for those affected
- Provision of access to antiretroviral therapy for eligible clients

ACHIEVEMENTS

- Co-location of DOTS and HIV services.
- TB/HIV TWG established in 28 states
- Training of members of PLHIV support groups on signs and symptoms of TB
- Diagnosis and prompt treatment of TB among PLHIV
- Increased numbers of partners supporting implementation of IPT at HIV service delivery sites
- Protocol for IPT revised after initial phased implementation in selected sites
- Increasing number of PLHIV receiving IPT
- Clinical checklist for TB screening developed for use in ART sites on clinic days
- Increasing number PLHIV screened routinely for TB
- Capacity building for DOTS workers to implement HCT at DOTS sites in Ebonyi, Benue, Osun, Enugu and Kogi
- National guidelines on TB/HIV collaboration reviewed
- National TB/HIV training documents reviewed

CHALLENGES

- Weak health system.
- Poor funding.
- Ineffective coordination of partners' activities at all levels
- Donor dependency
- Lack of capacity among general health workers to implement TB/HIV collaborative activities
- Poor awareness of the interaction between TB and HIV among GHW and the general public
- Poor infrastructure with accompanying poor infection control measures at ART sites
- Lack of Rifabutin needed for PLHIV on second line ART who develop TB
- Poor M&E owing to weak structure of NASCP at the state and LGA levels
- Lack of empowerment for the SAPC to function effectively

STRATEGIC DIRECTION FOR 2010-2015

- Establish and ensure functioning TB/HIV working group in all states, LGAs, and facilities to strengthen coordination of TB/HIV collaborative activities
- Strengthen joint supportive supervision of TB/HIV collaborative activities at all levels
- Finalise and print is harmonised recording and reporting formats
- Increase advocacy for increased resources before government at all levels
- Strengthen community involvement in TB/HIV collaborative activities
- Mobilise support for the SAPCs to be able to coordinate all the TB/HIV activities in the states(GFR9 phase 2, GON, MDG)
- Sensitisation of CMDs, CMOs, GHWs and the general public on the interaction between TB and HIV.
- Capacity building for doctors and GHWs on implementation of TB/HIV collaborative activities

Advocacy, Communication and Social Mobilisation(ACSM)for HIV/AIDS Service Delivery and Utilisation

The increasing need for dissemination of appropriate HIV/AIDS IEC, and involvement of communities through social mobilization, gave birth to the ACSM component of the HIV/AIDS division in 2007, and the submerging of the previously existing BCC unit into the wider framework of ACSM. The key objectives of ACSM areto: stimulate political will; increase resource allocation to HIV/AIDS prevention, treatment, care and support services; sensitize relevant policymakers and stakeholders (government, CBO, CSO, donor agencies, Implementing Partners) to scale-up HIV/AIDS services in the country; and to increase media participation and support through high-level advocacy, which will eventually be reflected in the enhancement of service delivery, and uptake of services. In achieving the above, and also in sustaining the stakeholders' interest in support of the health sector interventions, targeted advocacy visits at all levels – national, state and facility –have been institutionalized as routine activities by the ACSM component. This component also handles other special events and outlets for mass dissemination of information, such as the World AIDS Day Campaign, media chat and cultural festivals. To enhance and add to the dissemination of information on government policies and programmes on HIV/AIDS, a new edition of the quarterly NASCP newsletter was developed, printed and disseminated.

Though the component has made demonstrable progress (acquiring of Information Computer Technology (ICT)and Internet services, launch a website domain for the division, institutionalizing the quarterly newsletter (NASCP Digest), and improving internal communication mechanisms),it is also faced with some challenges in the implementation of its operational plan.

Such challenges are:

- Non-existence of the ACSM TWG
- Low staff strength (lacking an IT expert for support services)
- Lack of adequate office spaces for staff and ICT equipment
- Poor financial allocation and late release of allocated amounts
- Low partner support

Targets for 2010-2015

- Inauguration of national ACSM TWG that meets quarterly by 2011
- Development of the national ACSM guidelines in the 2010-2011 year of implementation, and review at the mid year
- Development of policy briefs and advocacy kits for the different health sector interventions by first year (2011) of implementation, and continue to review yearly
- Strengthen the information and communication management system of the HIV/AIDS division through the establishment of databases anda resource centre, and staff training and infrastructural upgrades
- By the end of strategy implementation, the component will have gained stakeholders' interest, evidenced by increased resource allocation and uptake of services

STRATEGIC INFORMATION (SI)

The SI component of the HIV/AIDS division, FMOH, has three main sections, namely M&E, surveillance, and research.

Monitoring and Evaluation

M&E is critical to any successful programme. When combined with research, missing gaps are easily identified and solutions provided. This becomes important in the rapid scale-up of services by FGON to meet the MDG targets. The strategies for the management of HIV and prevention of new infections are dynamic, and knowledge management is invaluable in the realization of the objectives and targets of an effective and efficient HIV/AIDS programme for which huge resources are committed.

Achievements

- Hosting of the District Health Information System (DHIS) database in NASCP
- Harmonization of all health sector M&E recording and reporting tools
- Training of all state M&E officers and SAPC on the harmonized tools
- Quarterly reports on health sector interventions for policymaking, and reporting to Universal Access/UNGASS for global estimates of HIV/AIDS burden and interventions

Targets for 2010-2015

- Conclude the mapping of all health facilities in Nigeria for making informed decisions
- Institutional quarterly M&E meetings at state and national levels
- Build capacity of the 36 states and FCT in Nigeria on the use of DHIS for prompt reporting
- Maintain an updated database in NASCP
- Develop and sustain the printing of quarterly bulletin on health sector HIV/AIDS intervention
- Review of the all health sector M&E reporting and recording tools

Surveillance and Research

Surveillance and research are vital for the understanding of behaviours, trends, outcomes and impacts. Several large surveys have contributed valuable insights to the understanding of the HIV/AIDS epidemic, and the situation analysis has uncovered a plethora of useful studies. However, there is a need for a mechanism to coordinate research in the areas of HIV/AIDS, to identify research priorities, and ensure that the results are well disseminated, and used to inform policy and planning.

There is little information on HIV research, especially in the area of HIV vaccines. The need to get more greatly involved in quality HIV research is imperative, as Nigeria, with her large population, is the country second most affected by HIV in the world.[14]Vaccine research elsewhere in developed countries may not address the infection in Nigeria and the West African sub-region due to its diversity in morphology.

Achievements include

- Conducted the national AIDS and reproductive health survey in 2005 and 2007
- Conducted the ANC survey in 2005, 2008 and 2010
- Conducted the BSS/IBBSS among high-risk groups in 2005, 2007 and 2010
- Generated the annual estimates and projections on HIV/AIDS burden in Nigeria
- Conducted the Early Warning Indicator (EWI) survey in 2008
- Conducted the Drug Resistance Monitoring (DRM) survey in 2009/2010

Targets for 2010 – 2015

- Annual conduct of EWI
- Conduct ANC survey in 2012 and 2014
- Conduct IBBSS in 2012 and 2014
- Conduct NARHS in 2011
- Conduct DRM biennially
- Conduct MARTN in 2011
- Annual estimates and projections on HIV/AIDS burden in Nigeria

Constraints of Strategic Information Component

- Largely donor-driven nature of the response which resulted in a proliferation of M&E indicators and reporting systems, with various donors wanting to track their own activities
- Lack of a coordinated FMOH/NASCP M&E plan and inadequate capacity within NASCP for M&E
- Inadequate capacity at the SMOHs to coordinate M&E activities at the state level
- Inadequate resources to conduct regular research and surveillance activities

Summary of Challenges and Gaps in the HSSP and its Implementation 2005-2009

Though there has been a significant improvement in the response to HIV/AIDS during the period, including better availability of antiretroviral drugs with fewer stock-outs towards the end of this phase, some critical gaps still exist and are listed in table 15 below.

Table 15: Summary of Challenges and Gaps in the HSSP and its Implementation 2005-2009

- Poor organisational, logistical and technical capacity to co-ordinate stakeholders across all programmes
- The programmes are highly donor-driven and fragmented
- Uneven distribution of resources and services
- Ineffective information system to inform programme planning, implementation and evaluation
- Poor private sector and community engagement
- Inadequate database of sites, trainers and technical service providers
- Where available, poorly implemented and maintained national databases (DHIS, LHIMP, Nigeria National Response Information Management System(NNRIMS), National Health Management Information System (NHMIS))
- Poor research co-ordination and dissemination
- Poor operational funding at all levels of health care system, especially at the primary and secondary levels

DEVELOPMENT OF THE HEALTH SECTOR STRATEGIC PLAN (HSSP) AND HEALTH SECTOR IMPLEMENTATION PLAN (HSIP), 2010-2015

GOAL AND OBJECTIVES OF HSSP 2010-2015

GOAL

To contribute to the reduction in morbidity and mortality from HIV/AIDS in Nigeria through effective, equitable, sustainable and well-coordinated prevention, treatment, care and support services by 2015.

OBJECTIVES: To

- Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015
- Reduce HIV new infections by 80% by 2015
- Achieve universal access to comprehensive and gender-sensitive treatment, care and support services in both public and private sector facilities by 2015
- Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate BCC and sustained social mobilisation
- Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015

APPROACH AND METHODOLOGY

The review process of the HSSP 2005-2009 effectively began with a 34-day desk review by a team consisting of staff members from the HIV/AIDS division, FMOH and the national consultants. The HSSP 2005-2009 and NSF-1 and other relevant documents were reviewed in this process as referenced.

This was followed by a meeting of stakeholders involving staff of NACA, FMOH, SMOHs (represented by the states' SAPCs and Director Generals/Permanent Secretaries), and International Partners(IPs), including agencies of the United Nations and the USG, to reach a consensus. Presentations were made by key personnel from the FMOH (HAD) on the various thematic areas detailing the state of implementation of the HSSP 2005-2009. Other relevant stakeholders, including IPs, also made presentations. The benefit of the stakeholders' meeting was to ensure effective participation, integration and ownership based on understanding and expectations. Different stakeholders have different roles to play in the Health sector response. Each stakeholder is expected to develop its implementation plan. Extracts from these presentations form part of this document.

The current HSSP and HSIP for HIV/AIDS in Nigeria are two documents in one. The objective is to provide evidence-based strategic and implementation plans that are supported by their constituent parts and led by the HAD(FMOH). The HAD coordinates the states, LGAs, and other health sector stakeholders, in achieving success in the health sector response to HIV/AIDS, while drawing experience from the achievements and gaps detailed in the HSSP 2005-2009 and implementation plan.

As the implementation of the NSF-1 and HSSP 1(2005-2009) lapsed by the end of December 2009, it becomes imperative to have a realistic framework and implementation plan for the next six years if the MDG targets for 2015 are to be met.

The current NSF and HSSP recognize the identified gaps in the previous NSF, HSSP and HSIP. The objectives, indicators, national baseline value, mid-term and end-of-term targets, including MOV are shown in the tables

below, while the interventions, sub-activities and cost implications are summarized in the implementation plan.

CONCLUSION, EMERGING ISSUES AND RECOMMENDATIONS

While an integrated approach, emphasizing ownership of the HIV , is vital for a successful response to the HIV/AIDS epidemic, emerging issues of importance needing attention are stated below and, where appropriate, recommended to all stakeholders:

States Health Sector Strategic Plans

States, FCT, and other stakeholders have different needs and priorities. The HSSP 2010-2015 and NSF-2 will give strategic direction and ensure consistency in implementation at all levels. Each state, and FCT, is encouraged to develop its own HSSP that will fit into the national HSSP, taking its peculiarity into consideration. The plans will facilitate implementation of the health sector response in a well-coordinated manner to avoid duplication of services and waste of resources.

Political Commitment, Clarity of Roles and Coordination

HAD will work in synergy with NACA and other stakeholders to achieve the goal and objectives of the HSSP. To achieve this, a strong political and financial commitment from government is required, with support from donors and international development agencies.

Coordination of external funding and equitable distribution of resources are crucial to the successful implementation of the second phase of the MDG cycle. The second phase will build on best practices and apply quality assurance principles. It will also help public and private health sector providers work in collaboration in a well-focused health sector.

Institutional and operational reviews of NASCP, SASCPs and FASCP, delivery of a good working environment, and provision of appropriate tools and equipment will no doubt increase staff motivation and produce the desired results.

Funding and Infrastructure Upgrade.

Adequate funding (budgeting and timely release of funds) for HIV/AIDS programmes by the federal, state and local governments is crucial to the successful implementation of HSSP 2. The need to depart from the usual donor-driven programme, and to embrace ownership at all levels, with genuine commitments not only in policy but in actions, cannot be overemphasized. Adequate funding, infrastructural upgrade and human capacity development are likely to meet the MDG targets by 2015.

From available records, many states and LGAs are yet to have strong institutional arrangements for health sector response to HIV/AIDS. This may be attributed to poor political will and commitment. Legislation may be required to address some of these issues when advocacy fails.

Scale-up of Services

Evidence-based advocacy meetings with state policymakers should be organized for PMTCT scale-up to primary and secondary health facilities. There is a need to scale up ART services to secondary sites. Pilot studies will be needed to determine the feasibility of scaling up ART services to primary health facilities. Capacity building, especially at state and LGA levels, is needed to achieve this purpose.

Mapping of Service Delivery Points for Health Sector Response

Mapping is necessary to ensure equitable distribution of resources, and to identify facilities with the potential to provide HIV/AIDS services. The tendency to concentrate a disproportionate amount of resources in some areas, to the detriment of others, often emanates from inadequate information. The rural areas, home to the majority of the population, cannot be continuously underserved.

Integration of HIV Services into Other Programmes of Care

Increased political will and commitment is needed to integrate HIV fully into reproductive health services. This can be realized through appropriate interventions, including legislation, targeted at safe motherhood, family planning, gender-based violence, and rights of women and PLHIV. Such integration can offer windows of opportunity to those populations with unmet reproductive health needs for HIV services in the country. Other reproductive health issues including cancers of the reproductive system should be addressed.

Tuberculosis, malaria and other OIs, stigma, discrimination and poverty, which are drivers of the HIV epidemic, should be adequately and appropriately addressed if the MDG targets for HIV/AIDS are to be met.

Integration of HIV services with Maternal and Child Health (MCH) services will accelerate access to other necessary services by infected mothers and children.

Equipment and Commodities

A budget line for regular supply of commodities and equipment for laboratory monitoring and data management in health facilities is needed to scale up services and provide quality care, treatment and support services.

Monitoring and Evaluation

M&E is crucial to the success of any programme, especially for the HIV/AIDS programme, where huge resources are needed. M&E helps to track efficiency, effectiveness, adequacy and appropriateness of a planned programme. Consequently, institutions such as universities, colleges and technical schools, in collaboration with other stakeholders, need to develop training curricula to provide a critical mass of M&E experts to handle issues that will emanate from the expected rapid scale-up of services. These call for training and retraining of health workers at all levels. Development and use of a national database of trainers and technical service providers capable of building M&E and other capacity in Nigeria is imperative. Zonal and state task teams with similar functions as national task teams will be beneficial to programme coordination. Professional epidemiologists, and Information Technology (IT) and data management experts may need to be recruited to strengthen the various components of the HIV/AIDS programme, including M&E.

Policies and Legislation

HAD will collaborate with other stakeholders to promote appropriate policies and legislation that will protect and guarantee the rights of PLHIV, especially in the area of stigma, discrimination and other human rights issues.

Legislation may be required to enhance commitment, if critical resources needed for effective programme implementation at state and local government level continue to be scarce.

HIV/AIDS Research

The HIV/AIDS Division will collaborate with other stakeholders to step up basic and operational research to inform programme planning and implementation, and to improve quality of life of PLHIV. Efforts should be made to promote research and development in the area of HIV vaccines, especially cocktail vaccine, which is indispensable for the protection of future generations from HIV. Provision should also be made for operational research in HIV/AIDS and related areas in this plan.

Human Resource Development

The need for pragmatic strategies to develop the human resources necessary to manage and coordinate HIV/AIDS health intervention cannot be overemphasized. Therefore, training and retraining of staff should be vigorously implemented in all the thematic areas. Apart from developing new skills, updating knowledge and improving the quality of services, this will have a positive impact on staff motivation and reduce burn-out and fatigue.

TABLE 16: COST OF IMPLEMENTATION OF HSSP 2010-2015 PER STRATEGIC PRIORITY AREA PER YEAR (NAIRA)

Strategic Priority Area	Total Budget						
	2010	2011	2012	2013	2014	2015	2010-2015
Programmes Development & Administration	2,815,900,800	4,462,780,000	3,660,562,500	4,164,275,875	5,194,925,875	5,465,292,070	28,088,636,320
Prevention	10,923,551,625	10,791,054,281	10,504,838,369	10,981,438,102	11,597,566,307	19,121,176,813	73,919,625,497
Treatment Care and Support PLHIVof HIV/ AIDS and Related Health Conditions	5,322,070,000	5,022,467,500	3,032,410,000	2,755,135,000	2,307,882,500	19,501,695,000	37,941,660,000
Advocacy, Communication and Social Mobilisation	676,720,000	778,228,000	894,962,200	1,029,206,530	1,183,587,510	1,361,125,636	5,247,109,875
Strategic Information	1,157,842,500	1,823,416,594	741,898,750	1,235,334,375	622,684,688	1,152,316,941	6,733,493,848
GRAND TOTAL (NGN)	20,896,084,925	22,877,946,375	18,834,671,819	20,165,389,882	20,906,646,880	46,601,606,460	151,930,525,540
GRAND TOTAL (USD) :							
UDS1= NGN 150	139,307,233	152,519,643	125,564,479	134,435,932.55	139,377,646	310,677,376	1,012,870,170

**For Assumptions / details / resource input/ frequency and Measurement Unit, Please see details in each thematic area. The Targets by 2015 is the 774 LGAs*

Strategic Priority Area 1: Programmes Development and Administration:Result Framework

Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (of 2012)**	**End of program (2015)**	**MOV**	**Comments**
Capacity of NASCP, SASCP and FASCP strengthened to effectively coordinate sustainable health sector response to HIV/AIDS	% of NASCPs annual operational funds that is provided by the government	20%	35%	50%	FMOH Annual Budget	Sum total of NASCPs annual operational fund come from Government and partners
	% of states that have functional SASCPs which meet required minimum standards	50%	70%	100%	NASCP Annual Report	Required Minimum Standard include established annual budget line, adequate office space, requisite number of staff (5),
	% of NASCPs annual Government allocation released	70%	90%	100%	NASCP Annual Report	
	% of SASCPs that receive at least 80% of their annual government budget for HIV	NA		100%	SASCPs Annual report	
Adequate financial resources for implementation of the national HIV/AIDS health sector response mobilised	% of the annual funds required by the costed National Health sector Strategic Plan that is mobilised from all stakeholders	TBD		100%	NASCP Annual Report	Disaggregate data by the sources for fund – government, private enterprises, and international development partners
	% of health sector HIV/AIDS-related funds that is expended in program management	NA		10%	NASCP Annual Report	
	% of private health sector stakeholders, who adopt the Health Sector HIV PPP Plan and sign MOU with Government to provide HIV services	0	50%	100%	NASCP Annual Report; Survey Report	Private health providers urgently need to be integrated into the Health Sector HIV Response

Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (of 2012)**	**End of program (2015)**	**MOV**	**Comments**
Effectiveness of HIV/AIDS resource tracking progressively improved to enhance the efficiency of fund management for HIV/AIDS programs	% of health sector HIV/AIDs program implementers whose fund management is tracked annually	NA	80%	100%	NASCP Annual Report	Disaggregate data by type of organisation and level of government
NASCP & SASCPs mechanisms strengthened to coordinate partners at the national, state and LGA levels	% of NASCP's partners that adopt the Coordination framework	0%	50%	100%	NASCP Annual Report	The Coordination Framework will detail rules of engagement, TWGs, Task Teams, Partners' meetings etc.
	% of SASCPs that have Coordination framework developed and in use	0	50%	100%	SASCPs Annual report	
At least 80% of health sector HIV/AIDS workers have requisite knowledge & skills	% of health facilities offering HIV/AIDS services that have adequate human resources according to set national standards	NA	80%	100%	Facility survey report NASCP report	Disaggregate data by sex, level of care, types of HIV/AIDS-related services, and states
	% of health workers trained on HIV related services	NA		80%	NASCP Annual Report	HIV related services include ART, HCT, PMTCT etc.

Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (of 2012)**	**End of program (2015)**	**MOV**	**Comments**
Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for opportunistic infections, test kits, and other HIV/ AIDS-related commodities operational.	% of facilities that experienced no stock-out of ARVs annually	NA		100%	LMIS Report	
	% of facilities that experienced no stock-out of drugs for management of opportunistic infections annually	NA		100%	LMIS Report	
	% of facilities that experienced no stock-out of HIV Test kits annually	NA	100%	100%	LMIS Report	
Work climate in NASCP & SASCPs improved through provision of adequate and appropriate office spaces and equipment	% of NASCP & SASCP staff members that have appropriate office space and relevant office equipment	70%	100%	100%	NASCP Annual Report	Disaggregate in sex and age
Appropriate Policies and guidelines for the health sector response to HIV are in place and compliance ensured	% of HCWs in the HIV program who have in-depth knowledge of National guidelines in their thematic areas	NA	80%	100%	NASCP Annual Report	

Programme Development and Administration: Implementation Plan

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
			2010		2010	2011	2012	2013	2014	2015	2010-2015
					Total	Total	Total	Total	Total	Total	Total
Sub-theme: Coordination											
Objective 1.1: Capacity of NASCP and SASCP strengthened to effectively coordinate sustainable health sector response to HIV/AIDS											
Intervention 1.1.1: Institutional Capacity assessment											
1.1.1.1. Develop/ review tools to conduct institutional capacity assessment	1.1.1.1.1. 3-day meeting of 15-member Task team (2 persons from each zone included & 3 persons from NASCP) (central meeting to develop assessment tools.	Meeting Report	0	3,000,000	3,000,000	0	0	0	0	0	3,000,000
	1.1.1.1.2. 5-day meeting of 6-member zonal team(4 consultants and 2 support staff) and 24 participants/ trainees -per zone on adaptation of the assessment tools	Meeting Report	0	6,000,000	0	42,000,000	0	0	0	0	42,000,000
1.1.1.2. Constitute task team to conduct capacity assessment & gap analysis for NASCP & SASCP	1.1.1.2.1. 30-day national assessment of NASCP & SASCPs Institutional Capacity by 9-member Teams (1 central and 6 zonal) with 1 consultant per zone	Assessment Report	0	1,350,000	0	12,150,000	13,972,500	16,068,375		21,250,426	63,441,301
SUB-TOTAL					3,000,000	54,150,000	13,972,500	16,068,375	0	21,250,426	108,441,301

Intervention 1.1.2.: Development of Capacity building plan

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.1.2.1: Review institutional assessment report & Identify priority areas for capacity building for NASCP	1.1.2.1.1: 5-day meeting by 9-member teams (1 Central and 6 zonal) with 1 consultant each to review institutional assessment report to develop capacity building plan for NASCP & SASCPs	Meeting Report	1	7,560,000	7,560,000	7,560,000	0	0	0	0	15,120,000
1.1.2.2: Evaluate implementation process and feedback	1.1.2.2.1: 5 days Quarterly central performance evaluation by 50 persons (at least one from each state &FCT, others from NASCP & IPs) including report writing & publication	Performance Assessment Report	1	10,000,000	40,000,000	40,000,000	40,000,000	40,000,000	40,000,000	240,000,000	63,441,301
SUB-TOTAL					47,560,000	47,560,000	40,000,000	40,000,000	40,000,000	40,000,000	255,120,000

Intervention 1.1.3: Advocacy to all governors to support SASCPs

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.1.3.1: Needs assessment for SASCPs	1.1.3.1.1: Conduct needs assessment & Identify challenges/gaps for SASCP	Assessment Report		10,000,000	40,000,000	40,000,000	40,000,000	40,000,000	40,000,000	40,000,000	240,000,000
	1.1.3.1.2: Advocacy to policy makers in 36 states & FCT to support SASCPs based on report of needs assessment	Advocacy Report		10,000,000	40,000,000	40,000,000	40,000,000	40,000,000	40,000,000	40,000,000	240,000,000
SUB-TOTAL					98,000,000	98,000,000	80000000	80000000	80000000	80000000	516,000,000

Objective 1. 2: NASCP & SASCPs mechanisms strengthened to coordinate partners at the national, state and LGA levels

Intervention 1.2.1: Effective systems for coordination

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measurement Unit	Targets	Unit cost	Budget						
1.2.1.1: Develop/ Review health sector HIV coordination Framework	1.2.1.1.1. 5-Day meeting of 25 participants to develop coordination Framework	Draft Coordination Framework		7,200,000	7,200,000	0	0	9,000,000	0	0	16,200,000
	1.2.1.1.2. 5-day meeting of 25 participants to finalise coordination Framework	Finalised copy of Coordination Framework		7,200,000	7,200,000	0	0	9,000,000	0	0	16,200,000
	1.2.1.1.3. Support States to develop health Sector HIV coordination Framework	Activity Report		0	0	0	0	0	0	0	0
	1.2.1.1.4. 1-day meeting with all partners and stakeholders to adopt Coordination framework	Meeting Report		5,000,000	5,000,000	0	0	6,500,000	0	0	11,500,000
1.2.1.2. Develop/ Review database of partners and stakeholders at each level	1.2.1.2.1. Included in Mapping/ DATA BASE				0	0	0	0	0	0	0
SUB-TOTAL					98,000,000	98,000,000	80000000	80000000	80000000	80000000	516,000,000

Intervention 1.2.2: Engage partners in line with Coordination Framework

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.2.1.1: Develop/ Review health sector HIV coordination Framework	1.2.2.1.1 - Three- day biannual Review meetings of Stakeholders (36 SAPCs,1 FAPC, 10 NASCP Staff & 5 key partners)	Meeting Report	0	8,240,000	16,480,000	16,480,000	2,060,000	2,060,000	257,500,000	257,500,000	552,080,000
	1.2.2.1.2 - one-day monthly partnership forum& ATM	Meeting Report		500,000	6,000,000	7,500,000	8,000,000	9,500,000	10,000,000	11,500,000	52,500,000
	1.2.2.1.3 - Conduct NASCP-NACA monthly meetings	Meeting Report	0	0	0	0	0	0	0	0	0
1.2.2.2 - Meeting of TWGs and Task Teams	1.2.2.2.1 - Two-day quarterly PMTCT Task Team meetings	Meeting Report			5,000,000	5,000,000	5,750,000	6,500,000	7,250,000	8,000,000	8,750,000
	1.2.2.2.2 - one-day quarterly ART Task team Meetings	Meeting Report			5,000,000	5,000,000	5,750,000	6,500,000	7,250,000	8,000,000	8,750,000
	1.2.2.2.3 - One-day monthly health sector HIV TWG meetings	Meeting Report			1,000,000	12,000,000	13,800,000	15,600,000	18,000,000	19,200,000	21,000,000
	1.2.2.2.4 - Two-Day HCT quarterly Task Team meetings	Meeting Report			5000000	5000000	5750000	6500000	7250000	8000000	8750000
	1.2.2.2.5 - One-day quarterly TB/HIV Task Team meeting	Meeting Report			0	0	0	0	0	0	0
	1.2.2.2.6 - Two-day quarterly Laboratory TWG meetings	Meeting Report			5000000	20,000,000	23000000	26450000	30417500	34980125	40227143.75
	1.2.2.2.7 - Two-day quarterly STI TWG meetings	Meeting Report			5000000	20,000,000	23000000	26450000	30417500	34980125	40227143.75
	1.2.2.2.8 - Two-day quarterly meeting of CHBC TWG	Meeting Report			5000000	20,000,000	23000000	26450000	30417500	34980125	40227143.75
	1.2.2.2.9 - Two-day quarterly meeting of Palliative Care TWG	Meeting Report			5000000	20,000,000	23,000,000	26,450,000	30,417,500	34,980,125	40,227,144
SUB-TOTAL						32,960,000	32,960,000	4,120,000	4,120,000	515,000,000	515,000,000

Sub-Theme: Capacity Building

Objective 1.3: At least 80% of health sector HIV/AIDS workers have requisite knowledge & skills

Intervention 1.3.1: Standardised and harmonise training curricula

Programme Development and Administration												
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.												
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**							
1.3.1.1 - Review / update all current training curricula	See under specific thematic and intervention areas					0	0	0	0	0	0	0
SUB-TOTAL						0	0	0	0	0	0	0
Intervention 1.3.2: Capacity building in program management and coordination of NASCP, SASCP LASCP												
1.3.2.1 -Institutionalise capacity building for NASCP/SASCP/ LASCP	1.3.2.1.1 - Develop capacity building plan for NASCP Staff	NASCP Annual Report			0	0	0	0	0	0	0	0
	1.3.2.1.2 - Implement capacity building plan	NASCP Annual Report			310,000,000	356,500,000	403,000,000	449,500,000	496000000	542,500,000	589,000,000	3,146,500,000
	1.3.2.1.3. 5-day zonal training of 30 persons each (4 persons from each state and NASCP) on program management and coordination	Training Report		0	18,000,000	18,000,000	18,000,000	0	0	0	0	36,000,000
SUB-TOTAL				0		374,500,000	421,000,000	449,500,000	496000000	542,500,000	589,000,000	3,182,500,000
Intervention 1.3.3: Develop sustainable system for training and re-training of staff												
1.3.3.1 - Conduct Training of relevant staff members at all levels	1.3.3.1.1- 5- day Needs Assessments to develop criteria for training and re-training by 3-Member team (one consultant inclusive) at 6 zonal levels	Training Report	0		2,700,000	2,700,000	2,700,000	0	0	0	0	5,400,000

Programme Development and Administration												
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.												
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**							
1.3.3.2 - Conduct Management training for HIV staff	1.3.3.2.1. 5 -day TOT for 80 persons(2 per state &FCT and 6 from NASCP on programmes management using 2 consultants	Training Report	0		4,800,000	9,600,000	9,600,000	19,200,000	19,200,000	9,600,000	4,800,000	72,000,000
1.3.3.3. Step down training	1.3.3.2.2. 5-day 6 zonal training of 70 persons (10 per state &FCT , others from NGOs/ CSOs/CBOs-420 persons in all) at facility level on programmes management using 2 consultants and 2 support staff per zone	Training Report	0		12,720,000	25,440,000	25,440,000	12,720,000	25,440,000	12,720,000	12,720,000	114,480,000
SUB TOTAL						35,040,000	35,040,000	31,920,000	44,640,000	22,320,000	17,520,000	186,480,000
Intervention 1.3.4: Develop motivation and retention strategies for health care workers												
1.3.4.1 - Motivate staff through non-cash incentives such management trainings, participation in local and international conferences etc	1.3.4.1.1 - Sponsor NASCP staff for local conferences	Conference Reports	0		19,000,000	19,000,000	19,000,000	19,000,000	19,000,000	23,144,500	23,144,500	114,000,000
	1.3.4.1.2 - Sponsor NASCP staff for international conferences	Conference Reports	0		28,500,000	28,500,000	28,500,000	28,500,000	28,500,000	28,500,000	28,500,000	171,000,000
1.3.4.2. Conduct NASCP Quarterly Retreat	1.3.4.2.1. 3-day quarterly Retreat for NASCP staff	Retreat Report			5000000	20,000,000	23,000,000	26,450,000	30,417,500	34,980,125	40,227,144	175,074,769
SUB-TOTAL						67,500,000	70,500,000	73,950,000	77,917,500	86,624,625	91,871,644	468,363,769

Intervention 1.3.5: Develop innovative strategies for task sharing/shifting among health workers

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.3.5.1: Sensitisation of health workers on need for task sharing/ shifting	1.3.5.1.1 - One -day zonal level sensitisation workshop for 70 health workers (6- zones: 10 per state & FCT and others from NASCP Staff and IPS) on task sharing/ shifting	number of workshop		4,200,000	4,200,000	4,200,000	4,200,000	4,200,000	4,200,000	4,200,000	25,200,000
SUB-TOTAL					4,200,000	4,200,000	4,200,000	4,200,000	4,200,000	4,200,000	25,200,000
Intervention 1.3.6: Integrate HIV/AIDS curricula into Pre-service training of health workers at all levels											
1.3.6.1 - Include HIV/AIDS education into Pre-Service training Curricula	1.3.6.1.1: Conduct advocacy visits to Councils of Health Professionals: (e.g., NUC, Regulatory councils/ bodies, Health (MDCN, Nursing, Lab), Education, FMWA, MOD, etc) on Harmonised HIV/ AIDS Curricula for Pre-service trainings	Advocacy Report			500 000	2000 000	2000 000	2000 000	2000 000	2000 000	10,000,000
1.3.6.2: Develop/ Harmonise HIV/ AIDS Curricula for Pre-service trainings	1.3.6.2.1. 5-Day meeting of 25 stakeholders to develop harmonised HIV/ AIDS curriculum	Draft HIV/ AIDS curriculum			4,000,000	4000 000	0	0	4500 000	0	8500 000
	1.3.6.2.2. 5-Day meeting of stakeholders to finalize harmonised HIV/ AIDS curriculum	Meeting Report			4,000,000	4000 000	0	0	4500 000	0	8500 000
	1.3.6.2.3 - Print 2000 copies of HIV/AIDS curriculum	Printed Copies of Document			800	1,600,000	0	0	2,000,000	0	3,600,000
	Disseminate harmonised HIV/ AIDS Curriculum	Meeting Report				8,000,000	0	0	0	0	8,000,000
SUB-TOTAL					8500 800	19,600,000	2,000,000	2,000,000	13,000,000	2000 000	38,600,000

Sub-theme : Procurement & logistics supply

Objective 1.4: Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for opportunistic infections, test kits, and other HIV/AIDS-related commodities operational

Intervention 1.4.1: Establish HIV/AIDS PSM Steering committee and TWG

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.4.1.1:Hold TWG Committee meetings on logistics management including forecasting & quantification at Federal and State levels	1.4.1.1.1. 2-Day TWG meetings by 15 relevant stakeholders	Meeting Report	0	600,000	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	14,400,000
	1.4.1.1.2. 2-Day TWG meetings by 15 relevant stakeholders in each state (SMOHs, NASCP/FMOH, IPs, NGOs, FBOs, CBOs, PLHIV)	Meeting Report	0	0	0	0	0	0	0	0	0
SUB-TOTAL					2400000	2400000					14,400,000
Intervention 1.4.2: Rehabilitate existing Federal medical stores and warehouses.											
1.4.2.1: Needs Assessment for all Federal & State Medical Warehouses/ Action and Implementation plans	1.4.2.1.1 - Part of infrastructural and personnel assessment of facilities in previous thematic areas	Report of Assessment			0	0	0	0	0	0	0
SUB-TOTAL					0	0	0	0	0	0	
Intervention 1.4.3: Conduct training in logistics management (LMIS) at all levels											
1.4.3.1:Conduct needs assessment	1.4.3.1.1 - Conduct needs assessment in logistics management (LMIS) in 36 states &FCT &LGAs for 7days(2days for report writing included) by a 6-member team per state	Report of Assessment	0	23,310,000	23,310,000	23,310,000	0	0	0	0	46,620,000
1.4.3.2: Develop/ adapt/ modify training tool/plan	1.4.3.2.1. 3-day meeting Develop/ adapt/ modify training tool/ plan in logistics management (LMIS) by a 6-member team	Meeting Report	0	600,000	600,000	600,000					

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.4.3.3:Produce training manuals	1.4.3.3.1 - Printing of 1,000 copies of trainers manuals	Copies of printed document	0	300,000	300,000	0	0	0	0	0	300,000
	1.4.3.3.2 - Printing of 5 000 copies of trainees manuals	Copies of printed document	0	1,500,000	1,500,000	0	0	0	0	0	1,500,000
1.4.3.4: Train health workers (TOT) on LMIS	1.4.3.4.1 - 5-Day central training of Trainers on LMIS trainings; 40 persons (One per state & FCT and 3 from NASCP) by 2 Consultants & 3 support staff.	Training Report	0	3,375,000	6,750,000	6,750,000	0	0	0	0	13,500,000
1.4.3.5: Zonal step down training of health workers on LMISparticipants	1.4.3.5.1 - 5-day 6 Zonal training of Trainees on LMIS; 60 persons (10 per state & FCT and 1 from NASCP) by 3 Consultants & 3 support staff.	Training Report	0	29,700,000	59,400,000	118,800,000	0	0	0	0	178,200,000
SUB-TOTAL					91,860,000	149,460,000	0	0	0	0	240,120,000
Intervention 1.4.4: Develop Unified HIV commodities procurement and distribution system.											
1.4.4.1. Set up / Strengthen Central Medical Stores in each State	1.4.4.1.1 - 3-day quarterly Committee meeting to / Strengthen Central Medical Stores & ensure / monitor POLICY implementation in 36 states &FCT by 5-member Monitoring Group / POLICY implementation committee	Meeting Report		2,775,000	11,100,000	11,100,000	11,100,000	11,100,000	11,100,000	11,100,000	66,600,000
1.4.4.2: Equip Central Medical Stores (CMS) with appropriate ITs for computerised records	1.4.4.2.1 - two -sets of computers and accessories for each CMS in 36 states and FCT with appropriate software	Inventory Report	0	9,120,000	9,120,000	0	0	0	0	0	9,120,000

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.4.4.3. Provide shelves and racks for the CMS	1.4.4.3.1. 15 -standard shelves, trolleys and pallet per state (for 36 states & FCT; 555 set in all for the CMS(70 shelves per quarter)	Inventory Report	1	350,000	1,400,000	1,400,000	2,100,000	14,625,000	3,150,000	4,725,000	27,400,000
1.4.4.4.Train personnel on inventory management	1.4.4.4.1. 3-day 6 zonal training of 5 officers each , from NASCP, 36 states & FCT(47 persons per zone) by 3 consultants & 2 support staff on inventory management	Meeting Report		2,340,000	9,360,000	9,360,000	11,700,000	14,625,000	18,281,250	14,625,000	77,951,250
1.4.4.5. Provide vehicles for distribution of commodities inStates	1.4.4.5.1. One Double Decker van for commodity distribution	Inventory Report	37 states & FCT		0	15,000,000	0	0	0	0	15,000,000
1.4.4.6. Monitor Unified HIV commodities distribution system	1.4.4.6.1. 3 day monitoring activities & report writing by 5-member monitoring committee (One staff member from NASCP included) per quarter for 36 states &FCT	Activity Report		500,000	0	74,000,000	74,000,000	74,000,000	74,000,000	74,000,000	370,000,000
1.4.4.7.Procure HIV related drugs and commodities	1.4.4.7.1. Procure HIV ARVs, Drugs for OIs, RTKs, other related consumables and commodities	NASCP Annual Report			2,000,000,000	2,800,000,000	3,200,000,000	3,600,000,000	4,000,000,000	4,400,000,000	20,000,000,000
SUB-TOTAL					2,030,980,860,000	2,910,860,000	3,298,900,000	3,714,350,000	4,106,531,250	4,504,450,000	20,566,071,250

Sub-theme : Financial Management and Integration

Objective 1.5: Adequate financial resources for implementation of the national HIV/AIDS health sector response mobilised

Intervention 1.5.1: Develop innovative mechanisms for resource mobilisation

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.5.1.1. Develop advocacy tool kit for resource mobilisation	1.5.1.1.1. 5-Day Meeting of 25 participants to develop advocacy toolkit for resource mobilisation	Meeting Report		5,000,000	0	5,000,000	0	0	5,500,000	0	10,500,000
	1.5.1.1.2. 5-day meeting of 25 participants to finalize advocacy toolkit for resource mobilisation	Meeting Report		5,000,000	0	5,000,000	0	0	5,500,000	0	10,500,000
	1-day meeting of 50 participants to disseminate advocacy toolkit	Meeting Report		1000 000	0	1000 000	0	0	1,500,000	0	2,500,000
	1.5.1.1.2. Train relevant NASCP & SASCP staff as well as business development committee members on Resource mobilisation (Proposal writing, work plan development etc)	Training Report		5,000,000	0	20,000,000	0	0	20,500,000	0	40,500,000
	1.5.1.1.3. Print 2000 copies of Advocacy tool kit	Copies of printed document		800	0	1,600,000			1,650,000		3,250,000
1.5.1.2. Establish Business Development Committee	1.5.1.2.1. Appoint members of the Business development Committee	Committee TOR		0	0	0	0	0	0	0	0
	Quarterly meeting of Business Development Committee stakeholders on resource mobilisation	Meeting Report		5,000,000	0	20,000,000	0	0	20,500,000	0	40,500,000
SUB-TOTAL					0	52,600,000	0	0	55,150,000	0	107,750,000

Intervention 1.5.2. Promote Public Private Partnerships for Health sector Response to HIV

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**						
1.5.2.1. Strengthen integration of the Private sector into the health Sector response to HIV/AIDS	1.5.1.1.1. 5-Day Meeting of 25 participants to develop advocacy toolkit for resource mobilisation	Meeting Report		5,000,000	0	20,000,000	0	0	20,500,000	0	40,500,000
	1.5.2.1.1. Conduct Quarterly meeting of the Health Sector HIV PPP TWG 1.5.2.1.2. Review, print and disseminate the Health Sector HIV PPP Strategic Plan as well as the costed implementation plan	Copies of printed documents		15,000,000	0	15,000,000	0	0	15,000,000	0	45,000,000
SUB TOTAL					0	35,000,000	0	0	35,500,000		85,500,000
Objective 1.6: Effectiveness of resource tracking progressively improved to enhance the efficiency of fund management for HIV/AIDS programs											
Intervention 1.6.1. Develop Resource tracking and fund management systems											
1.6.1.1. Equipment for fund tracking and management	1.6.1.1.1. Procure and implement electronic database for fund management/ tracking in NASCP	Inventory Report		450,000	0	450,000	0	480,000	0	0	930,000.00
	1.6.1.1.2. 5-day Training workshop (1 Central, 6 Zonal) for relevant NASCP & SASCP staff on fund management and the use of database	Training Report		4,000,000	0	28,000,000	0	0	30,500,000	0	58,500,000
	1.6.1.1.3. Conduct 3-day quarterly mentoring & supportive supervision to NASCP & states on fund tracking, fund management and general progamme management	Mentoring Report		500,000	0	19,000,000	0	0	22,600,000	0	41,600,000
SUB TOTAL				0	0	47,450,000	0	480,000	53,100,000	0	101,030,000

Sub-theme: Infrastructure and Equipment

Objective 1.7: Work climate in NASCP & SASCPs improved through provision of adequate and appropriate office spaces and equipment

Intervention1.7.1:Provision of Office space

Programme Development and Administration											
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.											
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measurement Unit	Targets	Unit cost	Budget						
1.7.1.1. Provide office space for NASCP staff members	1.7.1.1.1. Advocacy to FCDA for allocation of land to NASCP	Land Documents			0	0	0	0	0	0	0
	1.7.1.1.2. Construct a 50-room double-occupancy programme office for NASCP in Abuja	Completed Building		500,000,000	0	500,000,000	0	0	0	0	500,000,000
	1.7.1.1.3. Procure relevant office equipment including Tables, Chairs, Air-Conditioners, file cabinets etc.	Inventory Report		200,000,000	0	200,000,000	0	0	0	0	200,000,000
	1.7.1.1.4. Procure relevant office equipment including computers/ accessories, projectors, photocopiers etc.	Inventory Report		100,000,000	0	100,000,000	0	0	0	0	100,000,000
	1.7.1.1.5. Procure relevant materials Establish functional resource centre in NASCP	Inventory Report		20,000,000	0	20,000,000	0	0	0	0	20,000,000
SUB TOTAL					0	820,000,000	0	0	0	0	820,000 000

Sub-theme: Policies, Guidelines and Standard Operating Procedures

Objective 1.8. Appropriate Policies and guidelines for the health sector response to HIV are in place and compliance ensured

Intervention 1.8.1: Coordinate capacity building and dissemination of ethical and research standards and policies.

Programme Development and Administration										
Main Objective: Strengthen the capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated health sector response to HIV/AIDS in Nigeria by 2015.										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Targets**	**Unit cost**	**Budget**					
1.8.1.1. Training and orientation on guidelines and research standards	1.8.1.1.1. 3 day state orientation/ trainings for 50 Health care providers in 36 states and FCT on ethical and research standards by 3 consultants and 2 support staff at each training	Training Report		5,000,000	0	50,000,000	50,000,000	50,000,000	35,000,000	0	185,000,000
1.8.1.2. Production of policy documents, guidelines and SOPs	1.8.1.2.1. Produce and disseminate 50,000 copies of existing National policy documents/ guidelines/ SOPs on HIV/ AIDS	Copies of printed document		800	0	12,000,000	12,000,000	10,000,000	6,000,000	0	40,000,000
SUB-TOTAL						62,000,000	62,000,000	60,000,000	41,000,000	0	225,000,000
Grand Total			**0**		**2,815,900,800**	**4,462,780,000**	**3,660,562,500**	**4,164,275,875**	**5,194,925,875**	**5,465,292,070**	**28,088,636,320**

Strategic Priority Area 2: Prevention of New infections: Result Framework

Prevention of New Infections						
Main Objective: Reduce HIV new infections by 80% by 2015						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (end of 2012)**	**End of programme (2015)**	**MOV**	**Comments**
HIV Counselling and Testing						
Objective 1: At least 80% of adults access HCT services in an equitable and sustainable way by 2015	Percentage of adults who are tested, counselled and received their results	14% (2007)	50%	Behaviour Change and Prevention of New Infections; Monitoring and Evaluation Results Framework	NARHS NDHS	Disaggregate data by sex, age, and geographic location (zones and states)
Objective 2: At least 80% of MARPS access HCT by 2015	Percentage of MARPS who received HCT	44% (brothel-based FSW, 2007). 21% (Transport workers)	62% 51%	80% 80%	IBBSS	Disaggregate data by sex, age, and groups
Sexually Transmitted Infections						
Objective 3: At least 80% of sexually active Nigerians with access to quality and gender responsive STI services by 2015	% of sexually active males and females with STI symptoms who accessed treatment services	65% (males, 15-24 years, 2007) 47% (females, 15-24 years, 2007)	78% 70%	90% 90%	NARHS (or secondary analysis of NARHS data)	Disaggregate data by sex and age Baseline was obtained from secondary analysis of NARHS 2007 data
	% of male and female with symptoms seeking treatment who used orthodox health facilities	35%	60%	80%	NARHS	Orthodox health facilities is defined as health centers, clinics and hospitals but exclude pharmacies and patent medicine stores
	% of health facilities providing STI treatment services according to national guidelines	TBD			NASCP, FMOH Reports Reports of Service Surveys	Disaggregate data by level of care

Prevention of New Infections						
Main Objective: Reduce HIV new infections by 80% by 2015						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (end of 2012)**	**End of programme (2015)**	**MOV**	**Comments**
Objective 4: STI treatment &prevention services integrated into HIV prevention services by 2015	% of HIV prevention programs providing treatment for other STIs	TBD			NASCP, FMOH Reports Reports of Service Surveys	Disaggregate data by level of care
Prevention of Mother-to-Child Transmission (PMTCT) of HIV						
Objective 5 At least 80% of all pregnant women have access to quality HCT by 2015	% of pregnant women tested and counselled according to national guidelines	11% (2008)		80%	NARHS NDHS	Disaggregate data by level of care
Objective 6 At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015	% of HIV + pregnant women that received ARV prophylaxis according to national guideline	8% (2008)	50%	80%	NASCP M&E/ Annual Report	
Objective 7 At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015	% of HIV exposed infants that received ARV prophylaxis	TBD			NASCP M&E/ Annual Report	
Objective 8 At least 80% of HIV positive pregnant women have access to quality infant feeding counselling	% of HIV+ pregnant women that received infant feeding counselling according to national guidelines	TBD			NASCP M&E/ Annual Report	

Prevention of New Infections						
Main Objective: Reduce HIV new infections by 80% by 2015						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (end of 2012)**	**End of programme (2015)**	**MOV**	**Comments**
Objective 9 At least 80% of all HIV exposed infants have access to early infant diagnosis (EID) services	% of HIV exposed infants that received EID services according to national guidelines	TBD			NASCP M&E/ Annual Report	
Objective 10 At least 80 % of all Nigerians have comprehensive knowledge of HIV and AIDS by the year 2015	80 % of all Nigerians that have comprehensive knowledge of HIV and AIDS by the year 2015.	24.20%	52%	80%	NARHS NDHS	Comprehensive knowledge of HIV is defined by knowledge of three major ways of preventing HIV and correct identification of two common misconceptions
Condom Promotion						
Objective 14 At least 80% of men and women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms	% of MWRA who know condoms to be effective in preventing unplanned pregnancy and STIs, including HIV,	Females: 42.7% (2007) Male: 54.27% (2007)	67% 80%	90% 90%	NARHS NDHS	Disaggregate data by age and sex
Objective 15 At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015.	% of sexually active males and females who used a male or female condom with non-regular partner in last 12 months	Females: 35.3% (2007) Males: 54.2% (2007)	60% 77%	80% 80%	NARHS NDHS	Disaggregate data by age, sex and condom type (male or female condom)

Prevention of New Infections						
Main Objective: Reduce HIV new infections by 80% by 2015						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (end of 2012)**	**End of programme (2015)**	**MOV**	**Comments**
Objective 16 At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners	% of MARPs that reported consistent condom use with casual partners in the last 12 months	64.8% (brothel-based FSW, 2007) 46.6% (transport workers, 2007)	78% 64%	90% 80%	IBBSS	Results are to be disaggregated and age-group
Objective 17 SRH services integrated into HIV prevention programmmes at all levels by 2015	% of HIV prevention programs with integrated SRH services % of HIV prevention programs that provide linkages or referrals to other SRH services	TBD			Reports of special surveys FMOH Reports (RH Unit/Family Health) NASCP M&E/ Annual Reports	
Integration of Sexual and Reproductive Health (SRH) and Other Relevant Health Issues in HIV Prevent-ion Programme	% of HIV prevention programs providing SRH services				Reports of special surveys	

Prevention of New Infections						
Main Objective: Reduce HIV new infections by 80% by 2015						
Sub-Objectives	**Indicators**	**Baseline – value, year [National]**	**Mid-term (end of 2012)**	**End of programme (2015)**	**MOV**	**Comments**
Objective 20 At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015	% of all private and public health facilities practicing universal safety precautions and procedures by 2015	20%	50%	80%	NASCP M&E/ Annual Reports	
Objective 23 At least 80% of traditional medical practitioners adopt universal safety precaution by 2015	% of harmful traditional practitioners that practice universal safety precautions	TBD			Reports of special surveys NASCP M&E/ Annual Reports	
Objective 24 At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers in line with national protocols by 2015	% of health facilities offering PEP according to national guidelines	TBD			Facility survey Survey of health workers NASCP M&E/ Annual Reports	Disaggregate data by level of health care
	% of persons who are bio-medically exposed to HIV transmission risk who received PEP	TBD			Survey of health workers NACA M&E/ Annual Reports	Disaggregate data by level of health care

Prevention of New infections:Implementation Plan

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Thematic Area 2: Behavior Change and Prevention of New HIV infections										
Sub-theme: HIV Counselling and Testing										
Objective 2.1: At least 80% of adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015										
Intervention 2.1.1: Implement HCT protocol										
2.1.1.1. Print HCT Documents	**2.1.1.1.1.** HCT Guidelines: Print 1850 copies of HCT Guidelines (Average of 50 new sites per state and FCT)	Number of copies of guideline printed		710,270,000	762,272,000	834,880,778	1,007,441,972	1,171,957,287	1,305,819,259	5,792,641,296
	2.1.1.1.2. HCT Trainers' Manual: 1110 copies (30 copies per state and FCT)	Number of copies of guideline printed		0	0	0	0	0	0	0
	2.1.1.1.3. Trainees Manual: Print 1850 copies of HCT Trainees (participants)' Manual (Average of 50 trainees per state and FCT) per quarter	number of copies of printed		187,707,770	118,770,270	36,885,135	70,770,270	31,635,135	28,885,135	474,653,715
	2.1.1.1.4. SOPs: 1850 copies (An average of 50 new sites per state and FCT) per year	number of copies of printed		378,000,000	365,500,000	293,500,000	79,837,500	83,118,750	63,589,063	1,263,545,313
2.1.1.2. Disseminate HCT Documents	**2.1.1.1.5.** 37 persons to Disseminate HCT documents to state capitals (1 persons per state &FCT)	number of persons involve in dissem-ination		565,707,770	484,270,270	330,385,135	150,607,770	114,753,885	92,474,198	1,738,199,028

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
1.1.3. Training of Trainers on HCT	**2.1.1.1.6.** Conduct 5-day zonal TOT of 60 participants per zone (360), using 5 Resource persons(3 Facilitators and 2 Secretariat staff per training)	Number of trainings		0	0	0	0	0	0	0
2.1.1.4. Train Health Workers on HCT	**2.1.1.1.7.** Conduct 5-day training of 50 Health Workers per state & FCT per quarter using 5 Resource persons(3 Facilitators & 2 Secretariat staff)	Number of trainings		383,425,219	383,425,219	337,373,102	337,373,102	171,013,803	171,013,803	1,783,624,248
2.1.1.5. Annual Review of HCT Activities	**2.1.1.1.8.** 2-day Annual review meeting by 12 National Task Team/ HCT members & 37 SAPCs on HCT & 20 representatives of MDAs CSOs/ Professional bodies	number of meeting		80,700,000	80,700,000	100,875,000	15,449,775	104,422,969	130,528,711	512,676,455
SUB-TOTAL				2,305,810,759	2,194,937,759	1,933,899,150	1,661,480,389	1,676,901,829	1,792,310,169	11,565,340,055

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.2: Institutional and technical capacity building for gender/youth sensitive HCT services at all levels										
2.2.1. Establish/ strengthen Youth-Friendly Centres/ HCT sites in 36 states and FCT	**2.2.1.1.** 3-day 5-member team (2 from NASCP & 3 per state) Establishing/ strengthening 3-Youth-Friendly Centre (YFC) in each of 36 states & FCT (111 YFCs) biannually	Number of Youth friendly centers established		26,550,000	15,435,000	18,185,000	16,918,750	14,468,750	27,118,750	118,676,250
2.2.2. Train peer Counselors/ Testers	**2.2.2.1.** Conduct 5-day zonal training by 5 Resource persons(3 Facilitators & 2 Secretariat staff) of 37 Peer -Counselors/ Testers (2 per YFC) per zone (222 in all)	Number of trainings held		520,675,219	509,560,219	501,433,102	444,741,627	389,905,521	453,661,263	2,819,976,951
SUB TOTAL				547,225,219	524,995,219	519,618,102	461,660,377	404,374,271	480,780,013	2,938,653,201

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.3: Advocacy										
2.3.1. Develop advocacy tool	**2.3.1.1.** Constitute a 10 -member team at Federal level to draft advocacy tools (2 consultants, 3 officers from NASCP & 3 IP representatives plus 2 secretarial staff	Number of Advocacy teams constituted		20,640,000	12,900,000	20,640,000	20,640,000	20,640,000	20,640,000	116,100,000
	2.3.1.2. Constitute a 6 -member advocacy team each at federal and state/ FCT levels (38 teams in all)	Number of advocacy teams constituted		10,320,000	5,160,000	10,320,000	10,320,000	10,320,000	10,320,000	56,760,000
	2.3.1.3. 3-day 5-member team			12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	72,000,000
2.3.2.1. Conduct advocacy to State and LG Officials on HCT (including imple-mentation of HCT Week)	**2.3.2.1.1.** High-powered advocacy at the national level to state Governors	1								0
	2.3.2.1.2. Visit to 36 states and FCT (Governors/ HCH)	37		38,166,666	36,366,666	8,500,000	17,000,000	6,500,000	8,500,000	115,033,332
	2.3.2.1.3. Visit to 774 Local Govt. on State basis (Chairmen/ Health Supervisors)	37		38,166,666	36,366,666	8,500,000	17,000,000	6,500,000	8,500,000	115,033,332

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.3.2.2. Conduct advocacy to Medical Laboratory Scientists.	**2.3.2.2.1.** Organize advocacy visit to the National Executive Committee of the Association of Medical Lab Scientists using 6 representatives of NASCP.	1		38,166,666	36,366,666	8,500,000	17,000,000	6,500,000	8,500,000	115,033,332
2.3.2.3. Develop and produce advocacy tools	**2.3.2.3.1.** Print advocacy briefs	1,622 Copies		114,499,998	109,099,998	25,500,000	51,000,000	19,500,000	25,500,000	345,099,996
2.3.2.4. Develop and air TV and Radio jingles	**2.3.2.4.1.** Produce 1 TV- and 1 Radio-jingle	2		75,044,000	75,044,000	35,316,000	39,406,000	40,406,000	42,406,000	307,622,000
	2.3.2.4.2. Air TV jingles (3 slots a day for 14 days in a Quarter in 8 Quarters per state)	12, 432		75,044,000	75,044,000	35,316,000	39,406,000	40,406,000	42,406,000	307,622,000
	2.3.2.4.3. Air Radio jingles (3 slots a day for 14 days in a Quarter in 8 Quarters per state)	12,432		60,035,200	35,316,000	39,406,000	35,316,000	35,316,000	35,316,000	240,705,200
	2.3.2.4.4. Make provision for state to do adaptation to suite their peculiarity			1,500,000	9,910,000	9,910,000	9,910,000	11,410,000	1,500,000	44,140,000
SUB-TOTAL				483,583,196	443,573,996	213,908,000	268,998,000	209,498,000	215,588,000	1,835,149,192

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.4: Accelerate the scale up of HCT services										
2.4.1. Assess New Sites	**2.4.1.1.** Conduct 6-day assessment of 75 new sites and select an average of 50 sites per state using 4 Field Assessors and 8 Field Assistants per state	2770 sites		230,951,600	275,685,000	121,448,000	125,538,000	129,038,000	123,128,000	1,005,788,600
2.4.2. Equip new sites	**2.4.2.1.** Supply equipment and infrastructural upgrade in the new HCT sites			30,000,000	30,000,000	45,000,000	50,000,000	30,000,000	15,000,000	200,000,000
	2.4.2.2. Procurement of test kits and consumables for new sites			13,880,000	19,328,400	9,160,000	5,830,000	5,830,000	15,000,000	69,028,400
SUB-TOTAL				274,831,600	325,013,400	175,608,000	181,368,000	164,868,000	153,128,000	1,274,817,000
Intervention 2.5: Demand creation for HCT services including promotion of couple counselling										
2.5.1. Advocacy/ Awareness creation to community gatekeepers	**2.5.1.1.** Conduct advocacy to Community Gatekeepers in 5 Communities per state per quarter using 1 NASCP, 2 SASCP and 1 Community representative per visit	1,480 visits		38,166,666	16,328,400	30,546,500	25,690,000	25,690,000	15,000,000	151,421,566
2.5.2. Community Sensitisation	**2.5.2.1.** Sensitize 21 members of each of 10 communities per state using 1 NASCP, 2 SASCP per community	370 comm-unities		138,170,000	11,520,000	26,000,000	46,250,000	40,062,500	15,000,000	277,002,500

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total		

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.5.4. Provide/ Strengthen Mobile HCT Outreaches (should be integrated into RH outreach services for sustainability)	**2.5.4.1.** Procure 1 Mobile HCT Van for each state			259, 000, 000	297, 850, 000	342, 527, 500	393, 906, 625	452, 992, 619	520, 941, 512	2,267, 218, 255
	2.5.4.2. Procure 5 Mobile Tents for each state			27, 750, 000	31, 912, 500	36, 699, 375	42, 204, 281	48, 534, 923	55, 815, 162	242, 916, 242
SUB-TOTAL				4,485, 808, 051	4,052, 297, 187	3,924, 032, 889	4,109, 493, 274	4,198, 720, 435	10,794, 686, 294	31,565, 038, 130
Objective 2.2: At least 80% of most at-risk-populations (MARPs) accessing HIV counselling and testing by 2015										
Intervention 2.2.1: Implement the BCC strategy for MARPS										
2.2.1. Conduct Awareness campaigns	**2.2.1.1.** Six brothels per state using 2 men and 2 women as facilitators per visit	222 visits		13,320, 000	15,318, 000	17,615, 700	20,258, 055	23,296, 763	26,791, 278	116, 599, 796
	2.2.1.2. Six motor parks per state using 2 men and 2 women as facilitators per visit	222 visits		13,320, 000	15,318, 000	17,615, 700	20,258, 055	23,296, 763	26,791, 278	116, 599, 796
	2.2.1.3. An average of 1 IDU spot per state using 2 Health Workers and 2 security men in mufti per visit.	37 visits		2,220, 000	2,553, 000	2,935, 950	3,376, 343	3,882, 794	4,465, 213	19, 433, 299
SUB-TOTAL				28,860, 000	33,189, 000	38,167, 350	43,892, 453	50,476, 20	58,047, 768	252, 632, 891

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.2.2: Building the capacity of service providers for gender responsive services										
2.2.2.1. Train Health Workers to offer gender responsive HCT Services. (should be incorporated into the ten day training for health workers with rationale to save time & money)	**2.2.2.1.** Conduct 2 Zonal trainings per zone for an average of 10 Health Workers per state using 5 Resource persons, 2 Facilitators and 3 Secretariat staff per training	12 training sessions.		34,210,000	39,341,500	45,242,725	52,029,134	59,833,504	68,808,529	299,465,392
2.2.2.2. Provide HCT services for MARPS	**2.2.2.1.1.** Conduct mobile HCT outreaches to an average of 6 brothels and of 1 IDU spots per state per quarter using 2 teams of 5 trained gender responsive service providers each per visit.	2,072 visits		31,080,000	35,742,000	41,103,300	47,268,795	54,359,114	62,512,981	272,066,191
SUB-TOTAL				65,290,000	75,083,500	86,346,025	99,297,929	114,192,618	131,321,511	571,531,583

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.2.2.1: Advocacy										
2.2.2.1.1. Pay advocacy visits to MARPS Gatekeepers	**2.2.2.1.1.1.** Visit an average of 6 brothels, 6 motor parks and 1 IDU spot per state per year using 4 facilitators per visit.	962 visits		57,720,000	66,378,000	76,334,700	87,784,905	100,952,641	116,095,537	505,265,783
2.2.2.1.2. Pay advocacy visit to LGA Chairmen	**2.2.2.1.1.2.** Visit an average of 6 LGA Chairmen per state per year using 4 facilitators per visit.	444 visits		26,640,000	30,636,000	35,231,400	40,516,110	46,593,527	53,582,555	233,199,592
SUB-TOTAL				84,360,000	97,014,000	111,566,100	128,301,015	147,546,167	169,678,092	738,465,375
Intervention 2.2.2.2: Scale up of HCT services targeting MARPS										
2.2.2.2.1. Establish HCT centres	**2.2.2.2.2.** 2 stand-alone HCT Centres per state	74 Centres.		370,000,000	425,500,000	489,325,000	562,723,750	647,132,313	744,202,159	3,238,883,222
SUB-TOTAL				370,000,000	425,500,000	489,325,000	562,723,750	647,132,313	744,202,159	3,238,883,222
Objective 2.3. At least 80% of sexually active Nigerians with access to quality and gender responsive STI services by 2015										
Intervention 2.3.1. Capacity Building for Health workers										
2.3.1.1. Train Trainers on STI syndromic management		Training Report		4,500,000	5,175,000	5,951,250	6,843,938	7,870,528	9,051,107	39,391,823
2.3.1.2. Step down training to service providers on syndromic management		Training Report		12,500,000	14,375,000	16,531,250	19,010,938	21,862,578	25,141,965	109,421,730

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.3.1.3. Develop, Review and printing of STI strategic plan, SOPs and job aids for service providers		Copies of STI Strategic plan and SOPs		6,500,000	7,475,000	8,596,250	9,885,688	11,368,541	13,073,822	56,899,300
2.3.1.3. Disseminate STI strategic plan, SOPs and job aids to service providers		Meeting Report		1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.3.1.5. Review National Guidelines on syndromic management of STIs		Copies of STI Guidelines		1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.3.1.6. Print reviewed National Guidelines on syndromic management of STIs		Copies of Guidelines		6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2.3.1.7. Disseminate National Guidelines on syndromic management of STIs		Meeting Report		1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.3.1.8. Conduct National Consultative Forum on STI		Meeting Report		10,000,000	11,500,000	13,225,000	15,208,750	17,490,063	20,113,572	87,537,384
SUB-TOTAL				44,000,000	50,600,000	58,190,000	66,918,500	76,956,275	88,499,716	385,164,491

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.3.2: Demand creation for service utilisation										
2.3.2.1. Conduct advocacy visit to relevant stakeholders (community and religious heads, and heads of educational institutions).				22,500,000	25,875,000	29,756,250	34,219,688	39,352,641	45,255,537	196,959,115
2.3.2.2. Create awareness using mass media		4 Radio & 4 TV spots		8,000,000	9,200,000	10,580,000	12,167,000	13,992,050	16,090,858	70,029,908
2. 3.2.3. Conduct health education for students in secondary and tertiary institution				4,500,000	5,175,000	5,951,250	6,843,938	7,870,528	9,051,107	39,391,823
2.3.2.4. Develop, print and distribute IEC materials on STI				8,500,000	9,775,000	11,241,250	12,927,438	14,866,553	17,096,536	74,406,777
SUB-TOTAL				43,500,000	50,025,000	57,528,750	66,158,063	76,081,772	87,494,038	380,787,622

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.3.3: Advocacy/resource mobilisation										
2.3.3.1. Develop advocacy tool on STI				6,500,000	7,475,000	8,596,250	9,885,688	11,368,541	13,073,822	56,899,300
2.3.3.2. Conduct advocacy visits to National and State Houses of Assembly				1,200,000	1,380,000	1,587,000	1,825,050	2,098,808	2,413,629	10,504,486
2.3.3.3. Establish National STI TWG				0	0	0	0	0	0	0
2.3.3.4. Conduct advocacy visits to Corporate and tele-comm-unications organisations to support STIs management				1,200,000	1,380,000	1,587,000	1,825,050	2,098,808	2,413,629	10,504,486
SUB-TOTAL				8,900,000	10,235,000	11,770,250	13,535,788	15,566,156	17,901,079	77,908,272

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.3.4: Integration of services into HIV prevention programs										
2.3.4.1. Produce and disseminate National Guidelines on Reproductive Health/HIV integration		5 Work-shops, 37 SAPCs, 5 facilitators		16,000,000	18,400,000	21,160,000	24,334,000	27,984,100	32,181,715	140,059,815
2.3.4.2. Conduct advocacy visits to heads of health facilities on need for integration of STI into HIV prevention programs				21,000,000	24,150,000	27,772,500	31,938,375	36,729,131	42,238,501	183,828,507
2.3.4.3. Train health workers on STI/HIV integration		1 central level training, 100 part-icipants, 5 facilitators		7,500,000	8,625,000	9,918,750	11,406,563	13,117,547	15,085,179	65,653,038
SUB-TOTAL				44,500,000	51,175,000	58,851,250	67,678,938	77,830,778	89,505,395	389,541,360
Intervention 2.3.5: Prioritize service provision by target populations and drivers of the epidemic										
2.3.5.1. Produce and distribute IEC materials	For MARPs			6,500,000	7,475,000	8,596,250	9,885,688	11,368,541	13,073,822	56,899,300
2.3.5.2. Provide appropriate and prompt treatment based on need				18,000,000	20,700,000	23,805,000	27,375,750	31,482,113	36,204,429	157,567,292

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.3.5.3. Provide and distribute of male and female condoms				0	0	0	0	0	0	0
2. 3.5.4. Conduct Provider initiated HCT		Trainings, TWG meetings		6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2. 3.5.5. Develop and provide referral materials (cards, letters etc.)				12,500,000	14,375,000	16,531,250	19,010,938	21,862,578	25,141,965	109,421,730
SUB-TOTAL				43,000,000	49,450,000	56,867,500	65,397,625	75,207,269	86,488,359	
Intervention 2.3.6: Strengthen partnerships in STI Management										
2.3.6.1. Advocacy to Development partners & private practitioners				2,500,000	2,875,000	3,306,250	3,802,188	4,372,516	5,028,393	21,884,346
2.3.6.2. Develop tools for STI data management and establish data base				4,500,000	5,175,000	5,951,250	6,843,938	7,870,528	9,051,107	39,391,823
2.3.6.3. Conduct annual review meetings involving all stakeholders				3,500,000	4,025,000	4,628,750	5,323,063	6,121,522	7,039,750	30,638,085
SUB-TOTAL				10,500,000	12,075,000	13,886,250	15,969,188	18,364,566	21,119,250	91,914,254

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 2.4. STI treatment & prevention services integrated into HIV prevention services by 2015										
Intervention 2.4.1										
2.4.1.1. Train HIV comprehensive service providers on STI syndromic management		Training in 37 states		12,000,000	13,800,000	15,870,000	18,250,500	20,988,075	24,136,286	105,044,861
2.4.1.2. Provide STI commodities at HIV service delivery sites				22,000,000	25,300,000	29,095,000	33,459,250	38,478,138	44,249,858	192,582,246
2.4.1.3. Conduct Demand creation for STI service utilisation		Trainings, Procure-ment, TWG meetings		17,600,000	20,240,000	23,276,000	26,767,400	30,782,510	35,399,887	154,065,797
2.4.1.4. Conduct advocacy visits for resource mobilisation				3,500,000	4,025,000	4,628,750	5,323,063	6,121,522	7,039,750	30,638,085
2.4.1.5. Integrate RH services into HIV prevention programs		TWG Meetings		8,000,000	9,200,000	10,580,000	12,167,000	13,992,050	16,090,858	70,029,908
2.4.1.6. Prioritize service provision by target populations and drivers of the epidemic		Prior-itisation meeting		2,500,000	2,875,000	3,306,250	3,802,188	4,372,516	5,028,393	21,884,346
2.4.1.7. Strengthen partnerships		Meeting Report		8,000,000	9,200,000	10,580,000	12,167,000	13,992,050	16,090,858	70,029,908
SUB-TOTAL				73,600,000	84,640,000	97,336,000	111,936,400	128,726,860	148,035,889	644,275,149

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 2.5. At least 80% of all pregnant women have access to quality HIV testing and counselling by 2015										
Intervention 2.5.1: Scale up of quality PMTCT services										
2.5.1.1. Conduct site Assessment, Gap analysis and site selection of secondary and primary public health facilities				74, 000, 000	85, 100, 000	97, 865, 000	112, 544, 750	129, 426, 463	148, 840, 432	647, 776, 644
2.5.1.2. Conduct site assessment, Gap analysis and site selection of Private health facilities				74, 000, 000	85, 100, 000	97, 865, 000	112, 544, 750	129, 426, 463	148, 840, 432	647, 776, 644
2.5.1.3. Roll out of T & C for PMTCT services in selected sites				100, 000, 000	115, 000, 000	132, 250, 000	152, 087, 500	174, 900, 625	201, 135, 719	875, 373, 844
2.5.1.4. Quarterly Monitoring and evaluation of the sites performance				18,500, 000	21,275, 000	24,466, 250	28,136, 188	32,356, 616	37,210, 108	161, 944, 161
SUB-TOTAL				266, 500, 000	306, 475, 000	352, 446, 250	405, 313, 188	466, 110, 166	536, 026, 690	2,332, 871, 294

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.5.2: Advocacy/resource mobilisation Communication and social mobilisation										
2.5.2.1. Development of advocacy brief and toolkits				4,500,000	5,175,000	5,951,250	6,843,938	7,870,528	9,051,107	39,391,823
2.5.2.2. Advocacy meeting with Presidency				0	0	0	0	0	0	0
2.5.2.3. Advocacy meeting with National Assembly (leadership and committee on health)				0	0	0	0	0	0	0
2.5.1.4. Advocacy meeting with the First Lady and State First Ladies				0	0	0	0	0	0	0
2.5.2.5. Advocacy meeting with Line Ministries and relevant agencies				0	0	0	0	0	0	0
2.5.2.6. Advocacy meeting with Governors via the governors forum				12,600,000	14,490,000	16,663,500	19,163,025	22,037,479	25,343,101	110,297,104

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.5.2.7. Advocacy meeting with State Commissioners of Health, SACA and SASCP.				37,500,000	43,125,000	49,593,750	57,032,813	65,587,734	75,425,895	328,265,191
2.5.2.8. Advocacy meeting with LGA Chairmen				37,000,000	42,550,000	48,932,500	56,272,375	64,713,231	74,420,216	323,888,322
2.5.2.9. Sensitisation of community leaders/gate keepers on PMTCT				37,000,000	42,550,000	48,932,500	56,272,375	64,713,231	74,420,216	323,888,322
2.5.3.0. Allowances to support Community Resource persons (CORPs) for mobilisation/ referral of Pregnant women for PMTCT				42,000,000	48,300,000	55,545,000	63,876,750	73,458,263	84,477,002	367,657,014
2.5.3.1. Sensitisation of PLWHA/ Support groups/ NEPWHAN on utilisation of PMTCT services				12,000,000	13,800,000	15,870,000	18,250,500	20,988,075	24,136,286	105,044,861
2.5.2.2. Produce and air radio and TV jingles on availability and effectiveness of PMTCT services				4,000,000	4,600,000	5,290,000	6,083,500	6,996,025	8,045,429	35,014,954

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.5.2.3. Produce and Disseminate IEC materials on PMTCT services				16,000,000	18,400,000	21,160,000	24,334,000	27,984,100	32,181,715	140,059,815
2.5.2.4. Mobilize corporate bodies for funding support for PMTCT				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
2.5.2.5. Quarterly meeting with CORPs to review community mobilisation for PMTCT				1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.5.2.6. Review of Nat PMTCT Guidelines				3,000,000	3,450,000	3,967,500	4,562,625	5,247,019	6,034,072	26,261,215
2.5.2.7. Review of Nat PMTCT Training Manuals (Trainer's and Participant's)				3,000,000	3,450,000	3,967,500	4,562,625	5,247,019	6,034,072	26,261,215
2.5.2.8. Review of Nat PMTCT SOP				3,000,000	3,450,000	3,967,500	4,562,625	5,247,019	6,034,072	26,261,215
2.5.2.9. Printing of Nat PMTCT Guidelines				6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2.5.3.0. Printing of Nat PMTCT Training Manuals (Trainer's and Participant's)				6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.5.3.1. Printing of Nat PMTCT SOP				6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2.5.3.2. Dissemination of Nat PMTCT Docs (Guidelines, Training manuals, SOP)				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
2.5.3.3. Renovation of sites and provision of basic office equipment				22,300,000	25,645,000	29,491,750	33,915,513	39,002,839	44,853,265	195,208,367
2.5.3.4. Training of HCWs on PMTCT				100,000,000	115,000,000	132,250,000	152,087,500	174,900,625	201,135,719	875,373,844
2.5.3.5. Training of HCWs on HIV and Infant Feeding Counselling				100,000,000	115,000,000	132,250,000	152,087,500	174,900,625	201,135,719	875,373,844
2..5.3.6. Training of HCWs on PMTCT MIS				100,000,000	115,000,000	132,250,000	152,087,500	174,900,625	201,135,719	875,373,844
2.5.3.7. Advocacy to cooperate bodies with health facilities on provision of PMTCT				2,000,000	2,300,000	2,645,000	3,041,750	3,498,013	4,022,714	17,507,477
2.5.3.8. Advocacy/ sensitisation of cooperate bodies for support				2,000,000	2,300,000	2,645,000	3,041,750	3,498,013	4,022,714	17,507,477

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.5.3.9. Advocacy meeting with Guild of Medical Directors/ General practitioners association/ NMA/PSN/ NANMN/				6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2.5.4.0. Site assessment, Gap analysis and selection for PMTCT				18,000,000	20,700,000	23,805,000	27,375,750	31,482,113	36,204,429	157,567,292
2.5.4.1. Training of HCWs in selected sites				100,000,000	115,000,000	132,250,000	152,087,500	174,900,625	201,135,719	875,373,844
2.5.4.2. Roll out of T & C for PMTCT in selected sites				50,000,000	57,500,000	66,125,000	76,043,750	87,450,313	100,567,859	437,686,922
SUB-TOTAL				741,400,000	852,610,000	980,501,500	1,127,576,725	1,296,713,234	1,491,220,219	6,490,021,678
Intervention 2.6: Evidence based approach to programming										
2.6.1. Review PMTCT Registers and Forms				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
2.6.2. Printing of PMTCT Registers and Forms				6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2.6.3. Dissemination of PMTCT Registers and Forms				2,000,000	2,300,000	2,645,000	3,041,750	3,498,013	4,022,714	17,507,477

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.6.4. Regular Monitoring and mentoring of sites for proper program reporting				18,500,000	21,275,000	24,466,250	28,136,188	32,356,616	37,210,108	161,944,161
2.6.5. Conduct quarterly DQA				18,500,000	21,275,000	24,466,250	28,136,188	32,356,616	37,210,108	161,944,161
2.6.6. Conduct site Impact Assessment				18,500,000	21,275,000	24,466,250	28,136,188	32,356,616	37,210,108	161,944,161
SUB-TOTAL				68,500,000	78,775,000	90,591,250	104,179,938	119,806,928	137,777,967	599,631,083
Intervention 2.7.1: Referral and Linkages										
2.7.1.1. Training of CORPs on mobilisation and referral of pregnant women to PMTCT sites				6,500,000	7,475,000	8,596,250	9,885,688	11,368,541	13,073,822	56,899,300
2.7.1.2. Strengthen RH - PMTCT integration program				8,000,000	9,200,000	10,580,000	12,167,000	13,992,050	16,090,858	70,029,908
2.7.1.3. Designate referral Coordinators for the hub and spoke sites				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.7.1.4. Develop structured 2 way Referral Form for use in sites				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
SUB-TOTAL				24,500,000	28,175,000	32,401,250	37,261,438	42,850,653	49,278,251	214,466,592
Objective 2.6. At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015										
Intervention 2.6.1: Scale up of quality PMTCT and EID services										
2.6.1.1. Conduct site Assessment, Gap analysis and site selection of secondary and primary public health facilities				100,000,000	115,000,000	132,250,000	152,087,500	174,900,625	201,135,719	875,373,844
2.6.1.2. Conduct site assessment, Gap analysis and site selection of Private health facilities				100,000,000	115,000,000	132,250,000	152,087,500	174,900,625	201,135,719	875,373,844
2.6.1.3. Roll out of ARV Prophylaxis for PMTCT services in selected sites				50,000,000	57,500,000	66,125,000	76,043,750	87,450,313	100,567,859	437,686,922
2.6.1.4. Quarterly Monitoring and evaluation of the ARV performance				18,500,000	21,275,000	24,466,250	28,136,188	32,356,616	37,210,108	161,944,161
SUB-TOTAL				268,500,000	308,775,000	355,091,250	408,354,938	469,608,178	540,049,405	2,350,378,770

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.6.2: Advocacy/resource mobilisation Communication and social mobilisation										
2.6.2.1. Development of advocacy brief and toolkits				4,500,000	5,175,000	5,951,250	6,843,938	7,870,528	9,051,107	39,391,823
2.6.2.2. Advocacy meeting with Presidency				0	0	0	0	0	0	0
2.6.2.3. Advocacy meeting with National Assembly (leadership and committee on health)				0	0	0	0	0	0	0
2.6.2.4. Advocacy meeting with the First Lady and State First Ladies				0	0	0	0	0	0	0
2.6.2.5. Advocacy meeting with Line Ministries and relevant agencies				0	0	0	0	0	0	0
2.6.2.6. Advocacy meeting with Governors via the governors forum				12,600,000	14,490,000	16,663,500	19,163,025	22,037,479	25,343,101	110,297,104

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.6.2.7. Advocacy meeting with State Commissioners of Health, SACA and SASCP.				37,500,000	43,125,000	49,593,750	57,032,813	65,587,734	75,425,895	328,265,191
2.6.2.8. Advocacy meeting with LGA Chairmen				37,000,000	42,550,000	48,932,500	56,272,375	64,713,231	74,420,216	323,888,322
2.6.2.9. Sensitisation of community leaders/gate keepers on PMTCT				37,000,000	42,550,000	48,932,500	56,272,375	64,713,231	74,420,216	323,888,322
2.6.2.10. Recruit Community Resource persons (CORPs) for mobilisation/ referral of Pregnant women for PMTCT				42,000,000	48,300,000	55,545,000	63,876,750	73,458,263	84,477,002	367,657,014
2.6.2.11. Sensitisation of PLWHA/ Support groups/ NEPWHAN on utilisation of PMTCT services				12,000,000	13,800,000	15,870,000	18,250,500	20,988,075	24,136,286	105,044,861
2.6.2.12. Produce and air radio and TV jingles on availability and effectiveness of PMTCT services				4,000,000	4,600,000	5,290,000	6,083,500	6,996,025	8,045,429	35,014,954

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.6.2.13. Produce and Disseminate IEC materials on PMTCT services				16,000,000	18,400,000	21,160,000	24,334,000	27,984,100	32,181,715	140,059,815
2.6.2.14. Mobilize corporate bodies for funding support for PMTCT				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
2.6.2.115. Quarterly meeting with CORPs to review community mobilisation for PMTCT				6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
SUB-TOTAL				213,600,000	245,640,000	282,486,000	324,858,900	373,587,735	429,625,895	1,869,798,530

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 2.7. At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015										
Intervention 2.7.1: Adaptation of policies										
2.7.1. Develop National Infection Prevention and Control Policy	2.7.1.1. 4 day review of literature workshop	2 con-sultants and 22 part-icipants		1,840,000	2,116,000	2,433,400	2,798,410	3,218,172	3,700,897	16,106,879
	2.7.1.2. Develop policy document	10 day workshop to develop national policy on infection pre-vention/ control		2,440,000	2,806,000	3,226,900	3,710,935	4,267,575	4,907,712	21,359,122
	2.7.1.3. Two day stakeholders review of draft document for adaption	43 part-icipants to one day diss-emination meeting at Abuja		2,350,000	2,702,500	3,107,875	3,574,056	4,110,165	4,726,689	20,571,285
	2.7.1.4. Print 4704 copies of national policy document (774 for secondary facilities, 60 tertiary facilities, 3870 (5 x 774) private facilities/ state	4704 copies of national policy document (774 for secondary facilities, 60 tertiary facilities, 3870 (5 x 774) private facilities/state		5,644,800	6,491,520	7,465,248	8,585,035	9,872,790	11,353,709	49,413,103
	2.7.1.5. Disseminate policy document on IPC	43 part-icipants to one day diss-emination meeting at Abuja		2,350,000	2,702,500	3,107,875	3,574,056	4,110,165	4,726,689	20,571,285

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.7.2. Print Injection safety ("do no harm") vacillator's guide	2.7.2.1. Printing of 9408 copies facilitator's guide (2 / facility x 4707 facilities)			11,289,600	12,983,040	14,930,496	17,170,070	19,745,581	22,707,418	98,826,205
2.7.3. Print Training manual	2.7.3.1. Print 5,000 copies			6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2.7.4. Develop guidelines on phlebotomy	2.7.4.1. Organize workshop	5 days for 25 participants (3 per state x 36+1 states +3 trainers + 2 secretary staff = 111 ÷ 6 zones)		11,250,000	12,937,500	14,878,125	17,109,844	19,676,320	22,627,768	98,479,557
	2.7.4.2. Stakeholders review of draft document for adaption	30 participants for 2 days		1,000,000	1,150,000	1,322,500	1,520,875	1,749,006	2,011,357	8,753,738
	2.7.4.3 Print documents on phlebotomy	4704 copies of national policy document (774 for secondary facilities, 60 tertiary facilities, 3870 (5 x 774)		11,289,600	12,983,040	14,930,496	17,170,070	19,745,581	22,707,418	98,826,205
2.7.5 Print National Policy on Injection Safety and Medical Waste Management	2.7.5.1. Print documents on Injection Safety and Medical Waste Management	2,500 copies of National Policy on injection safety		3,000,000	3,450,000	3,967,500	4,562,625	5,247,019	6,034,072	26,261,215
2.7.6 Print Standards and Norms on Universal Precaution	2.7.6.1. Print standards and norms	4074 of standards and norms		11,289,600	12,983,040	14,930,496	17,170,070	19,745,581	22,707,418	98,826,205
SUB-TOTAL				69,743,600	80,205,140	92,235,911	106,071,298	121,981,992	140,279,291	610,517,232

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.7.2: Capacity building										
2.7.2.1. train trainers on infection prevention and control (IPC)	2.7.2.1.1. Four day training	180 part-icipants (30 per zone		10,800,000	12,420,000	14,283,000	16,425,450	18,889,268	21,722,658	94,540,375
2.7.2.2. step down training on IPC	2.7.2.1.2. Four day In-training of HCPs on IPC	180 part-icipants (30 per zone		10,800,000	12,420,000	14,283,000	16,425,450	18,889,268	21,722,658	94,540,375
	2.7.2.1.3. Train of waste handlers	5 days zonal training of 180 waste handlers (WHs)		13,500,000	15,525,000	17,853,750	20,531,813	23,611,584	27,153,322	118,175,469
2.7.2.3. Train Health care providers on phlebotomy (Doctors, nurses, lab. Scientists)	2.7.2.3.1. Train HCPs on phlebotomy	5 day training of 180 part-icipants		13,500,000	15,525,000	17,853,750	20,531,813	23,611,584	27,153,322	118,175,469
2.7.2.4. Train Health care providers on supportive supervision	2.7.2.4.1. Train HCPs on supportive supervision	2 day training of 180 part-icipants		5,400,000	6,210,000	7,141,500	8,212,725	9,444,634	10,861,329	47,270,188
2.7.2.5 Attend Infection prevention and control African net work	2.7.2.5.1. Participate at zonal level on International Conference			200,000	230,000	264,500	304,175	349,801	402,271	1,750,748

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.7.2.6 Create awareness on infection control	2.7.2.6.1. Advocate for Radio and TV slots on national media	Quarterly slots		4,000,000	4,600,000	5,290,000	6,083,500	6,996,025	8,045,429	35,014,954
	2.7.2.6.2. Advocate to National Orientation Agency (NOA)	3 person from FMOH - one day visit to NOA		100,000	115,000	132,250	152,088	174,901	201,136	875,374
2.7.2.7: Print IEC materials	2.7.2.7.1. Print Posters	111,000 copies (3000 copies/ state)		22,200,000	25,530,000	29,359,500	33,763,425	38,827,939	44,652,130	194,332,993
	2.7.2.7.2. print pamphlets	111,000 copies (3000 copies/ state)		22,200,000	25,530,000	29,359,500	33,763,425	38,827,939	44,652,130	194,332,993
2.7.2.8. Establish PEP protocol	2.7.2.8.1. Provide personal protective equipment	9408 packets of disposal hand gloves		1,411,200	1,622,880	1,866,312	2,146,259	2,468,198	2,838,427	12,353,276
	2.7.2.8.2. Provide personal protective equipment	101,910 pairs of boots for 37 secondary facility and 37 tertiary @ N800		81,528,000	93,757,200	107,820,780	123,993,897	142,592,982	163,981,929	713,674,787
	2.7.2.8.3. Procure safety boxes	364,875 safety boxes (29,190,000 syringes ÷ 80 boxes)		20,000,000	23,000,000	26,450,000	30,417,500	34,980,125	40,227,144	175,074,769

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.7.2.9: Finalize draft Health Care waste Manage-ment guidelines	2.7.2.9.1. Conduct 2day meeting to adopt draft Health Care waste management (HCWM) guideline	43 part-icipants to two-day meeting to adopt draft guideline at Abuja		1,800,000	2,070,000	2,380,500	2,737,575	3,148,211	3,620,443	15,756,729
	2.7.2.9.2. Print national HCWM guideline document for tertiary and secondary facilities	4704 copies of (774 for secondary facilities, 60 tertiary facilities, 3870 (5 x 774)		6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
	2.7.2.9.3. Disseminate HCWM guideline document	43 part-icipants to one day dissem-ination meeting at Abuja		15,000,000	17,250,000	19,837,500	22,813,125	26,235,094	30,170,358	131,306,077
	2.7.2.9.4. Procure standard color coded waste bin	Provide 50,040 bins (3 sets of 3 different colour coded bin per ward = 60 waste bins per facility 834 facilities).		20,000,000	23,000,000	26,450,000	30,417,500	34,980,125	40,227,144	175,074,769
	2.7.2.9.5. Procuring of colour coded bin liners	Provide 37,530,000 liners (45000 3 different colour coded bin liners per facility x 834 facilities).		10,000,000	11,500,000	13,225,000	15,208,750	17,490,063	20,113,572	87,537,384
	2.7.2.9.6. Procuring waste pickers			5,800,000	6,670,000	7,670,500	8,821,075	10,144,236	11,665,872	50,771,683
SUB-TOTAL				264,239,200	303,875,080	349,456,342	401,874,793	462,156,012	531,479,414	2,313,080,842

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 2.8. At least 80% of drug dependent persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national guidelines by 2015.										
Intervention 2.8.1: Develop and adapt policies and guidelines for IDUs interventions										
2.8.1.1: National situation analysis & Mapping of IDUs & interventions				18,500,000	21,275,000	24,466,250	28,136,188	32,356,616	37,210,108	161,944,161
2.8.1.2: Review / develop existing Guidelines & relevant documents				1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.8.1.3: Implement appropriate risk reduction and harm reduction interventions for IDUs				1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.8.1.4: Training of IDUs				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
SUB-TOTAL				25,000,000	28,750,000	33,062,500	38,021,875	43,725,156	50,283,930	218,843,461
Objective 2.9: At least 80% of traditional medical practitioners adopt universal safety precaution by 2015										
Intervention 2.9.1: Develop and adapt policies and guidelines										
2.9.1.1: Develop and adapt policy and guidelines			6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431	
2.9.1.2: Training of Traditional Medical practitioners on handling of sharps and proper disposal		TOT of tradition medical practitioners through their regulatory board	2,500,000	2,875,000	3,306,250	3,802,188	4,372,516	5,028,393	21,884,346	
SUB-TOTAL				8,500,000	9,775,000	11,241,250	12,927,438	14,866,553	17,096,536	74,406,777

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.10: Implement the national Health Care Waste Management plan, policy and guidelines										
2.10.1: Conduct sensitisation workshop for CMDs/CMOs and other health care managers		Central level meeting in Abuja		3,500,000	4,025,000	4,628,750	5,323,063	6,121,522	7,039,750	30,638,085
2.10.1: Integrate assessment of facility health care waste management into regular supervision schedules		Harmonisation meeting for the assessment tools		1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
SUB-TOTAL				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
Objective 2.10: At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers and rape survivors in line with national protocols by 2015										
Intervention 2.10.1: Review and adapt policies and guidelines										
2.10.1.1: Awareness visits and workshops				5,000,000	5,750,000	6,612,500	7,604,375	8,745,031	10,056,786	43,768,692
2.10.1.2: Develop/ review guideline				1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.10.1.3: Disseminate guideline				1,500,000	1,725,000	1,983,750	2,281,313	2,623,509	3,017,036	13,130,608
2.10.1.4: Review national guidelines on ART to adequately cover PEP protocols				1,800,000	2,070,000	2,380,500	2,737,575	3,148,211	3,620,443	15,756,729

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
2.10.1.5: Develop training manual for HCW on PEP				4,200,000	4,830,000	5,554,500	6,387,675	7,345,826	8,447,700	36,765,701
2.10.1.6: Develop SOPs for HCW on PEP				4,200,000	4,830,000	5,554,500	6,387,675	7,345,826	8,447,700	36,765,701
2.10.1.7: Print adapted guidelines, training manual and SOPs				6,000,000	6,900,000	7,935,000	9,125,250	10,494,038	12,068,143	52,522,431
2.10.1.8: Disseminate printed materials				1,800,000	2,070,000	2,380,500	2,737,575	3,148,211	3,620,443	15,756,729
SUB-TOTAL				26,000,000	29,900,000	34,385,000	39,542,750	45,474,163	52,295,287	227,597,199
Intervention 2.10.2: Capacity building										
2.10.2.1: Conduct gap analysis and training needs				7,500,000	8,625,000	9,918,750	11,406,563	13,117,547	15,085,179	65,653,038
2.10.2.2: Conduct TOT				2,500,000	2,875,000	3,306,250	3,802,188	4,372,516	5,028,393	21,884,346
2.10.2.3: Train and retrain HCW				4,000,000	4,600,000	5,290,000	6,083,500	6,996,025	8,045,429	35,014,954
SUB-TOTAL				14,000,000	16,100,000	18,515,000	21,292,250	24,486,088	28,159,001	122,552,338

Main Objective: Reduce HIV new infections by 80% by 2015										
Objectives/Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Budget							
			Unit cost	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Intervention 2.10.3: Disseminate and implement National protocol on PEP and relevant safety guidelines										
2.10.3.1: Dissemination of the protocol				2,800,000	3,220,000	3,703,000	4,258,450	4,897,218	5,631,800	24,510,468
2.10.3.2: Conduct sensitisation for CMDs/ CMO on the need implement ion				2,500,000	2,875,000	3,306,250	3,802,188	4,372,516	5,028,393	21,884,346
SUB-TOTAL				5,300,000	6,095,000	7,009,250	8,060,638	9,269,733	10,660,193	46,394,814
Intervention 2.10.4: Promote the use of aseptic procedures										
2.10.4.1: Develop SOPs on aseptic procedures				4,500,000	5,175,000	5,951,250	6,843,938	7,870,528	9,051,107	39,391,823
2.10.4.2: Sensitize HCW on the need to use aseptic procedures				2,500,000	2,875,000	3,306,250	3,802,188	4,372,516	5,028,393	21,884,346
Advocacy to health training institutions on the need for emphasis on aseptic procedures in the training curricula				12,000,000	13,800,000	15,870,000	18,250,500	20,988,075	24,136,286	105,044,861
SUB-TOTAL				19,000,000	21,850,000	25,127,500	28,896,625	33,231,119	38,215,787	166,321,030
Grand Total				**10,933,551,625**	**10,802,554,281**	**10,518,063,369**	**10,996,646,852**	**11,615,056,369**	**19,141,290,385**	**74,007,162,881**

Strategic Priority Area 3: Treatment, Care and Supportof HIV/AIDS and Related Health Conditions: Result Framework

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015						
Sub-Objectives	**Indicators**	**Baseline Value (National)**	**Mid-term (End 0f 2012)**	**End of Program (2015)**	**MOV**	**Comments**
Access to quality care and support services (as defined by national guidelines) improved to at least 50% of PLHIV	% of PLHIV receiving quality care and support services according to national guidelines	NA	30% increase on baseline value of PLHIV receiving care and support	60% increase on baseline value of PLHIV receiving care and support	NASCP Annual Report	Care and support services such as Palliative care, CHBC, etc., are mainly handled by CSO's, support groups & other support services.
	% of LGAs in the states that have Care & support services	NA	40% of the LGAs in each state that are covered with C&S services.	80% of the LGAs in each state that are covered with Care and support services.	SASCP Reports; NASCP Annual Reports	Geographical distribution of service outlets
	% of caregivers and or providers trained to provide care and support	NA	40% of caregivers trained to provide care and support	At least 80% of caregivers trained to provide care and support	Reports of CSOs, support groups, and other service providers	Care providers include health care and non health care workers as well as community volunteers, NGOs and CBOs
	Number of National care and support policies, standards, and protocols reviewed/ developed	NA	80%	100%	Copies of Standards and protocols developed	Guidelines, action plans or strategic framework etc

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015						
Sub-Objectives	**Indicators**	**Baseline Value (National)**	**Mid-term (End 0f 2012)**	**End of Program (2015)**	**MOV**	**Comments**
Access to quality care and support services (as defined by national guidelines) improved to at least 50% of PLHIV	Number of reviewed/ developed National care and support policies, standards, and protocols disseminated	NA	100%	100%	Copies of developed documents disseminated	
	% of service outlets adhering to national standards and protocols	NA	At least 40% of service outlets adhere to national protocol and standards	At least 80% of service outlets adhere to national protocol and standards	NASCP Annual Reports	
	Number of laboratories in the National External Quality assessment system	NA	NA	80%	NASCP Annual Report	Disaggregated by geographic zones
	Number of Laboratories with WHO accreditation	NA	NA	80%	NASCP Annual Report	Disaggregated by geographic zones
	Number of HIV test commodities	NA	NA	80%	NASCP Annual Report	Disaggregated by geographic zones
	Presence of functional National HIV/AIDS laboratory strategic plan	TBD	TBD	100%	NASCP annual report	Presence only at the National level
	Number of personnel trained at all levels.			80%	NASCP Annual Report	

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015						
Sub-Objectives	**Indicators**	**Baseline Value (National)**	**Mid-term (End 0f 2012)**	**End of Program (2015)**	**MOV**	**Comments**
	Number of HIV laboratories with required HIV laboratory equipment at all levels			80%	NASCP Annual Report	Disaggregated by National average, states and LGAs
Effective referral and linkages within and between relevant health care facilities and community based care service points improved by 80%.	% of eligible PLHIV that are referred for services from communities; % of service providers using referral forms	NA	40%	80%	NASCP Annual Report	
At least 80% of adults (men and women) and all (100%) of children (boys and girls) have access to comprehensive quality HIV and AIDS treatment	% of women and men in need of HIV treatment are receiving treatment	24% (using 359181 on ART from 1,500,000 eligible PLHIV)	48%	80%	NASCP Annual report	Disaggregate by age group and sex
	% of eligible boys and girls (0 – 14yrs) are receiving HIV treatment	5%	56%	100%	NASCP Annual Report	Age groups (≤18mths; 19mths-5yrs; 6-9yrs; 10-14yrs)
At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs	% of male and female PLHIV that received OI prophylaxis (Cotrimoxazole prophylaxis)	17% (using 1,500,000 as denominator)	67%	80%	NASCP Annual Report	Disaggregate by age group and sex
	% of PLHIV that received OI treatment	54% (using 359,181 of PLHIV currently on treatment as denominator)	65%	80%		Disaggregate by age & sex

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015						
Sub-Objectives	**Indicators**	**Baseline Value (National)**	**Mid-term (End 0f 2012)**	**End of Program (2015)**	**MOV**	**Comments**
TB and HIV/AIDS collaboration established and strengthened in all states and LGAs	% of states with functional TB/ HIV TWG	23 of 37 States	31 States	36 States+ FCT	NASCP Annual Reports	
	% of LGAs with functional TBHIV TWG		At least 50%	774 LGAs	NASCP Annual Reports	
All TB patients have access to quality comprehensive HIV and AIDS services	% of the TB/ HIV patients receiving ART	45%	60%	80%	Facility TB and ART register; NASCP Annual Report	Disaggregate by age, sex, HF level/LGA/ State
	% of the TB/ HIV patients receiving CPT	26% (2008)	70%	80%	Facility TB and ART register; NASCP Annual Report	
	% of the TB/ HIV patients referred for HIV care	NA	50%	100%	Facility TB and ART register; NASCP Annual Report	Disaggregate by age, sex, HF level/LGA/ State
All PLHIV have access to quality comprehensive TB services	% of PLHIV on care screened for TB	87% (2008)	90%	100%	Facility TB and ART register; NASCP Annual Report	Disaggregate by age, sex, HF level/LGA/ State
	% of PLHIV with active TB referred for TB treatment	100% (2008)	100%	100%	Facility TB and ART register; NASCP Annual Report	Disaggregate by age, sex, HF level/LGA/ State
	% of PLHIV receiving IPT	20%	100%	100%	Facility TB and ART register; NASCP Annual Report	

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Objective 3.1 At least 80% of eligible adults (women and men) and 100% of children (boys and girls) are receiving ART by 2015										
Intervention 3.1.1: Training										
3.1.1.1 - Needs/Gap assessment	**3.1.1.1.1-** Five-member team per state to conduct Gap assessment for 6 days in each of the 36 states & FCT	Report of Assessment	33, 300, 000	0	33, 300, 000	0		0	0	33 300 000
3.1.1.2 Training (master trainers) of health personnel on ART management	**3.1.1.2.1** Five-day Zonal TOT of 60 persons by 5 consultants & 3 support staff per geopolitical zone for 6 zones	Training Report	12, 240, 000	0	12, 240, 000	15, 300, 000	19, 125, 000	15, 300, 000	9, 562, 500	71 527 500
3.1.1.3 Step down Training of trainees Health personnel on ART management	**3.1.1.3.1** Five-day Training of trainees of 50 Health personnel (doctors / Pharmacists / Nurses / midwives) by 5 consultants & 3 support staff per state in 36 states and FCT	Training Report	8, 700, 000	0	34, 800, 000	8, 700, 000	8, 700, 000	8, 700, 000	8, 700, 000	69 600 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.1.4. Training of laboratory personnel on ART management equipments use	**3.1.1.4.1.** Five-day zonal Training of 60 laboratory personnel on use of CD4, haematology, Chemistry and PCR Machines by 5 consultants & 3 support per zone for 6 zones.	Training Report	6, 750, 000	0	94, 500, 000	33, 750, 000	42, 187, 500	42, 187, 500	33, 750, 000	246 375 000
3.1.1.5. Training of health workers on adherence counselling	**3.1.1.5.1.** Five-day training of 60 adherence counsellors by 5 consultants & 3 support in each state (36 states &FCT)	Training Report	6, 750, 000	0	54, 000, 000	54, 000, 000	54, 000, 000	54, 000, 000	54, 000, 000	270 000 000
Sub-Total				0	228, 840, 000	111, 750, 000	124 012, 500	120, 187, 500	106, 012, 500	690 802 500

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Intervention 3.1.2: Decentralisation and integration										
3.1.2.1 Mapping and integration of service outlets at Federal, State and LGAs	**3.1.2.1.1** Constitute 5-member team to conduct Mapping /Need assessment for 5 days for new sites(Secondary & PHC facilities) in each state (36 states & FCT)	List of Team Members; Team TOR	0	0	0	0	0	0	0	0
	3.1.2.1.2 Five-Day Mapping /Need assessment for new sites(Secondary & PHC facilities) in each state (36 states & FCT) by 5-member team	Mapping Report	27, 750, 000	0	0	27, 750, 000	0	27, 750, 000	0	55 500 000
Sub-Total				0		27, 750, 000	0	27, 750, 000	0	55 500 000
Intervention 3.1.3: Medical commodities and equipments										
3.1.3.1 Upgrading of equipments and stocking of commodities	3.1.3.1.1 Provision of monitoring equipment i.e. One CD4 machine per PMTCT/ART site in 774 LGAs and 6 Area councils	Inventory Report	5, 000, 000	0	1, 940, 000, 000	970, 000, 000	970, 000, 000	970, 000, 000	970, 000, 000	5820 000 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
	3.1.3.1.2. Provision of monitoring equipment: haematology machines use per ART site in 774 LGAs and 6 Area councils	Inventory Report	4, 000, 000	0	1, 552, 000, 000	970, 000, 000	606, 250, 000	485, 000, 000	485, 000, 000	4098 250 000
	3.1.3.1.3 Provision of monitoring equipment : Chemistry machines use per ART site in 774 LGAs and 6 Area councils	Inventory Report	4, 000, 000	0	1, 552, 000, 000	1, 955, 520, 000	488, 880, 000	488, 880, 000	244, 440, 000	4729 720 000
	3.1.3.1.4 Provision of 3 PCR machines and accessories in three ART sites (senatorial district)per State and Abuja	Inventory Report	7, 500, 000	0	277, 500, 000	277, 500, 000	277, 500, 000	138, 750, 000	138, 750, 000	1110 000 000
	3.1.3.1.5 Provision of 3 refrigerators/ freezers per ART site in 774 LGAs and 6 Area councils	Inventory Report	7, 155, 000	0	12, 420, 000	15, 525, 000	12, 420, 000	15, 525, 000	7, 762, 500	63 652 500

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
	3.1.3.1.6 Provision of reagents, test kits and other consumables for CD4,chemistry, haematology and PCR for 3.2 million people	Inventory Report		0	1, 093, 750, 000	1, 367, 187, 500	1, 093, 750, 000	1, 093, 750, 000	1, 093, 750, 000	5742 187 500
3.1.3.2 Computerisation of medical Equipments & Commodities	**3.1.3.2.1** Five- day central training for 50 participants (relevant staff from NASCP and 36 states and FCT) by 3 trainers and 2 support staff	Training Report	5, 000, 000	0	10, 000, 000	11, 500, 000	13, 225, 000	15, 208, 750	17, 490, 063	674 238 12.5
3.1.3.3 Training of personnel for the maintenance of medical equipments	**3.1 3.3.1** Five- day state training for 10 technical staff in each of 36 states & FCT) by 3 trainers and 2 support staff on maintenance of medical equipment	Training Report	9, 250, 000	0	18, 500, 000	21, 275, 000	24, 466, 250	28, 136, 188	32, 356, 616	74 000 000
Sub-Total				0	6, 456, 170, 000	5, 588, 507, 500	3, 486, 491, 250	3, 235, 249, 938	2, 989, 549, 178	21 705 233 813

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Intervention3.1.4: Laboratory quality system management network										
3.1.4.1 Needs Assessment, Gap analysis & Action plan	**3.1.4.1.1** Constituted 5-member Needs Assessment, Gap analysis & Action plan committee at Federal,36 states &FCT	List of Committee Members; Committee TOR	0	0	0	0	0	0	0	0
	3.1.4.1.2 Constitute 5-member committee to develop Laboratory quality system management network	List of Committee Members; Committee TOR	0	0	0	0	0	0	0	0
3.1.4.2 Review/ develop Guidelines on Laboratory quality system management network	**3.1.4.2.1** Five- day 10 member team to Review/ develop Guidelines on Laboratory quality system management network	Draft copies of Guidelines on Laboratory quality system management network	1, 500, 000	0	0	0	0	0	0	0
3.1.4.3 Adoption of Guidelines on Laboratory quality system management network and action plan	**3.1.4.3.1** One -day meeting by 50 member team (2 per state, others from NASCP &IPs) for Adoption of Guidelines & action plan	Finalised copies of Guidelines & Action Plan	1, 500, 000	0	0	0	0	0	0	0

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.4.4 Printing of Guidelines on Laboratory quality system management network and action plan	**3.1.4.4.1** Printing of 4000 copies of Guidelines on Laboratory quality system management network and action plan	printed copies Guidelines & Action Plan	1, 200, 000	0	1, 200, 000	1, 380, 000	1, 587, 000	1, 825, 050	2, 098, 808	8 090 857.5
3.1.4.5. Dissemination of guidelines & action plan on Laboratory quality system management network	**3.1.4.5.1** One- day meeting by 50 persons (one person per state &FCT, Others from NACSP &IPS) to disseminate guidelines & action plan	Report of Dissemination Meeting	750, 000	0	1, 500, 000	1, 725, 000	1, 983, 750	2, 281, 313	2, 623, 509	10 113 571 .88
3.1.4.6 Capacity building : TOT (Master trainers)on Guidelines (central)	**3.1.4.6.1.** Five- day central TOT of 75 participants(2 per state & FCT + 3 from NASCP) by 5 Master trainers on Guidelines	number of trainings held	2, 490, 000	0	2, 490, 000	2, 863, 500	3, 293, 025	3, 786, 979	4, 355, 026	16 788 529 .31
3.1.4.7 Capacity building : Scale down training (training of trainees at Federal & State levels)	**3.1.4.7.1** Five- day state training of 30 trainees by 3 persons master trainers and 2 support staff in 36 States & FCT	Training Report	97, 125, 000	0	194, 250, 000	223, 387, 500	256, 895, 625	295, 429, 969	339, 744, 464	1 309 707 558

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.4.8 Monitoring of public health laboratory system	**3.1.4.8.1** Five –day visits by 5 member -technical committee per state & FCT to monitor designated public health laboratories	Report of Monitoring Visit	13, 875, 000	0	27, 750, 000	31, 912, 500	36, 699, 375	42, 204, 281	48, 534, 923	187 101 079.7
	3.1.4.8.2. 2-day Quarterly Review and evaluation meeting by 45 participants (one from each state & FCT , others from NASCP & IPS) on extent of implementation of the plan	Meeting Report	1, 350, 000	0	5, 400, 000	6, 210, 000	7, 141, 500	8, 212, 725	9, 444, 634	36 408 858 .75
3.1.4.9 Develop capacity of laboratory personnel at all levels to meet the need of the programme	3.1.4.9.1 Five-day zonal training of 36 laboratory personnel by 3 consultants & 2 support staff to meet standards and in readiness for laboratory accreditation.	Training Report	3, 690, 000	0	14, 760, 000	16, 974, 000	19, 520, 100	22, 448, 115	25, 815, 332	99 517 547 .25
3.1.4.10 Procurement/ management Committees of HIV related equipments & commodities	3.1.4.10.1 One-day meeting of 45 stakeholders(one representative from each state) for establishment & signing of service contract agreement with suppliers of lab equipments.	Meeting Report	675, 000	0	0	0	0	0	0	0

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.4.11 Monitoring of Laboratory quality system management network	3.1.4.11.1 Six-day quarterly zonal inspection by 7- member team (one from each zone & NASCP) of laboratory equipments/ maintenance logs to ensure maintenance schedule & standards of equipment & sampling of test kits for quality assurance testing and document failures	Report of Inspection Visits	5, 040, 000	0	50 40 000	5, 796, 000	6, 665, 400	7, 665, 210	8, 814, 992	33 981 601.5
	3.1.4.11.2 Constitute 6-member monitoring Committees at Federal and Zonal levels	List of Committee Members; Committee TOR		0	0	0	0	0	0	0
Sub-Total				0	252, 390, 000	290, 248, 500	333, 785, 775	383, 853, 641	441, 431, 687	1701 709 604

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Intervention 3.1.5: Quality Assurance/Quality Improvement										
3.1.5.1 Registration of public & private laboratories at all levels with the NEQAS	3.1.5.1.1 Constitution of 20 member team (Two persons per zone, others from NASCP and IPs) to review / modify guidelines for registration of laboratories	List of committee Members; Committee TOR		0		0	0	0	0	0
3.1.5.2 Review/ develop Guidelines on Q|A/QI and Integration and mainstreaming of HIV Quality Assurance into the National QA Programme	**3.1.5.2.1** Five-day meeting by 10 member team to review / modify guidelines and action plan for registration of laboratories & Q|A/QI	Meeting Report	750, 000	0	750, 000	0	0	0	0	750000
	3.1.5.2.2 One-day meeting of 30 stakeholders to adapt guideline on registration of laboratories & laboratory Q|A/QI	Meeting Report	4, 500, 000	0	4, 500, 000	0	0	0	0	4500000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.5.3 Needs Assessment/ Gap analysis	**3.1.5.3.1** Five-day meeting by 20 member team to carry out Needs Assessment, Gap analysis at zonal levels	Meeting Report	3, 600,000	0	3, 600, 000	0	0	0	0	3600000
3.1.5.4 Capacity building : TOT (Master trainers)on Guidelines (central) on Q|A/QI	**3.1.5.4.1** Five-day zonal training for 35 persons (5 per state & FCT) by 3consultants and 2 support staff (40 persons in all) on laboratory on Q|A/QI & to initiate processes for the Registration of laboratories at all levels with the NEQAS	Meeting Report	3000 000	0	3000 000	3, 450, 000	3, 967, 500	4, 562, 625	5, 247, 019	17 227 143.75
	3.1.5.4.2 Print 25, 000 copies of SOPs for laboratories	Printed Copies of Documents	7, 500, 000	0	7, 500, 000	0	0	7, 500, 000	0	15 000 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.5.5 Capacity building : step down training at state levels using Guidelines on Q|A/QI	**3.1.5.5.1** Two-day state training for 35 persons (at least one per LGA / council areas in FCT) by 3consultants and 2 support staff (40 persons in all) on Q|A/QI	Training Report	44, 400, 000	0	44, 400, 000	0	58, 719, 000	0	0	103 119 000
	3.1.5.5.2 disseminate SOP copies during trainings	Report of dissemination		0	0	0	0	0	0	0
	3.1.5.5.3 Conduct 5-day biannual Monitoring, mentoring and Supervision of states health laboratories on QA parameters by 5 member team per state and FCT	Report of Monitoring, Mentoring & Supportive supervision	13, 875, 000	0	27, 750, 000	31, 912, 500	36, 699, 375	42, 204, 281	48, 534, 923	187 101 079.7
Sub-Total			0	0	91, 500, 000	35, 362, 500	99, 385, 875	54, 266, 906	53, 781, 942	331 297 223.4

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Intervention 3.1.6: Clinical Pharmacovigilance for ARVs										
3.1.6.1 Needs Assessment, Gap analysis & Action plan	**3.1.6.1.1** Constitute 15-member team to develop/ modify tools for Needs Assessment, Gap analysis & Action plan.	List of Team Members; Team TOR		0	0	0	0	0	0	0
3.1.6.2 Develop/ Review/ modify & Adapt Guidelines & Plan of action on Pharma-covigilance	**3.1.6.2.1** Two-day Meeting of 15 experts (TWG) to Review guidelines on reporting of adverse reaction and resistance	Meeting Report	2 000 000	0	0	2 000 000	0	2 000 000	0	4 000 000
	3.1.6.2.2 One day meeting by 45 member team(one from each of the 36 states & FCT. Others from NASCP and IPs) to adapt guidelines/ tools for Needs Assessment, Gap analysis & Action plan on clinical Pharma-covigilance	Meeting Report	4, 500, 000	0	0	4, 500, 000	0	4, 500, 000	0	9 000 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.6.3 Printing of guidelines/ tools on clinical Pharma-covigilance	3.1.6.3.1 Print 25, 000 copies of SOPs for laboratories	Copies of printed Document	1, 250, 000	0	0	1, 250, 000	0	1, 250, 000	0	2500000
3.1.6.4 Dissemination of Guidelines on Pharma-covigilance	**3.1.6.4.1** One-day workshop for the dissemination of guidelines on Pharma-covigilance	Report of Dissemination Meeting	0	0	0	0	0	0	0	0
3.1.6.5 Capacity building on Clinical Pharma-covigilance for ARVs : (Training Committee)	**3.1.6.5.1** Constitute 45 member central training Committee (at least one from each of the 36 states and FCT , others from NASCP and IPs) on Pharma-covigilance for ARVs	List of Committee Members; Committee TOR	0	0	0	0	0	0	0	0
3.1.6.6 TOT (Master trainers)on Guidelines	**3.1.6.6.1** Two- day central training of 80 persons(at least 2 per state & FCT others from NASCP and IPs) by 3 consultants and 2 support staff	Training Report	1, 750, 000	0	1, 750, 000	0	0	1, 750, 000	0	3500000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.1.6.7 Step down training (training of trainees on Pharmaco-vigilance/ adverse drug reactions at Federal & State levels)	**3.1.6.7.1** Two day state training of 60 persons(at least one per LGA & council areas from FCT others from NASCP and IPs) by 2consultants and 2 support staff on reporting on Pharmaco-vigilance	Training Report	44, 520, 000	0	44, 520, 000	0	0	44, 520, 000	0	89 040 000
3.1.6.8 Monitoring & Evaluation :Biannual meeting of M & E on reporting of adverse drug reactions of ARVs	**3.1.6.8.1** One-day biannual central meeting by 45- member team(One per state & FCT, others from NASCP & other relevant stakeholders) for evaluation of reports on Clinical Pharma-covigilance for ARVs	Meeting Report	7, 400, 000	0	14, 800, 000	17, 020, 000	19, 573, 000	22, 508, 950	25, 885, 293	99 787 242.5
Sub-Total				0	61, 070, 000	24, 770, 000	19, 573, 000	76, 528, 950	25, 885, 293	207 827 242.5

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Objective 3.2 At least 80% of PLWHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment)										
Intervention 3.2.1: Quality management for OIs										
3.2.1.1 Assessment of health facilities on availability and use of OIs services (including TB) by PLWHIV	**3.2.1.1.1** Five-day 5-member team state /LGA assessment/ gap analysis of health facilities on availability and use of Ois (including TB) services by PLWHIV in 36 states &FCT	Report of Assessment	27, 750, 000	0	27, 750, 000	0	0	42, 204, 281	0	69, 954, 281
3.2.1.2 Printing of guidelines/ SOPS on quality management of OIs (including TB)	**3.2.1.2.1** Print 25, 000 copies of SOPs on quality management of Ois (Including TB)	Copies of printed Document	3, 750, 000	0	3, 750, 000	0	3, 750, 000	0	0	7,500, 000
3.2.1.3 Dissemination of National guidelines / SOPs on quality OI management (including TB)	**3.2.1.3.1** Disseminate SOP copies during trainings	Report of Dissemination Meeting	0	0	0	0	0	0	0	0

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.2.1.4 Capacity building of Health workers / PLWHIV on OI (including TB) management (TOT & Training of trainings)	**3.2.1.4.1** Five-day central TOT of 60 persons(at least 1 per state & FCT others from NASCP and IPs and PLWHIV) on OIs management (including TB) by 3 consultants and 2 support staff	Training Report	3, 900, 000	0	3, 900, 000	0	3, 900, 000	0	0	7, 800, 000
	3.2.1.4.2 Five-day state training of 60 persons healthcare workers & PLWHIV ((at least 2 per LGA) on comprehensive OI management (including TB) in 36 states & FCT	Training Report	72, 150, 000	0	72, 150, 000	0	72, 150, 000	0	0	144, 300, 000
SUB-TOTAL				0	107, 550, 000	0	79 800 000	42, 204, 281	0	229, 554, 281
Objective 3.3 TB and HIV/AIDS collaboration established and strengthened in all states and LGAs										
Intervention 3.3.1: Linkages/Integration of ART and DOTS services										
3.3.1.1 Strengthen/ Establish linkages between HIV and DOTs servicesat the National level, the states & FCT	**3.3.1.1.1** Conduct quarterly meeting of TB/HIV TWG		0	0	0	0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	0

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Objective 3.4 All TB patients have access to quality and comprehensive HIV and AIDS services										
Intervention 3.4.1: HCT of TB patients										
3.4.1.1 integration of HCT into TB/ DOTS services at all levels	**3.4.1.1** Five-day Training of all service providers in DOTS sites in 36 states & FCT on HCT	Training Report	0	0	0	0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	0
Intervention 3.4.2: Cotrimoxazole Preventive therapy for PLWHIV with TB										
3.4.2.1 Training of health care workers on CPT	**3.4.2.1.1** Training of health care workers on CPT to go with other trainings on OIs		0	0	0	0	0	0	0	0
3.4.2.2 Strengthen management systems (procurement/ distribution/ monitoring) co-trimoxazole for CPT	**3.4.2.2.1** see under procurement of drugs consumables		0	0	0	0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	0
Intervention 3.4.3: ARVs for PLWHIV with active TB										
3.4.3.1 Procurement of rifambutin for patients with co-infection	**3.4.3.1.1.** See under procurement of drugs and consumables		0	0	0	0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	0

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Objective 3.5 All PLHIV have access to quality and comprehensive TB services by 2015										
Intervention 3.5.1: Intensified case finding of TB										
3.5.1.1 Need assessment / Gap analysis	**3.5.1.1.1** to go with other assessments		0	0	0	0	0	0	0	0
3.5.1.2 Capacity building of health workers/ PLHIV for diagnosis and management of TB	**3.5.1.2.1** Deal along other OIs		0	0	0	0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	
Intervention 3.5.2: Laboratory support for TB and MDR-TB diagnosis in HIV infection										
3.5.2.1 Operational research/ Needs Assessment, Gap analysis & Action plan	**3.5.2.1.1** Deal along other OIs & research and knowledge management		0	0		0	0	0	0	0
3.5.2.2 Capacity building on TB and MDR-TB diagnosis in HIV infection	**3.5.2.2.1** training on TB and MDR-TB diagnosis in HIV infection (to go with that of other OIs)		0	0		0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	0
Intervention 3.5.3: Isoniazid Preventive therapy for PLHIV										
3.5.3.1 Capacity building for health workers on IPT	**3.5.3.1.1** Deal along other OIs		0	0	0	0	0	0	0	0

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.5.3.2 Uninterrupted procurement and supply of INH	**3.5.3.2.1** Already part of procurement of consumables/ drugs		0	0	0	0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	0
Intervention 3.5.4: TB infection control in HIV health care delivery sites										
3.5.4.1 Deal along with universal precautions/ control of infections in thematic area 1			0	0	0	0	0	0	0	0
3.5.4.2 Provision of TB infection control materials like masks, tissue etc	**3.5.4.2.1** see procurement of consumables/ drugs		0	0	0	0	0	0	0	0
SUB-TOTAL			0	0	0	0	0	0	0	0
TOTAL				0	**5, 199, 830, 000**	**4, 905, 467, 500**	**2, 851, 285, 000**	**2, 542, 697, 500**	**2, 209, 257, 500**	**19 405 882 500**

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Sub-theme : Palliative Care and Community Home Based Care										
Objective 3.6. Access to quality care and support services (as defined by national guidelines) improved to at least 50% of PLHIV										
Intervention 3.6.1: Review/develop and disseminate national policies, standards and protocols for care and support services										
3.6.1.1: Review / Develop the national Guideline on palliative care	**3.6.1.1.1** Five- day meeting of 40 participants to review/ develop national Guideline on palliative care	Meeting Report; Draft Copy of Guidelines			4, 000, 000	0	0	0	0	4, 000, 000
	3.6.1.1.2 Two- days meeting by 5 participants to edit and format national Guideline on palliative care	Meeting Report; Finalised Copy of Guidelines			40, 000	0	0	0	0	40, 000
	3.6.1.1.3 Printing of 15,000 copies national Guidelines on Palliative Care	Copies of printed Guidelines			4, 500, 000	0		5, 625, 000	0	10, 125, 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.6.1.2 Develop / Review the national guideline on Community HBC	**3.6.1.2.1** Five- Day meeting by 20 Participants to Develop /Review national guideline on Community HBC	Meeting Report; Draft Copy of Guidelines			5, 000, 000	0	0	5, 000, 000	0	10, 000, 000
	3.6.1.2.2 Three-day meeting by 50 participants (one from each state & FCT + IPS & NASCP) to adapt national guideline on Community HBC	Meeting Report; Draft Copy of Guidelines			3, 000, 000	0	0	3 000 000	0	6, 000, 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.6.1.3: Finalisation of Training manual (facilitator and participant manuals) on CHBC	**3.6.1.3.1** Three- Day Finalisation meeting of 30 participants and trainers manuals	Meeting Report; Finalised Copy of Guidelines			3, 000, 000	0	0	3 000 000	0	6, 000, 000
	3.6.1.3.2 Two- days meeting by 5 participants to edit and format national guideline on Community HBC	Meeting Report; Finalised Copy of Guidelines			3, 000, 000	0	0	3 000 000	0	6, 000, 000
	3.6.1.3.3 Printing of 5,000 copies HBC guidelines	Copies of printed document			200, 000	0	0	0	0	200, 000
3.6.1.4: Review/ modify handbook on CHBC	**3.6.1.4.1** Five- Day meeting by 20 participants to Review/ modify hand book on CHBC	Meeting Report; Draft Copy of Guidelines			2, 000, 000	0	0	0	0	2, 000, 000
	3.6.1.4.2 Printing of 5,000 copies hand book on CHBC	Copies of printed			1, 500, 000	1, 500, 000	1, 500, 000	1, 500, 000	1, 500, 000	9, 000, 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.6.1.5: Develop and finalize SOP on CHBC	**3.6.1.5.1** Five- Day meeting by 20 Participants, to develop/ finalize SOP	Meeting Report; Draft Copy of Guidelines			2, 000, 000	0	0	0	0	2, 000, 000
	3.6.1.5.2 Print copies of 15,000 copies Training manual (facilitator and participant manuals) on CHBC	Copies of printed Document			4, 500, 000	4, 500, 000	4, 500, 000	4, 500, 000	4, 500, 000	27, 000, 000
	3.6.1.5.3 Print 15,000 copies of the SOP on CHBC	Copies of printed Document			4, 500, 000	4, 500, 000	4, 500, 000	4, 500, 000	4, 500, 000	27, 000, 000
3.6.1.6 Dissemination of CHBC Guidelines/ Training/ participants manuals and SOPs	**3.6.1.6.1** One day meeting by 50 participants (one from each state & FCT + IPS & NASCP) to disseminate documents	Meeting Report			1, 000, 000	0	0	0	0	1, 000, 000
3.6.1.7 Provision of Home based care Kits	**3.6.1.7.1** Provision of 10 ,000 HBC kits to trainees	Inventory Report			7, 500, 000	7, 500, 000	5, 625, 000	2, 812, 500	5, 625, 000	31, 875, 000
Sub-Total					44, 240, 000	18, 000, 000	16, 125, 000	29, 937, 500	16, 125, 000	137, 740, 000

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
Intervention 3.6.2: Capacity building of care providers and PLWHA										
3.6.2.1. TOT of care HBC & Palliative care	**3.6.2.1.1** Five- Day zonal training of 30 Care Providers per zone (Networks of PLHIV and CBO's/FBOs) by 3 resource persons & 2 support staff for Palliative care in 6 zones	Meeting Report			33, 000, 000	66, 000, 000	82, 500, 000	82, 500, 000	41, 250, 000	346, 500, 000
	3.6.2.1.25 Day zonal training of 30 Care Providers per zone (Networks of PLHIV and CBO's) by 3 resource persons & 2 support staff for HBC	Meeting Report			33, 000, 000	33, 000, 000	82, 500, 000	82, 500, 000	41, 250, 000	313, 500, 000
Sub-Total					66, 000, 000	99, 000, 000	165, 000, 000	165, 000, 000	82, 500, 000	660, 000, 000
Objective 3.7 Effective referral and linkages within and between relevant health care facilities and communities based care service points improved by 80%.										
Intervention 3.7.1.Develop and institute referral mechanism for care & support										

Main Objective: Achieve universal access to comprehensive and gender sensitive treatment, care and support services in both public and private sector facilities by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**Measurement Unit**	**Unit cost**	**2010 Total**	**2011 Total**	**2012 Total**	**2013 Total**	**2014 Total**	**2015 Total**	**Total**
3.7.1.1 Workshops to develop referral Guidelines and tools	**3.7.1.1.1** Five- Day meeting by 30 Participants to Develop /Review national referral guideline for Care & support	Meeting Report			5, 000, 000	0	0	7, 250, 000	0	12, 250, 000
	3.7.1.1.2 Five- Day meeting by 30 Participants to Develop /Review national referral tools for Care & support	Meeting Report			5, 000, 000	0	0	7, 250, 000	0	12, 250, 000
	3.7.1.1.3 One- Day meeting of 50 participants to disseminate referral tools and guidelines	Meeting Report			2, 000, 000	0	0	3 000 000	0	5, 000, 000
SUB-TOTAL					12,0 00, 000	0	0	17, 500, 000	0	29, 500, 000
Total					122, 240, 000	117, 000, 000	181, 125, 000	212, 437, 500	98, 625, 000	827, 240, 000
Grand Total					**5, 322, 070, 000**	**5, 022, 467, 500**	**3, 032, 410, 000**	**2, 755, 135, 000**	**2, 307, 882, 500**	**37, 941, 660, 000**

Strategic Priority Area 4: Advocacy, Communication and Social Mobilisation: Result Framework

Main Objective: create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation						
Sub-Objectives	**Indicators**	**Baseline value (National)**	**Mid-Term (end of 2012)**	**End of program (2015)**	**MOV**	**Comments**
Objective 1 To establish Network of CSOs for Advocacy and Skills building in HIV/AIDS	% of CSOs networks with advocacy skills to reduce stigma and discrimination and increase demand for comprehensive services	TBD	TBD	100%	NASCP annual Report, NARHS and NDHS reports; Reports of other national surveys	
Objective 2 To support and strengthen the Information, Communication Technology (ICT) of the HIV/AIDS Division	Number of offices with functional and high speed internet access in the HIV/AIDS Division Number of staff with functional computers Presence of internal communication mechanism	TBD	TBD	100%	Annual Report	
Objective 3 To increase awareness on HIV/AIDS and STI Risk-Perception for sustained behavior change among healthcare workers	Proportion of Healthcare workers with knowledge of risk-perception messages and practicing them	TBD	TBD	80%	Reports of stakeholder organisations; Reports of special surveys	
Objective 4 To advocate for the progressive increase in funding HIV/AIDS response at all levels of government	% of government contribution to total HIV/AIDS spending Proportion of sector policies that provide response for the mitigation of impact of HIV/AIDS	7%	15%	30%	National AIDS Spending Assessment (NASA) Report Sector policies documents	

Main Objective: create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation						
Sub-Objectives	**Indicators**	**Baseline value (National)**	**Mid-Term (end of 2012)**	**End of program (2015)**	**MOV**	**Comments**
Objective 5 To advocate for use of health sector research findings in preventive intervention programming	Proportion of organisations and states using the NASCP surveys for programming	TBD	TBD	100%	Reports of service provider organisations; Reports of special studies	
Objective 6 To advocate and institutionalize Technical Support assistance Plan (TSAP) on ACSM at the National and state level	Number of states ministries of health with functional ACSM structure	TBD	TBD	80%	NASCP Annual Report	
Objective 7 To develop National Health Sector ACSM Guideline and SOP to ensure uniform standards practice	Number of states using National ACSM guideline and SOP	TBD	TBD	80%	NASCP annual Report,	
Objective 8 To establish community based HIV/AIDS prevention groups	Number of communities with Community-based HIV prevention groups	TBD	TBD	-	NASCP reports	

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.1: Established Network of CSOs for Advocacy and Skills building in HIV/AIDS										
Intervention 4.1.1: Establish Network of CSOs for Advocacy and Skills building in HIV/AIDS										
4.1.1.1: Organize training for CSOs	**4.1.1.1.1.** Five days Zonal Training meeting of Network CSOs on Advocacy and Skills building workshop for HIV/AIDS in the six geopolitical zones for 50 participants per workshop			22, 500, 000	25, 875, 000	29, 756, 250	34, 219, 688	39, 352, 641	45, 255, 537	174, 459, 115
	4.1.1.1.2. One week training of trainers for 50 participants from Network CSOs on Promoting Messages on the risks of alcohol, sex and HIV, correct / consistent condom usage, partner reduction in the states and LGAs			4,250, 000	4,887, 500	5,620, 625	6,463, 719	7,433, 277	8,548, 268	32, 953, 388
SUB-TOTAL				26, 750, 000	30, 762, 500	35, 376, 875	40, 683, 406	46, 785, 917	53, 803, 805	**207, 412, 503**

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.2: To strengthen the Information Management and Communication capacity of the HIV/AIDS Division and States										
Intervention 4.2.1: Support and Strengthen ICT										
	4.2.1.1. One day advocacy visit to the officials of the FMOH to establish an IT unit			0	0	0	0	0	0	0
	4.2.1.2. Procure-ment of Office Equipment and infra-structural upgrade (Part-itioning, chairs, tables, radios, TV etc.)			100, 000, 000	115, 000, 000	132, 250, 000	152, 087, 500	174, 900, 625	201, 135, 719	775, 373, 844
	4.2.1.3. Hire/ deploy an IT support staffs for the first 2 years of imple-mentation			1,600, 000	1,840, 000	2,116, 000	2,433, 400	2,798, 410	3,218, 172	12, 405, 982
	4.2.1.4. Procure computers, software and media gadgets for office staff			50, 000, 000	57, 500, 000	66, 125, 000	76, 043, 750	87, 450, 313	100, 567, 859	387, 686, 922

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
	4.2.1.5. Ten days workshop for 15 participants to develop the NASCP Digest newsletter			2, 250, 000	2, 587, 500	2, 975, 625	3, 421, 969	3, 935, 264	4, 525, 554	17, 445, 911
	4.2.1.6. Printing of 2,500 copies of the newsletter @ N750 each			1, 875, 000	2, 156, 250	2, 479, 688	2, 851, 641	3, 279, 387	3, 771, 295	14, 538, 260
	4.2.1.6. Two days' workshop of 100 participants to disseminate NASCP Quarterly Newsletter			6, 500, 000	7, 475, 000	8, 596, 250	9, 885, 688	11, 368, 541	13, 073, 822	50, 399, 300
SUB-TOTAL				162, 225, 000	186, 558, 750	214, 542, 563	246, 723, 947	283, 732, 539	326, 292, 420	1,257, 850, 218

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.3: At least 80% of MARPs and General Population have knowledge of risk-perception										
Intervention 4.3.1: To increase awareness on HIV/AIDS and STI Risk-Perception for sustained behavior change among healthcare workers										
4.3.1.1: Create awareness on HIV/AIDS and STI Risk-Perception for sustained behavior change among healthcare workers	**4.3.1.1.1.** Five days zonal training of 30 NEPWHAN members and other Risk populations on inter-personal comm-unication skills for increased case detection and treatment adherence			14, 500, 000	16, 675, 000	19, 176, 250	22, 052, 688	25, 360, 591	29, 164, 679	112, 429, 207
	4.3.1.1.2. Five days zonal training of 50 Healthcare workers on Partners Education and disclosure			23, 500, 000	27, 025, 000	31, 078, 750	35, 740, 563	41, 101, 647	47, 266, 894	182, 212, 853
4.3.1.1: Create awareness on HIV/AIDS and STI Risk-Perception for sustained behavior change among healthcare workers	**4.3.1.1.3.** Ten days central level training of 50 Journalists Against AIDS (JAAIDS) and 20 NAN members on HIV/AIDS reporting and comm-unication for increased services uptake and reduction of media generated Stigma and Dis-crimination			11, 000, 000	12, 650, 000	14, 547, 500	16, 729, 625	19, 239, 069	22, 124, 929	85, 291, 123
SUB-TOTAL				**49, 000, 000**	**56, 350, 000**	**64, 802, 500**	**74, 522, 875**	**85, 701, 306**	**98, 556, 502**	**379, 933, 183**

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.4: All the stakeholders and policy makers Advocated to for the progressive increase in funding HIV/AIDS response at all levels of government										
Intervention 4.4.1: Pay advocacy visits to stakeholders										
	4.4.1.1. One week Advocacy visits to Federal and a 7 man-team per state to the state Governors and legislatures for increased support to SAPC and LGA HIV/AIDS activities			103, 600, 000	119, 140, 000	137, 011, 000	157, 562, 650	181, 197, 048	208, 376, 605	803, 287, 302
	4.4.1.2. Ten days workshop for the develop-ment of Advocacy Toolkit with partners			3, 500, 000	4, 025, 000	4, 628, 750	5, 323, 063	6, 121, 522	7, 039, 750	27, 138, 085
	4.4.1.3. Organize Quarterly media conference/ chat in NTA AM Express by National Coordinator, Head TCS and Treatment stakeholders @ 1 Million naira per quarter			4,000, 000	4,600, 000	5,290, 000	6,083, 500	6,996, 025	8,045, 429	31, 014, 954

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
	4.4.1.4 Two days meeting for the inauguration of the HIV/ AIDS & STI ACSM National Technical Working Group (ATWG)			1,000,000	1,150,000	1,322,500	1,520,875	1,749,006	2,011,357	7,753,738
	4.4.1.5. Five day workshop for partnership building and stakeholders commitment for Client Education and HIV Prevention Comm-unication for promotion of HIV compre-hensive services and decentral-isation			4,250,000	4,887,500	5,620,625	6,463,719	7,433,277	8,548,268	32,953,388
SUB-TOTAL				116,350,000	133,802,500	153,872,875	176,953,806	203,496,877	234,021,409	902,147,467

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.5: To advocate for use of health sector research findings in preventive intervention programming										
Intervention 4.5.1: Advocate for use of health sector research findings in preventive intervention programming										
	4.5.1.1. Five days zonal sensitisation workshop for 100 private hospitals and guild of medical directors on the new ANC survey result and Behaviour Change comm-unication to increase preventive intervention in the high prevalence states in Nigeria			45, 000, 000	51, 750, 000	59, 512, 500	68, 439, 375	78, 705, 281	90, 511, 073	348, 918, 230

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
	4.5.1.2. One week Advocacy and Sensitisation visits of 7 team members from Federal level to State level and LGA officers on the new trend of HIV/AIDS Prevention intervention strategy -a fallout from the recent ANC survey report			27, 295, 000	31, 389, 250	36, 097, 638	41, 512, 283	47, 739, 126	54, 899, 994	211, 638, 291
	4.5.1.3. Five days Advocacy and sensitisation workshop for 100 Private hospitals and guild of medical directors on HIV/AIDS and SRH integration with proper IEC materials			25, 100, 000	28, 865, 000	33, 194, 750	38, 173, 963	43, 900, 057	50, 485, 065	194, 618, 835

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
	4.5.1.4. Ten days zonal meeting to Develop Treatment, Care and Support Behavior Change and Comm-unication Strategy			15, 100, 000	17, 365, 000	19, 969, 750	22, 965, 213	26, 409, 994	30, 371, 494	117, 081, 450
	4.5.1.5. One day meeting for the inauguration of the National ACSM and Therapeutic Client Education Working Group			1, 000, 000	1, 150, 000	1, 322, 500	1, 520, 875	1, 749, 006	2, 011, 357	7, 753, 738
SUB-TOTAL				113, 495, 000	130, 519, 250	150, 097, 138	172, 611, 708	198, 503, 464	228, 278, 984	880, 010, 544

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.6: To advocate and institutionalize Technical Support assistance Plan (TSAP) on ACSM at the National and state level										
Intervention 4.6.1: Technical support assistance plan instituted										
	4.6.1.1: Quarterly meeting of the 25 National SAGE for update of current practice and Global HIV/AIDS Prevention Comm-unication best standard			3, 100, 000	3, 565, 000	4,0 99, 750	4, 714, 713	5, 421, 919	6, 235, 207	24, 036, 589
	4.6.1.2. Ten days meeting for the develop-ment of the National Health Sector ACSM Guideline and SOP to inform uniformity in practice across facilities and quality assurance in treatment, care and support services			3, 850, 000	4, 427, 500	5, 091, 625	5, 855, 369	6, 733, 674	7, 743, 725	29, 851, 893

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
	4.6.1.3. Two days zonal (2 per zone) diss-emination of all Research reports, policy, strategic plan, guidelines and SOPs to all tertiary and secondary health facilities to 30 participants			10, 900, 000	12, 535, 000	14, 415, 250	16, 577, 538	19, 064, 168	21, 923, 793	84, 515, 749
SUB-TOTAL				**17, 850, 000**	**20, 527, 500**	**23, 606, 625**	**27, 147, 619**	**31, 219, 762**	**35, 902, 726**	**138, 404, 231**

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.7: To develop National Health Sector ACSM Guideline and SOP to inform uniformity in practice										
Intervention 4.7.1: Develop National Health Sector ACSM Guideline and SOP to inform uniformity in practice										
	4.7.1.1. Quarterly Meeting of HIV/AIDS & STI, RH, TB and Malaria ACSM TWG for harmonised comm-unication and integrated services			4,000,000	4,600,000	5,290,000	6,083,500	6,996,025	8,045,429	31,014,954
	4.7.1.2. Printing of 3,000 copies of all guidelines in different NASCP program areas			31,500,000	36,225,000	41,658,750	47,907,563	55,093,697	63,357,751	244,242,761
SUB-TOTAL				**35,500,000**	**40,825,000**	**46,948,750**	**53,991,063**	**62,089,722**	**71,403,180**	**275,257,715**

Main Objective: Create demand for uptake of comprehensive HIV/AIDS services through targeted advocacy, appropriate Behaviour Change Communication and Social Mobilisation										
Objectives/ Strategic Interventions/ Activities	Assumptions/ details/ resource input/ frequency	Measure-ment Unit	Unit cost	Budget						
				2010	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2010-2015 Total
Objective 4.8: At least 100% of NYSC trained yearly as expert trainers for sustained Behaviour Change communication										
Intervention 4.8.1: Establish community based HIV/AIDS prevention groups										
	4.8.1.1. Two weeks training of NYSC Doctors in the 37 states in Nigeria (in the orientation camp) on clinic based HIV Preventive and Interpersonal Comm-unication skills to increase and sustain proper behavior change, increased access to com-prehensive care services, partners disclosure and sustained safer sex behavior among PLHIV who access ART in their posted Health Facilities			155, 550, 000	178, 882, 500	205, 714, 875	236, 572, 106	272, 057, 922	312, 866, 611	1, 206, 094, 014
SUB TOTAL				155, 550, 000	178, 882, 500	205, 714, 875	236, 572, 106	272, 057, 922	312, 866, 611	1,206, 094, 014
Grand Total				**676, 720, 000**	**778, 228, 000**	**894, 962, 200**	**1,029, 206, 530**	**1,183, 587, 510**	**1,361, 125, 636**	**5,247, 109, 875**

Strategic Priority Area 5: Strategic Information: Result Framework

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015						
SUB-OBJECTIVES	**INDICATORS**	**BASELINE VALUE**	**MIDTERM**	**END of PRGRAM**	**MOV**	**COMMENTS**
		(NATIONAL)	**(End of 2012)**	**End of 2015**		
Objective 5.1 Leadership, coordination and managerial role of Federal/ State/LGA authorities for the delivery of an effective One national M&E system enhanced by 2015	Number of states implementing the finalised Health sector M&E operational guidelines	1	18	37 (36 states + FCT)	Reports of federal/state HIV/AIDS authorities	M&E operational guidelines are yet to be finalised
	Number of states that convene health sector quarterly M&E review meetings with stakeholders according to National guidelines	TBD	18	37 (36 states + FCT)	Reports of the quarterly meetings	Quarterly meeting at the state level to be incorporated into the M&E operational guidelines
Objective 5.2 Cost-effectiveness of data management and use at all levels improved by 2015	Percentage of Implementing agencies that have adopted the use of the integrated client/patient unique identifier system	0%	50%	100%	Reports of implementing agencies/ Health sector HIV/AIDS GIS mapping report	Implementing agencies are organisations that provide services at the service delivery points. Numerator: Implementing agencies using the unique client/patient identifier system Denominator: All Implementing agencies working in Nigeria

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015						
SUB-OBJECTIVES	**INDICATORS**	**BASELINE VALUE**	**MIDTERM**	**END of PRGRAM**	**MOV**	**COMMENTS**
		(NATIONAL)	**(End of 2012)**	**End of 2015**		
Objective 5.3 Drivers, incidence and prevalence rates of HIV epidemic at national and states' level periodically determined at evidence-based intervals, and information used to continuously enhance national response	Number of HIV/AIDS surveys conducted within the period (2010 - 2015)	NA	9	14	Reports of special surveys and operations research (ANC, IBBSS, NARHS, EWI, DRM)	
Objective 5.4 Data quality and supportive supervision continuously improved at all levels by 2015	Percentage of states with data quality ranking of either 1 or 2	TBD	50%	100%	DQA reports	Annual improvements in data quality with ranking (1=Excellent to 5=Poor)
Objective 5.5 Efficiency and effectiveness of delivery of the costed Health Sector Strategic Plan (HSSP 2010 - 2015) improved	Number of reviews/ evaluation implemented (annual/ midterm/end of period)	NA	2	6	Evaluation reports (annual/ midterm/end of period)	

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
Objective 5.1: To enhance the leadership, coordination and managerial role of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015										
Intervention 5.1.1: Review and clarify the competencies, professional and managerial accountability structures for M & E, and strengthen their alignment to organisational strategies at State/LGA/SDP/Project levels										
5.1.1.1 - Needs assessment & Gap analysis / Action Plan	**5.1.1.1.1** Five day central meeting of 60 persons (relevant stakeholders- at least one from each state & FCT, 2 consultants per zone & others from NASCP and IPs) to Development needs assessment tools, gap analysis and action plan	Assessment / gap analysis tools developed	6, 000, 000	6, 000, 000	0	0	0	0	0	6, 000, 000
	5.1.1.1.2 Five day Pilot testing of tools/Field work by 80 persons (2 persons per state & FCT- one consultant included, others from NASCP and IPs) for data collection, analysis and report writing	Report of the situation analysis	9, 150, 000	9, 150, 000	0	0	0	0	0	9, 150, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.1 - Needs assessment & Gap analysis / Action Plan	**5.1.1.1.3** One day central meeting of 50 persons (one from each state and FCT other from NASCP and IPs)to disseminate survey results/review action plan	survey results/review action plan disseminated	2, 030, 000	2, 030, 000	0	0	0	0	0	2, 030, 000
5.1.1.2 - Develop and finalize M&E operational guidelines	**5.1.1.2.1** Engage 1 consultant and 20 participants for 5 day workshop to review and finalize Health sector M&E Framework.	Finalised M & E Frame work	4, 200, 000	4, 200, 000		0	0	0	0	4, 200, 000
	5.1.1.2.2 Printing of 5,000 copies of the Health sector M & E Framework	Number of Health sector M & E Framework printed	4, 000, 000	4, 000, 000	0	0	0	0	0	4, 000, 000
	5.1.1.2.3 Engage 6 technical experts and 20 participants for 20 days for development of curriculum for HCT MIS trainings.	Finalised HCT MIS Training manual	17, 970, 000	17, 970, 000	0	0	0	0	0	17, 970, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.2 - Develop and finalize M&E operational guidelines	**5.1.1.2.4** Engage 6 technical experts and 20 participants for 20 days to review the curriculum for PMTCT MIS trainings.	Finalised PMTCT MIS Training manual	17, 970, 000	17, 970, 000	0	0	0	0	0	17, 970, 000
	5.1.1.2.5 Engage 6 technical experts and 20 participants for 20 day to review curriculum for ART MIS, trainings.	Finalised ART MIS training curriculum	17, 970, 000	17, 970, 000	0	0	0	0	0	17, 970, 000
5.1.1.3 - Mapping of all sites providing health related HIV services (HCT, ART, PMTCT etc)	**5.1.1.3.1** Engage 37 consultants and 37 support staff for mapping of HIV/AIDS Health sector services (One per state and FCT) for 20 days	No of Consultants engaged	49, 860, 000	49, 860, 000	0	0	0	0	0	49, 860, 000
	5.1.1.3.2 Review of the mapping data collection instruments	Finalised copy of data collection instrument	3, 457, 000	3, 457, 000	0	0	0	0	0	3, 457, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.3 - Mapping of all sites providing health related HIV services (HCT, ART, PMTCT etc)	**5.1.1.3.3** Field work: , 1 FMOH, 1 Consultant, and 2 data collectors per LGA for 5 days	No of states where mapping data were collected	129, 500, 000	129, 500, 000	0	0	0	0	0	129, 500, 000
	5.1.1.3.4 Field data analysis: 6 consultants, 6 FMOH staff, and 10 data entry clerks work for 10 days	No of States data analyzed	10, 025, 000	10, 025, 000	0	0	0	0	0	10, 025, 000
	5.1.1.3.5 Engage 3 consultants for 5 days to link the database with geophysical maps	Finalised database (linked to the geophysical maps)	1, 872, 500	1, 872, 500	0	0	0	0	0	1, 872, 500
	5.1.1.3.6 Training of the 10 NASCP staff and 36 States M&E Officers and SAPC on the mapping soft ware and its use (5 days)	Training report and list of participants trained	12, 965, 000	12, 965, 000	0	12, 965, 000	12, 965, 000	6, 482, 500	12, 965, 000	58, 342, 500

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.4 - Training on PMTCT MIS	**5.1.1.4.1** Central TOT for 5 days for 36 participants on The PMTCT MIS	Training report and list of participants trained	10, 355, 000	10, 355, 000	8, 089, 844	10, 355, 000	12, 943, 750	16, 179, 688	10, 355, 000	68, 278, 282
	5.1.1.4.2 Zonal 5-day TOT for 30 participants at the 6 geopolitical zones on PMTCT MIS	Training report and list of participants trained	51, 900, 000	51, 900, 000	32, 437, 500	51, 900, 000	51, 900, 000	64, 875, 000	32, 437, 500	285, 450, 000
	5.1.1.4.3 Five day State level Training on PMTCT MIS for 50 participants in the 36 states	Training report and list of participants trained	279, 900, 000	279, 900, 000	279, 900, 000	279, 900, 000	279, 900, 000	139, 950, 000	139, 950, 000	1, 399, 500, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.5 Training on ART MIS	**5.1.1.5.1** Central TOT for 5 days for 36 participants on The ART MIS by 2 consultants and 2 support staff	Training report and list of participants trained	12, 943, 750	0	12, 943, 750	12, 943, 750	12, 943, 750	12, 943, 750	12, 943, 750	64, 718, 750
	5.1.1.5.2 Zonal 5-day TOT for 30 participants at the 6 geopolitical zones on ART MIS by 12 consultants and 2 support staff	Training report and list of participants trained	51, 900, 000	0	51, 900, 000	64, 875, 000	81, 093, 750	81, 093, 750	46, 339, 285	325, 301, 785
	5.1.1.5.3 Five day State level Training on ART MIS for 50 participants in the 36 states	Training report and list of participants trained	279, 900, 000	0	279, 900, 000	0	0	0	0	279, 900, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.6. Training on HCT MIS	**5.1.1.6.1** Central TOT for 5 days for 36 participants on The HCT MIS	Training report and list of participants trained	10, 355, 000	0	10, 355, 000	0	0	0	0	10, 355, 000
	5.1.1.6.2 Zonal 5-day TOT for 30 participants at the 6 geopolitical zones on HCT MIS	Training report and list of participants trained	51, 900, 000	0	51, 900, 000	0	0	0	0	51, 900, 000
	5.1.1.6.3 Five day State level Training on HCT MIS for 50 participants in the 36 states	Training report and list of participants trained	279, 900, 000	0	279, 900, 000	0	0	0	0	279, 900, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.7. Training on DHIS and DDIU	**5.1.1.7.1** Five day Training of 2 M&E Officers and SAPC on NHMIS/DHIS software in 36 States +FCT	Training report and list of participants trained	25, 000, 000	0	25, 000, 000	0	0	0	0	25, 000, 000
	5.1.1.7.2 Five-day Training of 2 M&E Officers each from the 774 LGA on NHMIS/DHIS software in 36 States +FCT	Training report and list of participants trained	154, 800, 000	25, 800, 000	25, 800, 000	25, 800, 000	25, 800, 000	25, 800, 000	25, 800, 000	154, 800, 000
	5.1.1.7.3 Five-day Training of SAPC and M&E Officers from the 36 States and FCT on HIV/ AIDS Data demand, Data Use/ analysis (data manage-ment).	Training report and list of participants trained	26, 500, 000	26, 500, 000	0	0	0	0		26, 500, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.8 - Harmonize and reproduce M/E tools	**5.1.1.8.1** Three Numbers workshops of 4 days each for 5 resource persons and 10 member committee to review and harmonize HCT reporting forms	Report of the harmon-isation meeting/the harmonised HCT tool available	8, 555, 000	17, 110, 000	0	0	0	0		17, 110, 000
	5.1.1.8.2 Three Numbers workshops of 4 days each for 5 resource persons and 10 member committee to review and harmonised PMTCT reporting forms	Report of the harmon-isation meeting/the harmonised PMTCT tool available	8, 555, 000	17, 110, 000	0	0	0	0		17, 110, 000
	5.1.1.8.3 Three Numbers workshops of 4 days each for 5 resource persons and 10 member committee to review and harmonised PMM/PME reporting forms	Report of the harm-onisation meeting/the harmonised PMM/PME tool available	8, 555, 000	17, 110, 000	0	0	0	0		17, 110, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.1.9 - Quarterly monitoring and evaluation	**5.1.1.8.4** Dissemination of tools to the facility levels in 36States and FCT	No of facilities that received the tools conducted	7, 000, 000	7, 000, 000	0	0	0	0		7, 000, 000
	5.1.1.9.1 Quarterly Monitoring/ mentoring and supervisory visits to the States by 3 Officers from NASCP + 2 State Officers. For 36 states and FCT	No of monitoring visits conducted/ year	21, 000, 000	21, 000, 000	21, 000, 000	21, 000, 000	21, 000, 000	21, 000, 000	21, 000, 000	126, 000, 000
	5.1.1.9.2 Two days workshop for report writing (20 persons)	Report of the meeting	6, 400, 000	6, 400, 000	6, 400, 000	6, 400, 000	6, 400, 000	6, 400, 000	6, 400, 000	38, 400, 000
	5.1.1.9.3 One day Dissemination meeting (40 persons)	Report of the meeting	800, 000	800, 000	800, 000	800, 000	800, 000	800, 000	800, 000	4, 800, 000
SUB-TOTAL				767, 954, 500	1, 086, 326, 094	486, 938, 750	505, 746, 250	375, 524, 688	308, 990, 535	3, 531, 480, 817

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
Intervention 5.1.2: Develop/strengthen appropriate, fully funded mechanisms for coordination of M&E activities at all levels, (e.g. managed networks, monthly meetings etc.)										
5.1.2.1 - Advocacy visits to stakeholders for the release of fund for m/e activities	**5.1.2.1.1** To be part of previous Advocacy visits(at no extra cost)	Report of the meeting				0	0	0	0	0
5.1.2.2 - Quarterly meetings for M/E officers	5.1.2.2.1 Two day meeting for development of guidelines/ TOR for coordination meetings at all levels (45 persons at least 0ne participant per state & FCT)	Guideline/ToR available & Report of the meeting	4, 860, 000	4, 860, 000	0	0	0	0	0	4, 860, 000
	5.1.2.2.2 Two day sensitisation workshop on the TOR for coordination meetings for SASCP& SACA from 36 states+ FCT, NACA& IPs (85 persons in all	Report of the sensitisation meeting	9, 720, 000	9, 720, 000	0	0	0	0		9, 720, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.2.2 - Quarterly meetings for M/E officers	5.1.2.2.3 Advocacy at all levels for funding of the M&E State and National level monthly M&E meetings (at no cost- see thematic area 1)	No of advocacy visits conducted								0
	5.1.2.2.4. Printing and Dissemination of the quarterly/ monthly M&E report (1000 copies at the national level Monthly and 500copies at the each state.	No of copies printed and disseminated	2, 000, 000	2, 000, 000	8, 000, 000	8, 000, 000	8, 000, 000	8, 000, 000	8, 000, 000	42, 000, 000
5.1.2.3 - Procurement and installation of information technology materials	**5.1.2.3.1** Installation of internet access in all State M&E Offices (to be funded from state budgets)	Number of State M&E Offices with Internet access		0	0	0	0	0	0	0
	5.1.2.3.2 Maintenance of computers and HIV/AIDS database (Cost TBD)	No of internet facilities in the State M&E Offices functioning optimally		0	0	0	0	0	0	0

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.2.4 - Capacity building	**5.1.2.4.1** Two day training by 2 consultants of 2 M&E officers per state & FCT & NASCP on the use of internet information exchange (80 persons in all).	no of people trained	8, 640, 000	8, 640, 000	8, 640, 000	10, 800, 000	13, 500, 000	13, 500, 000	10, 800, 000	65, 880, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.2.5 - Procure-ment /maintenance of M/E vehicles	**5.1.2.5.1** Procurement of 40 operational vehicles for36 sates &FCT M& E Offices, others for thematic areas of NASCP	no of vehicles procured and distributed	400, 000, 000		400, 000, 000	0	0	0	0	400, 000, 000
	5.1.2.5.2 Maintenance and fuelling of the 40 operational vehicles NGN 1, 000,000) per vehicle per year in 36 states and FCT	Number of vehicle functioning	40, 000, 000	0	40, 000, 000	40, 000, 000	40, 000, 000	40, 000, 000	40, 000, 000	200, 000, 000
	5.1.2.5.3 Five day Training by 2 consultants of 2 M&E officers per state & FCT & NASCP on the use of the software for data analysis	No of state officials trained	8, 640, 000	8, 640, 000	8, 640, 000	8, 640, 000	8, 640, 000	8, 640, 000	8, 640, 000	51, 840, 000
	5.1.2.5.4 Procurement /renewal of licensed soft wares (STATA, SPSS, Cs pro, Antivirus)	Number of the software procured	125, 000	125, 000	125, 000	125, 000	125, 000	125, 000	125, 000	750, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.2.6 - Procurement of computers and Multi-medial projector	**5.1.2.6.1** Procure 5 laptops and 5 desk-top computers	Number of laptops/ Desk-tops procured	2, 000, 000	2, 000, 000	0	0	0	0	0	2, 000, 000
	5.1.2.6.2 Procure 2 multi-medial projectors for NASCP	number of multi-medial projectors purchased	600, 000	0	0	0	0	0	0	0
SUB-TOTAL				35, 985, 405, 000	465, 405, 000	67, 565, 000	70, 265, 000	70, 265, 000	67, 565, 000	777, 050, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
Intervention 5.1.3: Establish/strengthen cost-effective M&E TWGs at LGA/State/Federal levels										
5.1.3.1 - Identification of M/E stakeholders and their inauguration	**5.1.3.1.1** Inauguration of 20 National M&E technical working groups for the thematic areas (HCT, PMTCT, ART, TB/ HIV, HIVDR, surveys)(at no cost- inauguration and training to go together)	Report of the inauguration meeting		0	0	0	0	0	0	-
	5.1.3.1.2 Inauguration of 6 zonal M&E technical working groups for the thematic areas (HCT, PMTCT, ART, TB/ HIV, HIVDR, surveys)(at no cost- inauguration and training to go together)	Report of the inauguration meeting			0	0	0	0	0	-
	5.1.3.1.3 Two day training for 50 TWG members (at least one per state & FCT)	No of TWG members trained	5, 400, 000	0	5, 400, 000	5, 400, 000	5, 400, 000	5, 400, 000	5, 400, 000	27, 000, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.1.3.1 - Identification of M/E stakeholders and their inauguration	**5.1.3.1.4** Two day Quarterly meeting of the 50 TWG members	Report of the quarterly meeting	5, 400, 000	0	21, 600, 000	21, 000, 000	21, 000, 000	21, 000, 000	21, 000, 000	105, 600, 000
SUB-TOTAL				**-**	**27, 000, 000**	**26, 400, 000**	**26, 400, 000**	**26, 400, 000**	**26, 400, 000**	**132, 600, 000**
Intervention 5.1.4: Review and implement enhanced minimum standards for routine program monitoring activities, including use of nationally harmonised data flow and collection tools, routine data analysis and use, feedback mechanism and electronic data quality control "early alert" measures										
5.1.4.1 - Review the imple-mentation of minimum standard for routine reporting.	**5.1.4.1.1** Five day review meeting of NASCP 5 M&E officers and 15 members from other stakeholders to conduct yearly review of minimum standard for routine monitoring.	Report of the meetings	2, 160, 000	2, 160, 000	2, 160, 000	2, 160, 000	2, 160, 000	2, 160, 000	2, 160, 000	12, 960, 000
SUB-TOTAL				**2, 160, 000**	**2, 160, 000**	**2, 160, 000**	**2, 160, 000**	**2, 160, 000**	**2, 160, 000**	**12, 960, 000**
Objective 5.2: To improve cost-effectiveness of data management and use at all levels by 2015										
Intervention 5.2.1: In proactive collaboration with the wider national health care systems, establish an integrated client/patient Unique Identifier system										
5.2.1.1 - Review the existing identifier systems	**5.2.1.1.1** 3 day workshop of 25 member committee to review and harmonize the identifier system in line with NHMIS system	Report of the committee meeting	4, 050, 000	0	4, 050, 000	0	0	0	0	4, 050, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.2.1.1 - Review the existing identifier systems	**5.2.1.1.2** Pilot testing of the adopted unique identifier system in 5 facilities in 6 states for 3 months by 3 member team per facility(90 persons in all)	Report of the pilot exercise	4, 860, 000	0	4, 860, 000	0	0	0	0	4, 860, 000
	5.2.1.1.3 Five day workshop for data analysis and report writing on the pilot by a 16 member team(2 per state where the study took place, 2 NASCP staff and 2 IPs)	Report of the workshop	1, 728, 000	0	1, 728, 000	0	0	0	0	1, 728, 000
	5.2.1.1.4 Dissemination of the report of the findings of the pilot study(to be disseminated at regular or quarterly meetings at no cost)	report of the dissemination	0							-

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.2.1.1 - Review the existing identifier systems	**5.2.1.1.5** One day meeting of twenty participants for the Adoption of the unique identifier (to be part of at regular or quarterly meetings at no cost)	Report of the meeting	0							-
	5.2.1.1.6 Printing and distribution of 3000 copies of the unique identifier brochure	No of brochure printed	900, 000	0	900, 000	1, 125, 000	0	1, 125, 000	0	3, 150, 000
SUB-TOTAL				0	11, 538, 000	1, 125, 000	0	1, 125, 000	0	13, 788, 000
Intervention 5.2.2: Conduct data triangulation and synthesis at Federal and state level to inform decision-making										
5.2.2.1 - Data triangulation and synthesis	**5.2.2.1.1** Five day central training workshop of 2 Officers/ state from 36 States +FCT and 6 Officers from NASCP (on data synthesis and triangulation by 3 consultants (83 persons in all)	No of participants trained	8, 964, 000	8, 964, 000	0	0	0	0	0	8, 964, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.2.2.2 - Step down training on Data triangulation and synthesis	**5.2.2.2.1** Three day Workshop at each State (20 participants) to generate state specific HIV/AIDS data triangulation and synthesis information (To be funded from state budgets)	No of participants trained								0
	5.2.2.2.2 Five day central training workshop of 2 Officers/ state from 36 States +FCT and 6 Officers from NASCP (83 persons in all) on generation of state specific HIV/AIDS data using Estimates and Projection Packages.	No of participants trained	8, 964, 000	8, 964, 000	14, 000, 000	14, 000, 000	17, 500, 000	17, 500, 000	17, 500, 000	89, 464, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.2.2.2 - Step down training on Data triangulation and synthesis	**5.2.2.2.3** Five days Workshop for 20 participants at each State to generate state specific HIV/AIDS data using Estimates and Projection Packages(To be funded from state budgets)	No of participants trained		0	0	0	0	0	0	0
SUB-TOTAL				**17, 928, 000**	**14, 000, 000**	**14, 000, 000**	**17, 500, 000**	**17, 500, 000**	**17, 500, 000**	**98, 428, 000**
Intervention 5.2.3: Facilitate the emergence of an enabling environment to promote identification, sharing and learning from best practices' projects across State/LGAs/implementing partners of the national response by 2015										
5.2.3.1 - Development of national policy on HIV/AIDS programme quality of care (Minimum standards of quality care to be part of all Guidleines, SOPs and trainings and service delivery points)	**5.2.3.1.1** One day monthly review of quality of service at the facility and State levels (to be part of thematic programme committee monthly meetings)	Report of the review meeting		0	0	0	0	0	0	0

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.2.3.1 - Development of national policy on HIV/AIDS programme quality of care (Minimum standards of quality care to be part of all Guidleines, SOPs and trainings and service delivery points)	**5.2.3.1.2** A one day meeting of twenty participants each to share experiences on quality of care monitoring at facility, LGA, State, Zonal and levels (at no cost; to be part quarterly or review meetings)	Report of the meeting								0
	5.2.2.1.3 A 3 day national workshop to share experiences on quality of care monitoring (at no cost; to be part quarterly or review meetings)	Report of the workshop								0
SUB-TOTAL				-	-	-	-	-	-	-

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
Objective 5.3: To periodically determine the drivers, incidence and prevalence rates of the epidemic at national and states' level at evidence-based intervals, and use the information to continuously enhance national response										
Intervention 5.3.1: Review and strengthen the effectiveness and efficiency of coordinating mechanisms for national/project/program specific surveys/surveillance by 2015										
5.3.1.1 - Capacity building of personnel involved in surveillance	**5.3.1.1.1** Five-day 2 central training on HIV/AIDS/STI Surveillance system for 60 participants 3 per state & FCT others from NASCP and IPS and NGOs) by 3 consultants and 2 support	Report of the training/ Number of persons trained	16, 200, 000	72, 000, 000	73, 312, 500	750, 000	180, 215, 625	750, 000	222, 832, 031	549, 860, 156
5.3.1.2 - Conduct HIV/Syphilis sentinel survey among the ANC attendees	**5.3.1.2.1** 30 Day survey by 132persons (3 persons per state & FCT & One NACSP staff/ 2 consultants/ zone and 3 national consultants	number of days of survey	58, 050, 000	58, 050, 000	0	0	72, 562, 500	0	90, 703, 125	221, 315, 625
	5**.3.1.2.2** 10 day analysis and report writing of Sentinel survey by a 20 member team (all Consultants involved in the survey and 5 staff of NASCP	Report of the workshop	6, 000, 000	6, 000, 000	0	0	7, 200, 000	0	9, 000, 000	22, 200, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.3.1.3 - Printing of survey report document	**5.3.1.3.1** printing of 15000 copies of 2009 HIV/ Syphilis sentinel survey	number of copies printed	7, 200, 000	7, 200, 000	0	0	9, 000, 000	0	9, 000, 000	25, 200, 000
5.3.1.4 - Dissemination of survey documents	**5.3.1.4.1** day Dissemination of the 2009 HIV/Syphilis sentinel survey by 60 persons (at least one per state & FCT, others from IPs)	Report of the dissemination	7, 400, 000	7, 400, 000			12, 600, 000		12, 600, 000	32, 600, 000
5.3.1.5 - Procurement of and storage of Supplies/ Trans-portation to states	See thematic area 2 and 4.1.2.			0	0	0	0	0	0	0
5.3.1.6 - Overseas study tour on HIV/AIDs	**5.3.1.6.1** 10 days study tour for 10 unit staff to relevant overseas countries to under study Surveillance system Design and Evaluation	Report of the training	6, 000, 000	6, 000, 000	6, 000, 000	6, 000, 000	6, 000, 000	6, 000, 000	6, 000, 000	36, 000, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.3.1.7 - Participation at local and international conferences	5.3.1.7.1 Participation of 10 SI & 4 epidemiology staff at International Conferences on HIV AIDS	Report of the training	8, 400, 000	8, 400, 000	8, 400, 000	8, 400, 000	8, 400, 000	8, 400, 000	8, 400, 000	50, 400, 000
	5.3.1.7.2 Participation of 10 epidemiology staff at 5 day local conferences on HIV/AIDS	Report of the training	750, 000	750, 000	750, 000	750, 000	750, 000	750, 000	750, 000	4, 500, 000
5.3.1.8 - To conduct National HIV/ AIDS and Reproductive Health Survey (NARHS-plus)	5.3.1.8.1 30 Day survey by 132persons (3 persons per state & FCT & One NACSP staff/ 2 consultants/ zone and 3 national consultants	number of days of survey	58, 050, 000	58, 050, 000	0	0	72, 562, 500	0	90, 703, 125	221, 315, 625
	5.3.1.8.2 10 day analysis and report writing of Sentinel survey by a 20 member team (all Consultants involved in the survey and 5 staff of NASCP	Report of the workshop	6, 000, 000	6, 000, 000	0	0	7, 200, 000	0	9, 000, 000	22, 200, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.3.1.9 - Printing of survey report document	5.3.1.9.1 - printing of 15000 copies of 2009 HIV/ Syphilis sentinel survey	number of copies printed	7, 200, 000	7, 200, 000	0	0	9, 000, 000	0	9, 000, 000	25, 200, 000
5.3.1.10 - Dissemination of survey documents	5.3.1.10.1 - One day Dissemination of the 2009 HIV/Syphilis sentinel survey by 60 persons (at least one per state & FCT, others from Ips)	Report of the dissemination	7, 400, 000	7, 400, 000			12, 600, 000		12, 600, 000	32, 600, 000
5.3.1.11 - Capacity building for relevant staff from state	**5.3.1.11. 1** Conduct 5-day TOT workshop for state epidemiologist, SAPC and Lab Sct. per geo-political zone on HIV/AIDS/ STI surveillance system	Number of persons trained		0	0	0	0	0	0	0

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.3.1.12 - To conduct Integrated Bio behavioral Sentinel Survey (IBBSS)	**5.3.1.12.1** 30 Day survey by 132persons (3 persons per state & FCT & One NACSP staff/ 2 consultants/ zone and 3 national consultants	number of days of survey	58, 050, 000	58, 050, 000	0	0	72, 562, 500	0	90, 703, 125	221, 315, 625
	5.3.1.12.2 10 day analysis and report writing of Sentinel survey by a 20 member team (all Consultants involved in the survey and 5 staff of NASCP	Report of the workshop	6, 000, 000	6, 000, 000	0	0	7, 200, 000	0	9, 000, 000	22, 200, 000
5.3.1.13 - Printing of survey report document	**5.3.1.13.** 1 printing of 15000 copies of 2009 HIV/ Syphilis sentinel survey	number of copies printed	7, 200, 000	7, 200, 000	0	0	9, 000, 000	0	9, 000, 000	25, 200, 000
5.3.1.14 - Printing of survey report document	5.3.1.14.1 One day Dissemination of the 2009 HIV/Syphilis sentinel survey by 60 persons (at least one per state & FCT, others from IPs)	Report of the dissemination	7, 400, 000	7, 400, 000			12, 600, 000		12, 600, 000	32, 600, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.3.1.15 - To build capacity of NASCP (Epi-demiology staff) to effectively coordinate the conduct of HIV/ AIDS/STI surveillance in Nigeria	5.3.1.15.1 Training on HIV/AIDS/STI surveillance system including data management (see 5.3.1.1 above)									
SUB-TOTAL				323, 100, 000	88, 462, 500	15, 900, 000	499, 453, 125	15, 900, 000	601, 891, 406	1, 544, 707, 031
Objective 5.4: To continuously improve data quality and supportive supervision at all levels by 2015										
Intervention 5.4.1 : To assess current DQA ranking of states and develop action plans for improvement of rankings										
5.4.1.1 - Data quality assessment exercises to the States and facilities	5.4.1.1.1 - Bi annual Data quality assessment exercises to the States and facilities (2 NASCP Officers and 2 State Officers) for 5 days	Reports of DQA exercise conducted	5, 357, 500	10, 715, 000	10, 715, 000	0	0	0	0	21 430 000
SUB-TOTAL				**10, 715, 000**	**10, 715, 000**	**0**	**0**	**0**	**0**	**21, 430, 000**

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
Objective 5.5: To improve efficiency and effectiveness in implementation of costed Health Sector Strategic Plan (HSSP 2010 - 2015)										
Intervention 5.5.1: Periodic reviews and evaluation of the Health Sector Strategic plan (HSSP 2010 - 2015)										
5.5.1.1 - Three annual reviews of HSSP (2010-2015) implementation	**5.5.1.1 .1** Five day workshop to develop data collection tools for the annual reviews (20 participants)	Data collection tools developed	4,000,000		4,000,000					4,000,000
	5.5.1.1.2 Five days field data visits of 2 FMOH staff in 12 states (2 from each zone)	Data collection reports	4,800,000		4,800,000		4,800,000	4,800,000		14,400,000
	5.5.1.1 3 Hire a consultant to harmonize the field outcome and develop the draft report (work for 15 days)	Annual report (first draft)	750,000		750,000		750,000	750,000		2,250,000
	5.5.1.1 .4 Two-day workshop to review and finalize the report (30 participants)	Final report produced	2,400,000		2,400,000		2,400,000	2,400,000		7,200,000
	5.5.1.1 .5 Printing of the review report 5,000 copies	No of Copies printed	2,500,000		2,500,000		2,500,000	2,500,000		7,500,000
	5.5.1.1 .6 One day Dissemination of the HSSP review report by 60 persons (at least one per state & FCT, others from IPs)	Report of the dissemination	3,360,000		3,360,000		3,360,000	3,360,000		10,080,000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.5.1.2 - Mid-term review of the HSSP	5.5.1.2.1 Five days field data visits of 2 FMOH staff in 36 states + FCT	Data collection reports	14, 800, 000	0	0	14, 800, 000	0	0	0	14, 800, 000
	5.5.1.2.2 Hire one lead consultant and 2 other consultants to harmonize the field outcome and develop the draft report (work for 15 days)	Mid-term report (first draft)	2, 250, 000			2, 250, 000				2, 250, 000
	5.5.1.2.3 Two-day workshop to review and finalize the report (30 participants)	Final report produced	2, 400, 000			2, 400, 000				2, 400, 000
	5.5.1.2.4 Printing of the review report and the revised plan 10,000 copies	No of Copies printed	5, 000, 000			5, 000, 000				5, 000, 000
	5.5.1.2.5 One day Dissemination of the HSSP review report by 60 persons (at least one per state & FCT, others from IPs)	Report of the dissemination	3, 360, 000			3, 360, 000	0	0	0	3, 360, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.5.1.3 - End of period review of the Health sector strategic plan (2010 - 2015)	**5.5.1.3.1** Five days field data visits of 2 FMOH staff in 36 states + FCT	Data collection reports	14, 800, 000	0	0	0	0	0	14, 800, 000	14, 800, 000
	5.5.1.3.2 Hire a consultant to harmonize the field outcome and develop the draft report (work for 3 weeks)	End of period report (first draft)	2, 250, 000	0	0	0	0	0	2, 250, 000	2, 250, 000
	5.5.1.3.3 Two-day workshop to review and finalize the report (30 participants)	Final report produced	2, 400, 000	0	0	0	0	0	2, 400, 000	2, 400, 000
	5.5.1.3.4 Printing of the review report 10,000 copies	No of Copies printed	5, 000, 000	0	0	0	0	0	5, 000, 000	5, 000, 000
	5.5.1.3.5 One day Dissemination of the HSSP review report by 60 persons (at least one per state & FCT, others from IPs)	Report of the dissemination	3, 360, 000	0	0	0	0	0	3, 360, 000	3, 360, 000

Main Objective: Strengthen M&E systems for effective surveillance and research to ensure proper data management for evidence-based decision-making and cost-effective programming by 2015										
Objectives/ Strategic Interventions/ Activities	**Assumptions/ details/ resource input/ frequency**	**MOV**	**Unit cost**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total**
5.5.1.4 - To strengthen AIDS Operation Research Capability	(Funds to be managed by a National Research Committee of 10 reputable members from relevant fields of specialisation)	x	x	0	100, 000, 000	100, 000, 000	100, 000, 000	100, 000, 000	100, 000, 000	500, 000, 000
SUB-TOTAL				0	117, 810, 000	127, 810, 000	113, 810, 000	113, 810, 000	127, 810, 000	601, 050, 000
Grand Total				**1, 157, 842, 500**	**1, 823, 416, 594**	**741, 898, 750**	**1, 235, 334, 375**	**622, 684, 688**	**1, 152, 316, 941**	**6, 733, 493, 848**

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Annex 1: Outputs and Budget Estimate for the Implementation of HSSP 2005-2009

Output	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1: Strengthened capacity of health sector institutions, systems and personnel to plan and manage a well-coordinated, and adequately funded response to HIV & AIDS in the health sector based on the principles of the 'three ones'.	165,712,690	41,232,910	77,566,319	29,342,526	70,233,171	**384,087,619**
2: Effective public private partnerships for increasing coverage and improving access to HIV & AIDS - related services	8,827,020	829,528	0	0	0	**9,656,548**
3: Delivery of sustainable, comprehensive, quality prevention, treatment, care and support services that are guided and monitored by national protocols for all health service providers.						
ART/HCT	20,078, 680,853	29,875, 455,853	44,565, 055,853	59,256, 194,553	96,433, 794,553	**250,209, 181,665**
PMTCT/ HCT	1,742,400	1,955,844	2,195,435	2,464,376	2,766,262	**11,124,316**
Total Output 3	20,080, 423,253	29,877, 411,697	44,567, 251,288	59,258, 658,929	96,436, 560,815	**250,220, 305,981**
4: Efficient and sustainable logistics system in place for improved access to health commodities for HIV & AIDS and related problems	2,852,862	27,237,537	3,739,866	3,832,476	3,936,431	**41,599,172**
5: Monitoring and Evaluation and surveillance systems established for effective tracking of the HIV & AIDS epidemic and the health sector response	370,830, 219	160,525, 446	601,473, 214	24,257, 845	521,770, 975	**1,678, 857,699**
O 6: Coordination and dissemination of research on HIV & AIDS - related issues to inform policy and planning	0	1,924,302	2,160,028	2,424,632	2,721,650	**9,230,612**
Output 7: Measures instituted for effective advocacy with political, traditional and religious leaders to mobilise support for the HIV & AIDS health sector response and to help reduce stigma and discrimination for PLWHAs and most-at-risk groups	117,334,864	135,670,706	135,790,716	139,552,563	155,912,752	**684,261,601**
TOTAL (Naira)	**20,746, 980,908**	**30,244, 832,126**	**45,387, 981,431**	**59,458, 068,971**	**97,191, 135,794**	**253,028, 999,230**
TOTAL ($US)	**157,174, 097**	**229,127, 516**	**343,848, 344**	**450,439, 916**	**736,296, 483**	**1,916, 886,357**

Annex 2: Key partners providing support for the HIV & AIDS Health Sector Programme

- UN agencies (UNAIDS, WHO, UNFPA, UNICEF UNIFEM, UNITAD), World Bank.
- The Global Fund supporting provision of ARVs (through FMOH) and NGO capacity (through CISCGHAN)
- Bilateral partners: USG (USAID and CDC), through their many implementing partners, DFID, CIDA, JICA,
- Foundations: Gates (substantive support for ARV programs mainly through APIN), Packard and Ford Foundation, Clinton Foundation
- International NGOs

Some Key implementing partners:

- Federal and state line ministries, local governments and communities
- International NGOs, national and local NGOs, FBOs, CBOs
- Research institutions, professional organisations
- Private sector health providers and employers (formal and non formal)

Others:

There are others who have continued to provide support in one form or the other to the HIV and AIDS health sector that are not listed here in HSSP 2010 -2015

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FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH

National Health Sector Strategic Plan
&
Implementation Plan for HIV/AIDS
2010 - 2015

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