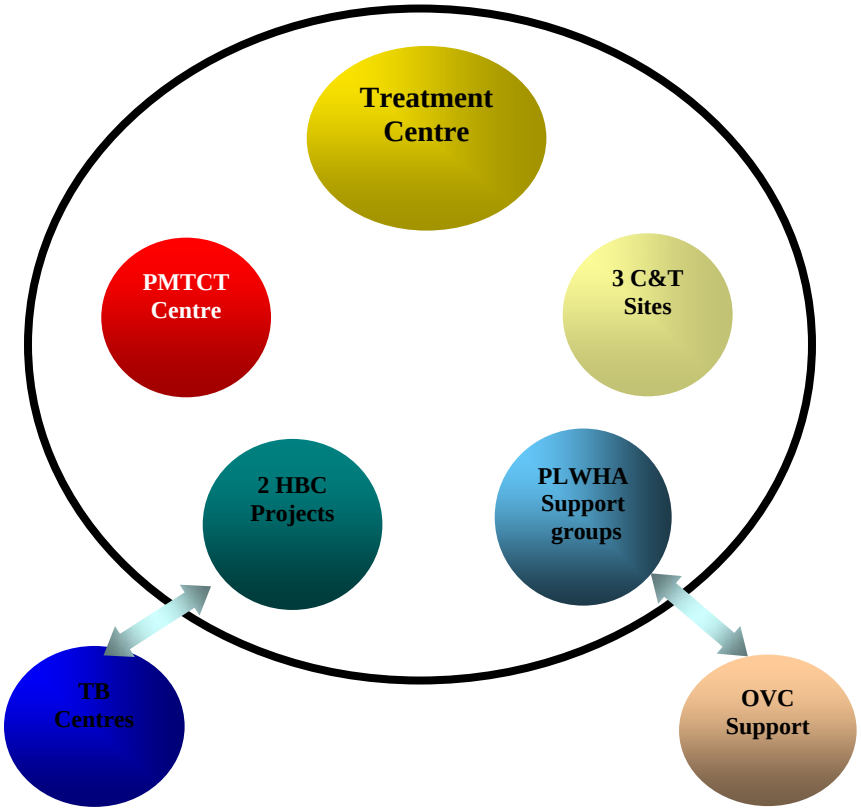
Global Fund Round 5 HIV/AIDS Programme

Annual Progress Report



January – December 2007

CONTENTS

ACKNOWLEDGEMENTS

This report documents the progress made in one year from the Project start date in the management and implementation of Nigeria's HIV/AIDS programmes supported by grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) under Round 5 and highlights the lessons learnt in the course of the implementation of the programmes and activities.

The National Agency for the Control of AIDS (NACA) as one of the Principal Recipient to the Round 5 acknowledge and appreciate the support of the GFATM, Nigeria's CCM and supporting development partners assisting with Round 5. The National Response expresses the nation's gratitude to all of them.

The commitment and efforts of all the Staff and Heads of NACA and sub-recipients' organizations implementing the Round 5 Project are recognized and appreciated

This report was prepared with the engagement of a consultant – Dr. Iheadi Onwukwe and the NACA M&E Specialist (Global Fund Project) – Louis Edema who examined the various strategies and approaches adopted in managing and implementing the Round 5 as part of the scale up of the National Response with funds from GFATM in Nigeria.

ACRONYMS & ABBREVIATIONS

ARVs	Antiretrovirals
ATM	AIDS, Tuberculosis and Malaria
C&T	Counselling and Testing
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CMS	Central Medical Stores
FHI	Family Health International
FMLP	Federal Ministry of Labour and Productivity
FMWA&SD	Federal Ministry of Women Affairs and Social Development
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with AIDS
GON	Government of Nigeria
HBC	Home-based care
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMO	Health Management Organization
ICAP	International Center for AIDS Care and Treatment Programs
IHVN	Institute of Human Virology Nigeria
IP	Implementing Partner
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NACA	National Agency for the Control of AIDS (formerly National Action Committee on AIDS
NASCP	National AIDS and STDs Control Programme
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NiBUCAA	Nigeria Business Coalition Against AIDS
NIMR	National Institute of Medical Research
NYSC	National Youth Service Corps
PPFN	Planned Parenthood Federation of Nigeria
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PCC	Programme Coordinating Committee
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PLWHA	People/Person Living with HIV/AIDS
POS	Point of Service
PR	Principal Recipient
SDP	Service Delivery Point
SMEs	Small and Medium Scale Enterprises
SR	Sub-recipient
SFH	Society for Family Health
TBAs	Traditional Birth Attendants
WHO	World Health Organization
WB	World Bank
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Testing and Counselling

EXECUTIVE SUMMARY

Nigeria, the most populous African nation has a population of 140 million people[1]. With an adult HIV prevalence of 4.4 per cent, the country has the world's third largest burden of HIV/AIDS after South Africa and India. The population of people living with HIV/AIDS is estimated to be 3.86 million, and AIDS-related deaths average 310,000 per year. Children living with HIV/AIDS are of the order of 290,000 while children with one or both parents killed by AIDS-related conditions are believed to be as many as 1.8 million.

The National response to HIV/AIDS dates from 1986 when the first case of HIV/AIDS was identified, following which the National Expert Advisory Committee on AIDS (NEACA) was established in 1987. The National AIDS and STDs Control Programme (NASCP) was established in 1988 to replace NEACA. Control efforts which suffered political will and poor funding over the years until the nation reached a turning point in 2000. That year the National Action Committee on AIDS (NACA) was established to lead an all-embracing, multi-sectoral response, for which it got unprecedented levels of political support and funding from the government and international development partners. The Committee in early 2007 transmuted into the autonomous National Agency for the Control of AIDS, also NACA.

From the inception of the GFATM in 2002, NACA has coordinated the nation's utilization of GF support to control HIV/AIDS and its multi-response health and development impacts.

On January 1, 2007, Nigeria commenced the implementation of Round 5 programmes with an approved grant of $180,448,985 for 5 years. The overall goal of the effort is to reduce HIV/AIDS-related mortality and morbidity through six objectives:

1. To scale up comprehensive HIV/AIDS treatment, care and support for people living with HIV/AIDS to all 37 States in the country
2. To expand access to Counselling and Testing services to cover 37 states of the country
3. To strengthen the role of the community, civil society organizations and networks of PLWHA in providing and supporting HIV/AIDS treatment and care
4. To increase access to Care and Support services for OVC in 37 states of the country
5. To increase the capacity of the private sector to implement workplace HIV/AIDS programmes in 12 states, and
6. To strengthen the capacity of implementing institutions for effective programme management, coordination, monitoring and evaluation.

[1] 2006 National Population and Housing Census, National Population Commission, 2007

However, NACA is the lead of the three organizations that are Principal Recipients — NACA, ARFH and SFH — with 6 SRs [FHI, Hygeia, FMoH (HIV/AIDS Division), FMoL, NIBUCAA, SFH] that are direct implementers of the project. NACA's reporting Objectives are 1, 5 and 6.

The national strategy devised for Round 5 has been to embrace wider stakeholder involvement, build upon harmonization efforts already in place, leverage additional resources and support from key development partners, improve communications, and better utilize in-country expertise to address the problems identified in Round 1. In addition to increasing the national absorptive capacity to use GFATM funds, the strategy also spreads the workload and the risks to prevent wholesale non-performance.

Well before implementation of Round 5 activities commenced, a number of governance decisions had been taken towards creating an enabling environment for a seamless implementation. First, the NACA decided to strengthen its systems and ensure that its SRs did the same by recruiting tested hands and giving those already in the system appropriate training.

Structures and mechanisms were also set up for sharing ideas and taking decisions that affect the entire programme. A Programme Coordinating Committee (PCC), made up of representatives of PRs and other key development sector stakeholders was set up (NACA gives leadership); it meets monthly. A mechanism for quarterly meeting of PRs and SRs was also set up where implementation activities and accomplishments are reviewed and challenges discussed. Also for the foregoing objectives, there is provision for meetings at the level of clusters, the smallest unit of implementation in Round 5, which exist at the point of service and state levels.

Also, the PCC agreed that all information on Round 5 activities would be widely circulated and shared with the public through the three PRs' websites.

The Integrated Cluster Model, the fulcrum of Round 5 activities, was designed for service delivery. It is an integrated approach to treatment and care that addresses both supply and demand side activities. It ensures that in every locality there is a "cluster" of related services, including treatment, PMTCT, C&T, Home-Based Care, PLWHA support groups, TB treatment, and OVC support programmes.

Allied to the cluster model is the Procurement and Supply Management (PSM) system, a backbone mechanism which ensures that drugs, test kits, reagents and other commodities, which are key to service delivery, are available as needed. This supply chain management is made up of four organizations—IDA Foundation and Crown Agents Nigeria Ltd. (to procure drugs and other commodities); CHAN Medi-Pharm (to distribute); and JSI Deliver (to oversee the MIS and supervise the entire backbone) with NACA coordinating. The PSM

organizations were competitively selected and on the basis of their comparative advantages and track record.

The implementation of the GFATM-supported programmes is in two phases, the first for two years—2007 – 2008. For this phase a total of $46,230,756 is approved.

After four of the eight quarters of the first phase of the grant period, NACA has been rated A. Rating is based on how well the organizations hit their targets, and NACA, which oversees three of the six objectives, has made considerable efforts with its SRs to hit targets in the first one year.

The targets not met relate to the numbers of people receiving co-trimoxazole, and the number of pregnant women receiving complete courses of prophylaxis at GF sites. The GFATM however acknowledged from the outset that some of the targets are practically impossible to achieve and agreed, prior to grant signing, to review and revise accordingly. Since the completion of the preliminaries, however, demand for services has grown at a reassuring rate. By the end of the fourth quarter the accomplishments were: (See Table 1)

This report examines the management, implementation, accomplishments and challenges of Round 5 of support from GFATM—January – December 2007 in fulfilment of Program Grant Agreement. The figures in this report relate to activities and accomplishments during those defined periods.

INTRODUCTION

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was established in 2002 as a funding mechanism to support developing nations in their quest to address their burdens of the three health and development problems. The prevalence of the three diseases, which kill more than 6 million people each year, is on the rise. Statutorily, GFATM support is directed at the funding gaps of beneficiary nations, and at local programmes over which the countries have complete ownership. To date, the Global Fund has committed US$8.4 billion to support aggressive interventions against all three diseases in 136 countries.

Each year since 2002 GFATM has invited proposals from countries entitled to benefit from the Fund through *calls* or *request for proposals*. Each call for proposals leads to one *round* of funding. The proposal submitted by an applicant nation typically goes through its Country Coordinating Mechanism, a body of representatives of stakeholder organizations and international development partners, including Government, NGOs, the civil society, multilateral and bilateral agencies, and the private sector. The CCM, which could be an already existing body or a new one established for the purpose, provides oversight for the implementation of the programmes supported by GFATM. The mechanism is normally at the highest national level responsible for national multi-partner and multi-sectoral development planning.

Nigeria has benefited from GFATM funding directed at gaps in ATM control programmes since the first round in 2003. However, the nation was only successful in its application for support to address HIV/AIDS in 2004 (Round 1), and 2007 (Round 5).

The country is currently running a multi-pronged GFATM-supported initiative to control HIV/AIDS and mitigate its impacts under Round 5.

1 Program Descriptions

1.1 General Grant Information

Grant Number	NGA-506-G07-H
Grant Title	Scale up of Comprehensive HIV and AIDS Treatment, Care and Support
Component	HIV/AIDS
Round	5
Principal Recipient's Name and Address	National Agency for the Control of AIDS (NACA), 823 Ralph Sodeinde Street, Central Business District, Abuja
Phase 1 Grant Amount	US$29,990,348 (Twenty-nine Million, Ninety Hundred and Ninety Thousand, Three Hundred and Forty Eight United States Dollars)
Phase 1 Starting Date	01 January 2007
Phase 1 End Date	31December 2008

The Program primary focus is strengthening treatment, care and support for people living with and affected by HIV/AIDS in Nigeria. The Program is addressing a major gap in the response to HIV/AIDS in Nigeria, building on programs initiated through funding provided by the Global Fund (GF) on existing prevention, treatment and care initiatives of government and other partners. It is scaling up provision of Antiretroviral Treatment (ART) and related services such as counselling and testing, prevention of mother-to-child transmission (PMTCT) and community care to ensure that a comprehensive package of HIV/AIDS treatment, care and support is available in all parts of the country.

NACA through its SRs is implementing 3 program Objectives and reporting on 7 indicators for Round 5. (See Table 1)

Table 1:

Number	Objective	Indicator
1	To scale up comprehensive HIV/AIDs treatment, care and support for people living with HIV/AIDS to all 37 States in the Country	# of people receiving ART at GF sites
		# of PLWHA receiving co-trimoxazole prophylaxis
		# of HIV+ pregnant receiving complete course of prophylaxis at sites receiving GF support
		# of PMTCT Centres established/supported
		# of service delivery points providing ART
5	To increase capacity of the private sector to implement workplace HIV/AIDS program in 12 States	# of private enterprises providing interventions for HIV/AIDS prevention to the workforce
6	To strengthen the capacity of implementing institutions for effective program management, coordination, monitoring and evaluation	% of service delivery points submitting timely and complete report

The approach followed in scaling up HIV/AIDS treatment, care and support is the extension of provision of ART services to secondary level health facilities in all the 37 States of the country. The Principal Recipients (PRs) through their SRs established new and strengthens existing services for PMTCT, TB, adherence support and home-based care alongside centres providing ART. These collectively form "clusters" for providing comprehensive HIV/AIDS care.

This approach to scaling up ART involves developing a network or clusters of secondary and primary facilities that provides comprehensive HIV/AIDS care, including ART. The Program is strengthening capacity of and links between general hospitals, primary health care facilities and community based efforts to ensure a continuum of care for people living with HIV/AIDS. Decentralizing HIV/AIDS treatment and care to secondary and primary levels to enable more people to access treatment and achieve significant impact on HIV/AIDS related morbidity and mortality.

1.2 Beneficiaries:

- People living with HIV/AIDS
- Small and medium scale enterprises
- General Population

1.3 Implementations:

- Identification and upgrading of existing sites
- Identification and development of new sites
- Training of health workers
- Commencement of treatment, counselling and testing services
- Training of staff in use of Logistics management information system
- Procurement and distribution of equipment and drugs to sites
- Strengthening of national monitoring and evaluation systems to report complete, timely and quality data.

2 Program Management, Coordination, Monitoring and Evaluation

2.1 Grant signing and Program start date

The Grant was signed on the 28th November 2006 by the Secretary to the Government of Nigeria and the relevant officer at the GF Secretariat in Geneva. The Grant start date was 1st January 2007.

2.2 Signing of Memorandum of Understanding

All SRs signed the MoU with NACA and have been submitting their quarterly program update and disbursement requests timely during reporting year (2007).

The Year 1 participating 12 States have also signed and submitted copies of the Memorandum of Understanding (MoU) to NACA.

2.3 Meetings

2.3.1 Quarterly meetings between PRs and SRS

After the signing of the Grant Agreement, an Inaugural 3-day meeting of the PRs and SRs was held in Jos, Plateau State. Subsequent quarterly meetings between the PRs and SRS were held during the year, and were scheduled to enable the PRs and SRs review the Program data prior to submission to the GF.

- Key issues discussed in these meetings included:
- Grant Agreements between the PRs and SRs
- Conditions Precedent as stated in the GF agreement with the PRs
- MoU with States and Sites
- Monitoring and Evaluation
- Understanding of GF Processes
- Procurement, Supply and Management Matter
- Update on the VOXIVA Systems

A key action point from the second quarter meeting was an agreement on the reporting/presentation format for all PRs/SRs.

2.3.2 Cluster Coordination Meetings

In the period under review, two levels of Cluster Coordination meetings had been set-up; the Site level cluster and the State level cluster meetings with clear modalities and terms of reference.

The monthly (SDPs) and quarterly (State) meetings of clusters have increased information sharing, data collection and programme accountability.

2.4 Trainings

2.4.1 Training under Objective 1

In the year under review, several training sessions were conducted for different cadres of health workers for quality service delivery.

Figure 1: Number and categories of health workers trained in the delivery of quality ART and PMTCT services

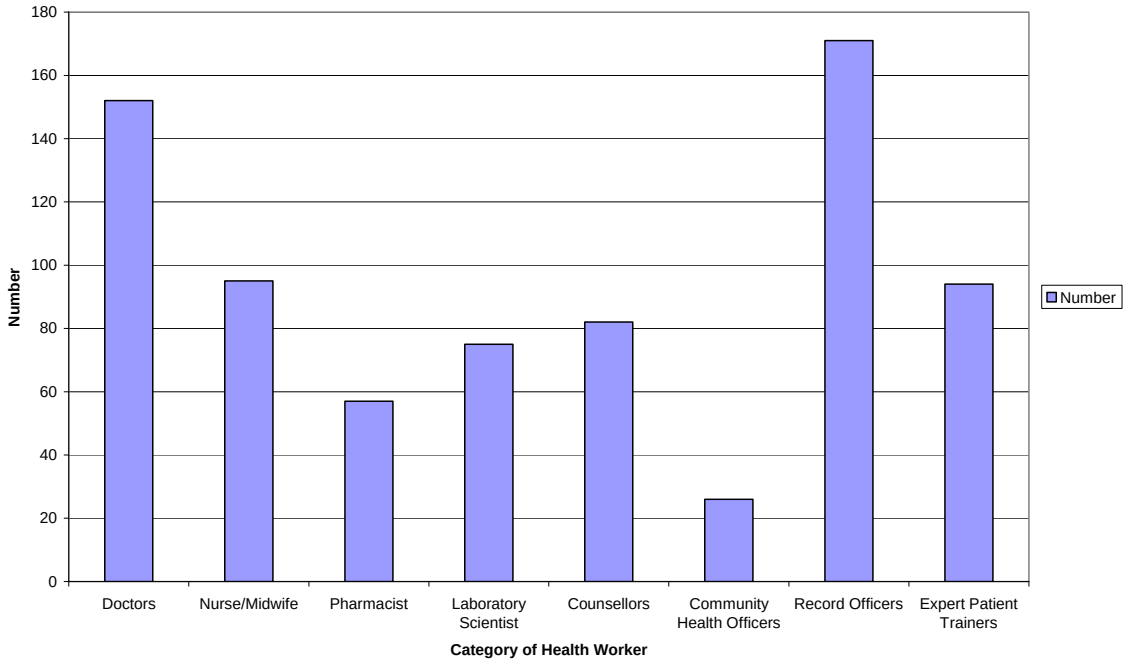


Figure 1 shows that 152 medical doctors, 57 pharmacists, 151 Counsellors, 171 Monitoring and Evaluation Officers, 95 Nurses/Midwives, 75 Laboratory Scientists and 94 Expert Patient Trainers were trained during the year. Overall, all the training targets were exceeded.

Figure 2: Number and categories of officers trained in data collection, management and reporting (M&E)

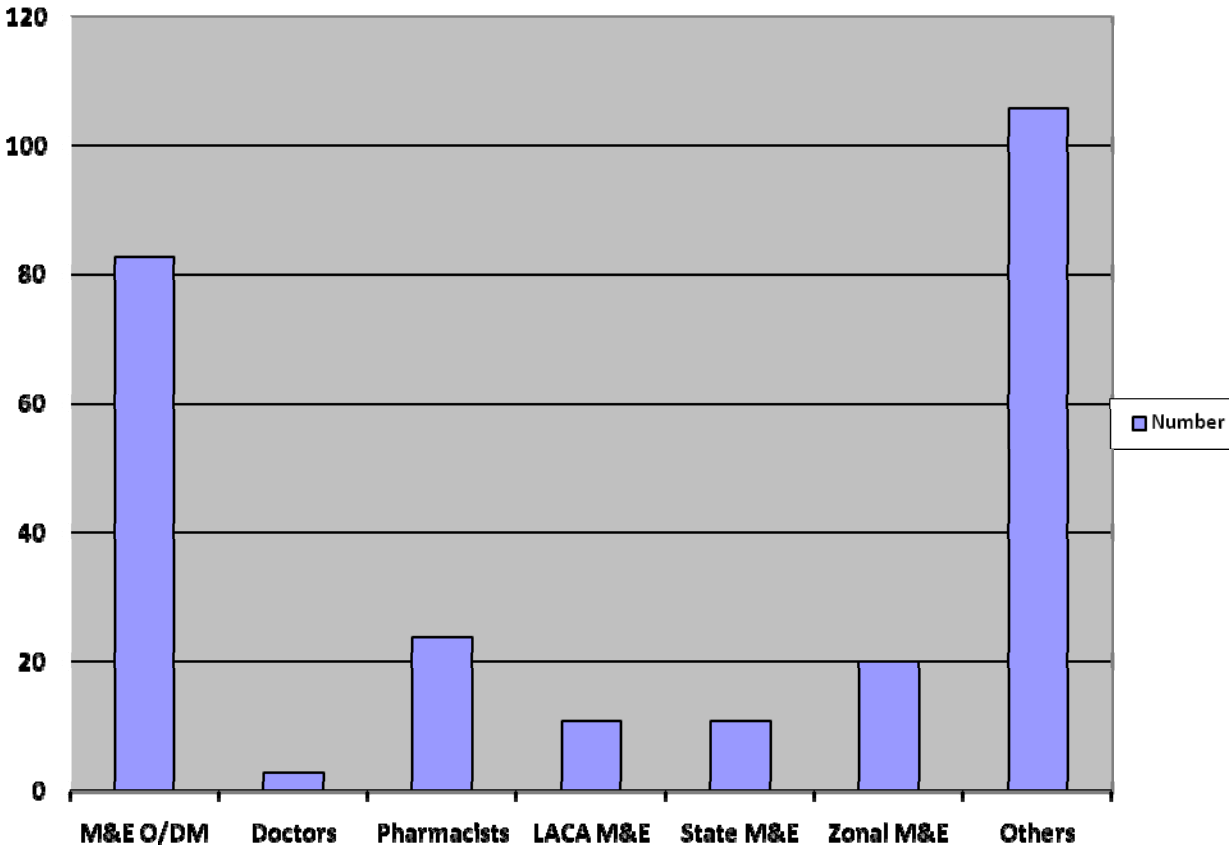


Figure 2 indicates that 83 M&E Officers/Data Managers, 27 Pharmacists, 20 Zonal M&E Officers, 11 SACAs and LACAs each, 3 Doctors and 106 other categories of health workers were trained on data collection, management and reports. The has considerable impact on the project.

2.4.2 Training under Objective 5

Under Objective 5, several Training of the Trainers (ToT), training of Peer Educators and policy development workshops was carried out. The details are in Table below

Table 2: The achieved numbers for the selected indicators of workplace program activities

Selected Indicators of workplace program activities carried out	**Number Achieved**
Number of Zonal Peer Educators TOT Workshops held	4
Number of State Peer Educators' workshops and Refresher Trainings held	6

Number of Peer Educator Trainings for SMEs and refresher Trainings held	6
Number of Policy Development Workshops held	6
Number of GIPA Officers Trained	5
Number of GIPA Officers placed in the Workplace	5
Number of Peer Educators trained for SMEs	155

2.5 Year 1 sites assessment, selection and upgrading

The process of site assessment, selection, and upgrading started shortly after the signing of the Grant agreement, and continued throughout the year. Efforts were made to ensure that sites were objectively selected, and a triangulation of the criteria of the HIV prevalence rates as reported by the 2005 Sero-prevalence study report, the number of existing ART Centres and the viability of the agreed 'integrated cluster model' informed the decision.

The number of sites selected and the number of participating States increased progressively during the year. The participating States include Adamawa, Akwa Ibom, Anambra, Benue, Bauchi, Cross River, Delta, Edo, Enugu, Katsina, Kano, Kogi, Lagos, Nasarawa, Niger, and Rivers States, as well as the FCT in the reporting period. (See **Annex 1** for list of sites activated and reporting)

2.6 Year 2 sites assessment

The assessment of Year 2 sites were initiated and concluded during reporting period (Quarter 4). Following the assessment, additional 50 sites in 13 states were recommended for inclusion into the Program for Year 2. (See **Annex 2** for list of sites and states)

2.7 Procurement and Supply Management

All relevant orders for equipment, including computers (Laptops and Desktops), Vehicles, and drugs and reagents for Year One sites were placed and the deliveries were timely as scheduled. Also, the orders for equipment for Year 2 sites were placed by Quarter 4 of Year 1.

The relevant Training on Logistics Management Information System (LMIS) using the National LMIS Tools commenced in Period 2 and continued throughout the Year. Also, the preparations for training of the relevant officers for the Year 2 sites have been completed. Members of the Procurement and Supply

Management backbone – Crown Agents, CHAN, Medi-Pharm and the Federal Medical Stores – were involved in delivering the Training sessions

2.8 Monitoring and Evaluation

Significant M&E milestones and achievements were reached during the year.

They included:

- Approval of the PRs' revised M&E Plan of the GF HIV/AIDS Round 5 Program by the GF
- The development and printing of the Nigerian National Response Information Management System (NNRIMS) Operational Plan 2007-2010
- Harmonised and printed M&E data collection tools and forms were distributed successfully to the sites
- Integrated M&E Training for sites, Local Government Area (LGA) and State M&E Focal Persons, and the PRs' Zonal M&E Officers on the harmonised M&E tools, roles and responsibilities
- Regular, timely preparation and dissemination of the Quarterly reports, including the Dashboard, to all stakeholders
- Regular routine quarterly data verification exercises
- A joint Data Quality Assessment of all the sites which was conducted in collaboration with the other PRs and their SRs..

3 Accomplishments and Program Results:

The following were accomplished during the reporting period

- ✓ Improved infrastructural capacity of health facilities to deliver ART
- ✓ Trained and mentoring of health workers in provision of ART and drugs to treat opportunistic infections (OI)
- ✓ Procured drugs, reagents and supplies
- ✓ Strengthened linkages between ART and other related programmes
- ✓ Improved quality of PMTCT infrastructure including laboratories
- ✓ Trained health workers in provision of PMTCT services
- ✓ 60 ART and 83 PMTCT sites were activated and providing services
- ✓ Developed and implementing workplace HIV/AIDS policies
- ✓ Trained workplace peer educators
- ✓ Supported greater involvement of people living with HIV/AIDS project in small and medium scale enterprises
- ✓ Strengthened linkages between public and private programs, and improved coordination within the private sector
- ✓ 88 private enterprises have workplace policies and programme for HIV/AIDS prevention to the workforce
- ✓ Provided support to strengthened programme management, supervision and monitoring

- ✓ Established and supports forum for programme coordination at national, state and site levels
- ✓ Provides appropriate and timely technical assistance TA for programme implementation and management
- ✓ Mechanism for data audit/assessment now in place
- ✓ Conducted routine and joint data quality assessment as contained in approved consolidated M&E Plan
- ✓ Reporting on time to stakeholders within the agreed reporting timeline

3.1 Programmatic Result

Table 3: The Reporting Periods for Year 1

	Q1	Q 2	Q 3	Q 4
Duration of Periods	01.Jan.07 – 31.Mar.07	01.Apr.07 – 30.Jun.07	01.Jul.07 – 30.Sep.07	01.Oct.07 – 31.dec.07

Table 3: The cumulative numbers achieved per quarter of 2007 for each of the specified indicators

Goal	Objective	Service Delivery Area	Indicator		Cumulative numbers achieved per quarter - 01.01.2007 to 31.12.2007 Q1	Q2	Q3	Q4
To reduce morbidity and mortality of HIV/AIDS in Nigeria	To scale up comprehensive HIV/AIDs treatment, care and support for people living with HIV/AIDS to all 37 States in the Country	1a. Anti-retroviral Treatment (Chronic HIV Care)	# of people receiving ART at GF sites	Target	0	6,000	12,000	18,000
				Achieved	1,878	2,952	10,801	18,188
		1b. Prophylaxis and treatment for opportunistic infections (Acute HIV Care & Palliative Care)	# of PLWHA receiving co-trimoxazole prophylaxis	Target	0	50,000	100,000	200,000
				Achieved	1,797	5,724	13,648	21,224
		1d. Prevention: prevention of mother-to-child transmission	# of HIV+ pregnant receiving complete course of prophylaxis at sites receiving GF support	Target	0	1,482	1,824	2,280
				Achieved	270	371	1,395	2,201
		1d. Prevention: prevention of mother-to-child transmission	# of PMTCT Centres established/supported	Target	15	25	32	37
				Achieved	31	33	66	83
		1a. Anti-retroviral Treatment (Chronic HIV Care)	# of service delivery points providing ART	Target	15	26	32	37
				Achieved	20	36	56	60
	To increase capacity of the private sector to implement workplace HIV/AIDS program in 12 States	Workplace policy and programmes	# of private enterprises providing interventions for HIV/AIDS prevention to the workforce	Target	20	35	50	60
				Achieved	25	45	68	88
	To strengthen the capacity of implementing institutions for effective program management, coordination, monitoring and evaluation	Monitoring and Evaluation	% of service delivery points submitting timely and complete report	Target	0%	80%	80%	80%
				Achieved	100%	91%	98%	94%

3.2 Objective 1

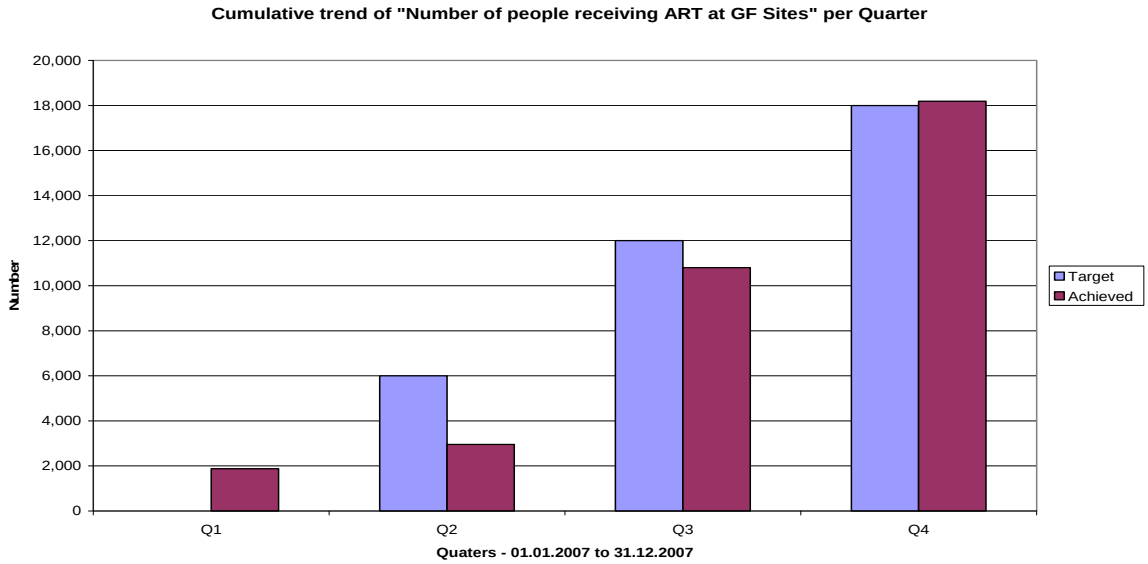


Figure 3: Cumulative trend of Target versus Achieved "number of people receiving ART at Global Fund Sites" per Quarter of 2007

Figure 3 above shows that during the year under review, 18,188 persons received ART at GF sites and that the set target of 18,000 persons was exceeded. Also, the progressive proportionate increase in number of persons receiving ART per quarter was significant and encouraging.

At the commencement of the Program, 20 Comprehensive ART sites were handed over to the Government of Nigeria by the Family Health International (FHI) (Objective 1 SR) on 01 January 2007 for future support with drugs and reagents procured under the GFATM Round 5 Grant. Prior to the hand-over, the sites were set-up and supported by funds from the PEPFAR.

Overall, the implementation of the Program went very well though the PR experienced difficulty in getting the required “No Objection” agreement from the World Bank for the rehabilitation of sites prior to their initiation and inclusion in the Program, and this could have militated against the planned progress. However, the PR was able to negotiate additional support from the USAID-funded PEPFAR for support of the FHI-supported sites in the middle of the Quarter 2.

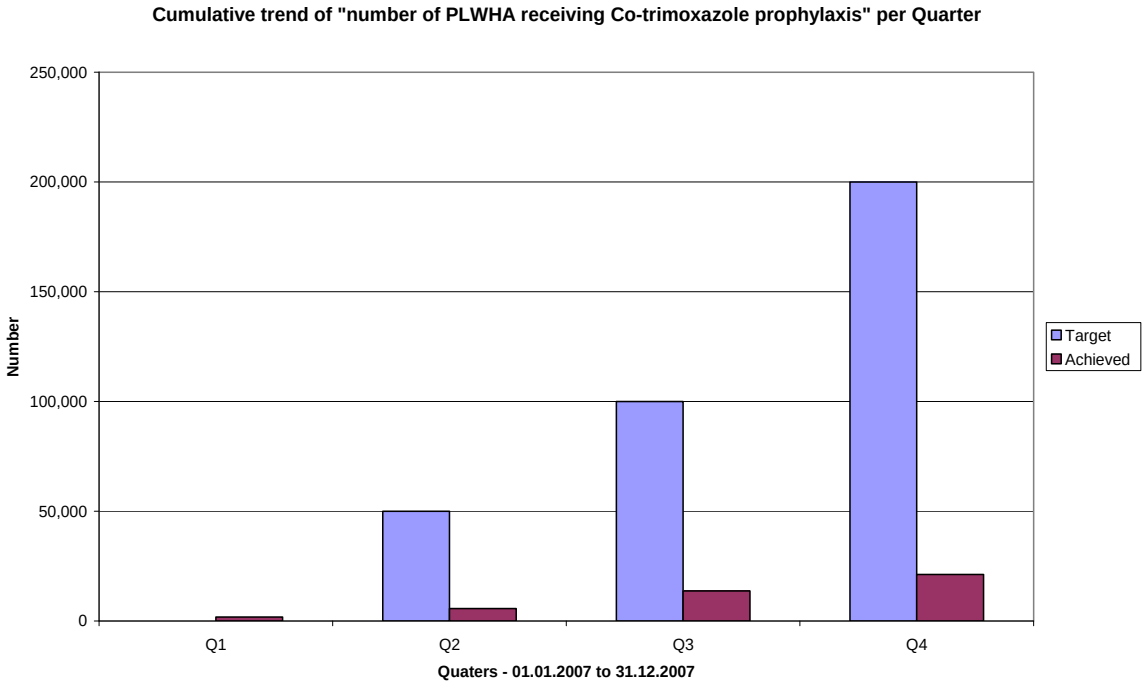


Figure 4: Cumulative trend of Target versus Achieved "number of PLWHA receiving Co-trimoxazole prophylaxis" per Quarter of 2007

Figure 4 above shows that a total of 21,244 PLWHA received C0-trimoxazole prophylaxis during the year under review. Also, the Chart above indicates a significant variation of the achieved numbers from the Target, and that the disparity continued to increase each quarter.

The significant deviation of the results achieved from target was at the point of Grant negotiation because the target was not based on any baseline hence a comment on the need to review the target at the end of Year one was agreed. At the end of the Quarter 4, a formal proposal for the review of the target was sent to the GF and the PR is awaiting approval of new target.

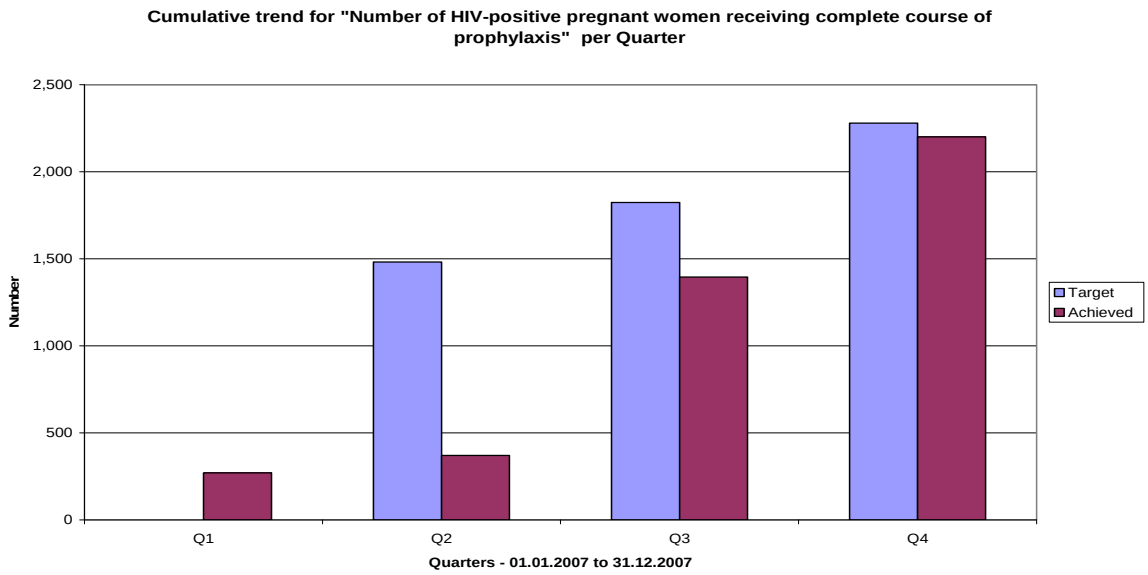


Figure 5: Cumulative trend of Target versus Achieved "number of HIV-positive pregnant women receiving complete course of prophylaxis" per Quarter of 2007

Figure 55 shows that during the year under review, 2, 280 HIV-positive pregnant women received the complete course of prophylaxis. The variation between the achieved versus target numbers was significant during the second quarter, and improved in the subsequent quarters.

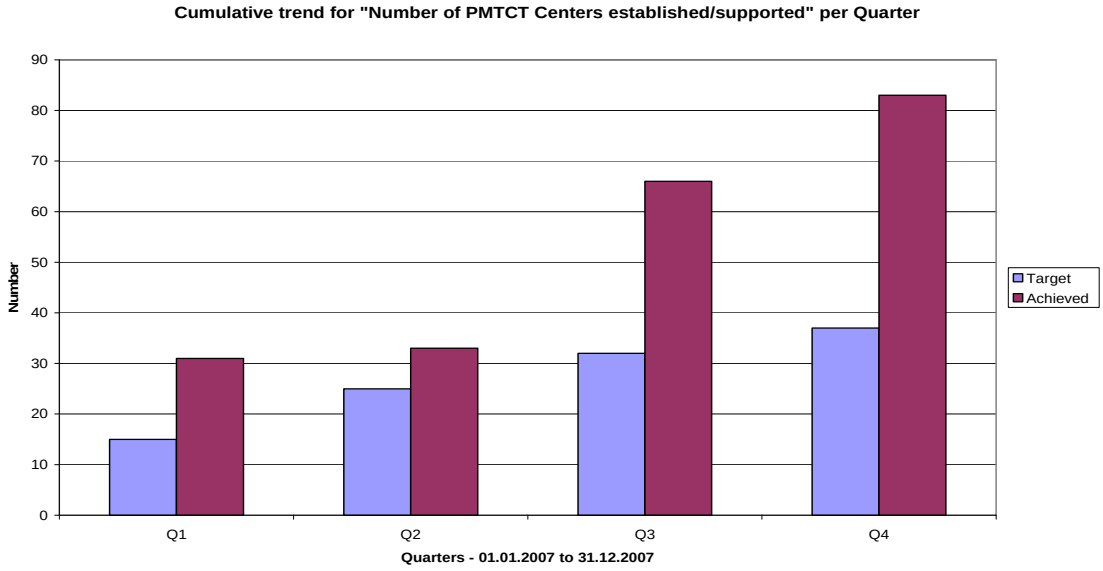


Figure 6: Cumulative trend for "number of PMTCT Centres established/supported" per Quarter in 2007

Figure 6 shows that 83 PMTCT Centres were established/ supported during the year, and that the number of established/supported centres consistently exceeded the targets for each quarter.

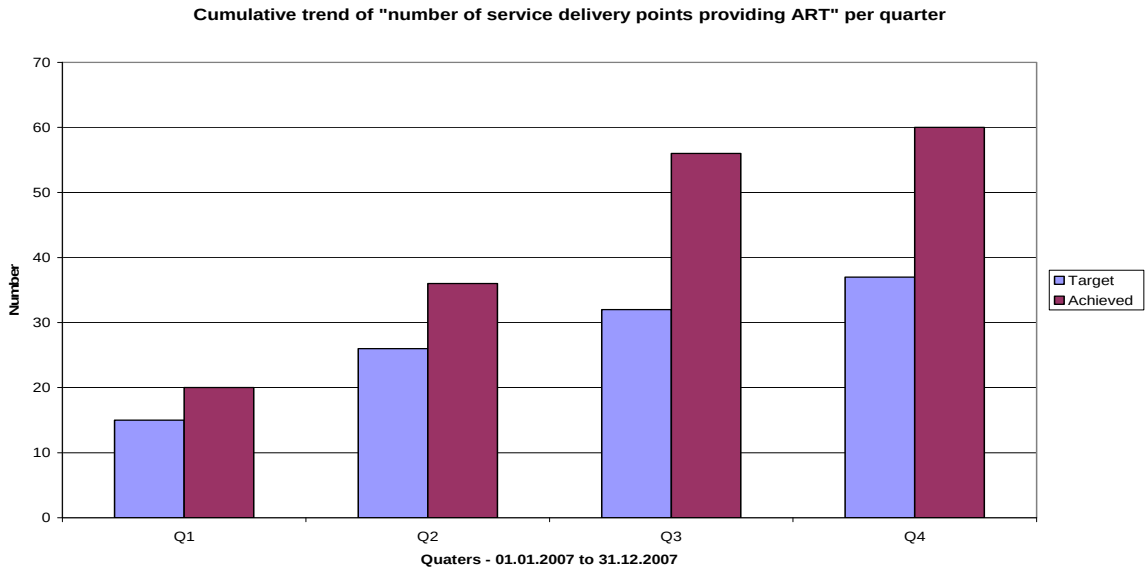


Figure 7: Cumulative trend of Target versus Achieved "number of service delivery points providing ART" per Quarter of 2007

Figure above shows that 60 service delivery points providing ART were established during the year. For each quarter, the number of established service delivery points exceeded the target.

3.3 Objective 5

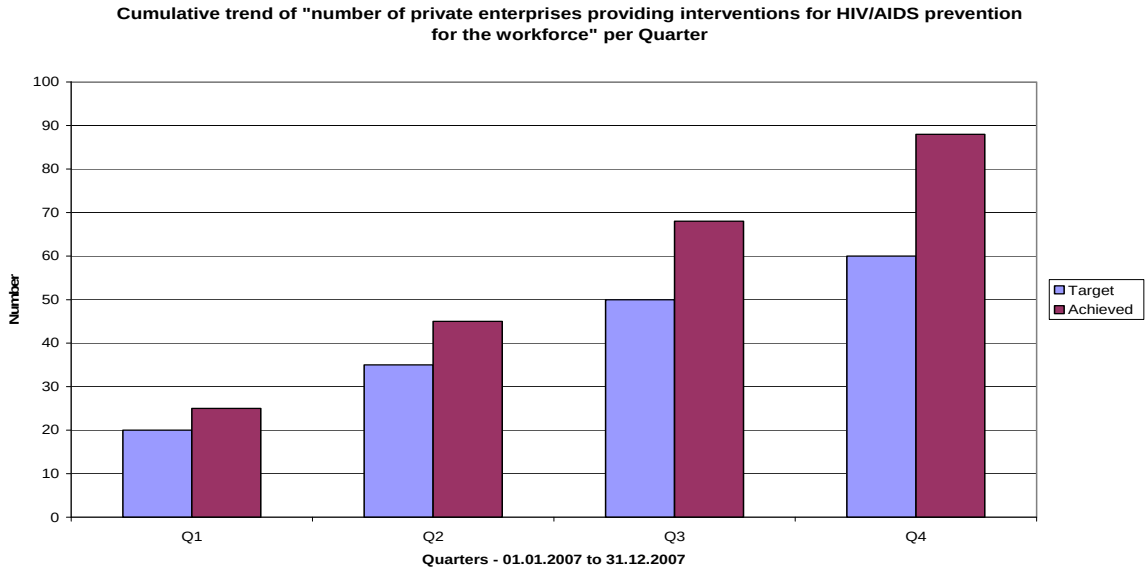


Figure 8: Cumulative trend of "number of private enterprises providing interventions for HIV/AIDS prevention for the workforce" per Quarter

Figure 8 shows that during the year under review, 88 private enterprises provided interventions for the prevention of HIV/AIDS to its workforce. The targeted numbers of private enterprises were exceeded during each quarter of the year.

4 Financial Information

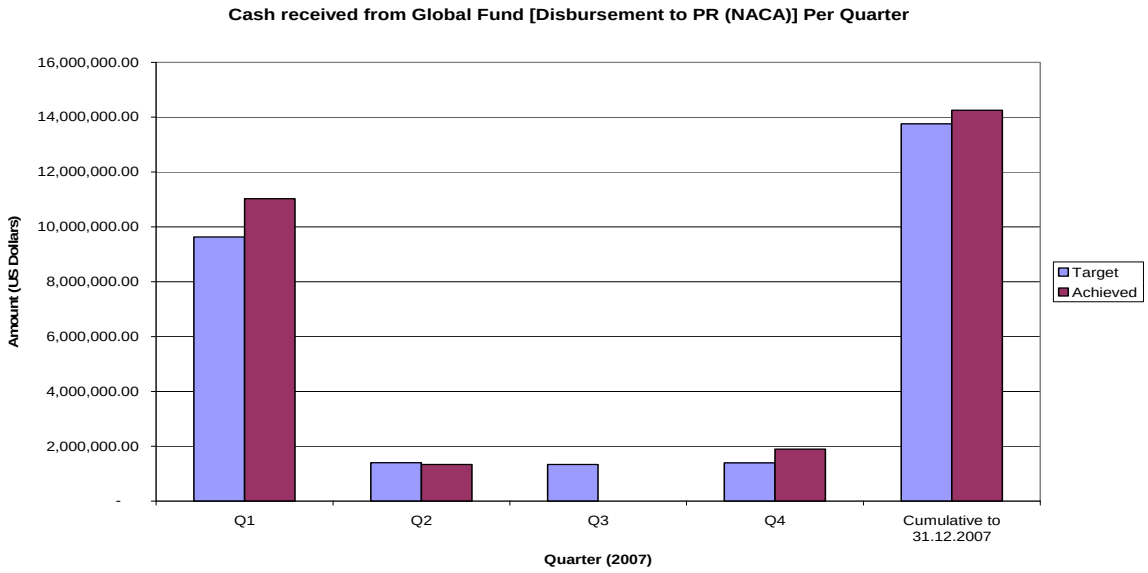


Figure 9: Cash received from Global Fund (Disbursement to NACA) per quarter and the cumulative disbursement to 31.12.2007

Figure 9 shows that $14,256,824 was received from the Global Fund by the PR (NACA) during the year. Funds requested for Quarter 4 were in transit as at end of Quarter 3. Of the amount received by the PR (NACA), $9,088,945 was spent by NACA for its expenditure (excluding the disbursements to SRs and Procurement Agents) while $3,951,061 was disbursed to the SRs.

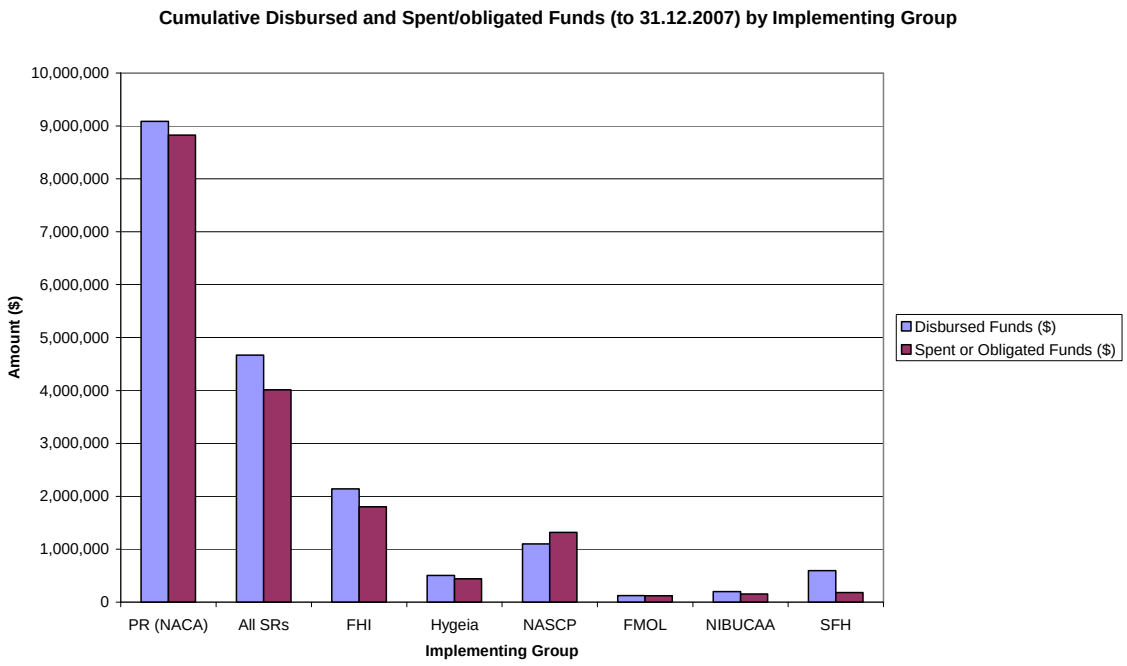


Figure 10: Cumulative disbursed and spent/obligated funds to 31.12.2007 by Implementing Group

Figure 10 shows that of the funds received from the GF by the PR, $13,757,057 has been disbursed to all implementing Groups, who in turn are obligated to spend or have already spent $12,839,398 during the year. Overall, the expenditures are in line with the budget.

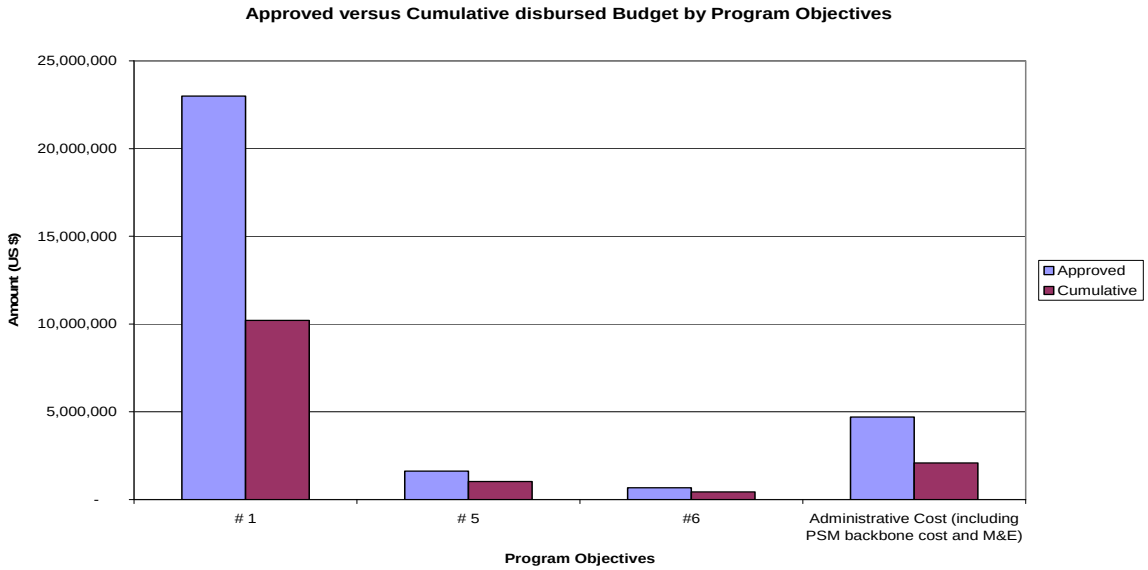


Figure 11: The approved versus cumulative (to 31.12.2007) disbursed budget by Program Objectives

Key:

- Objective # 1: To scale up comprehensive HIV/AIDS treatment care and support
- Objective # 5: To increase capacity of the private sector to implement workplace HIV/AIDS programs in 12 states (NACA)
- Objective # 6: To strengthen the capacity of implementing institutions for effective program management, coordination, monitoring and evaluation
- Administrative Cost (including PSM backbone cost and M&E)

Figure 11 shows that the cumulative disbursed funds per program objective during the year varied from $10,212,907 for Objective # 1 to $432,994 for objective 6.

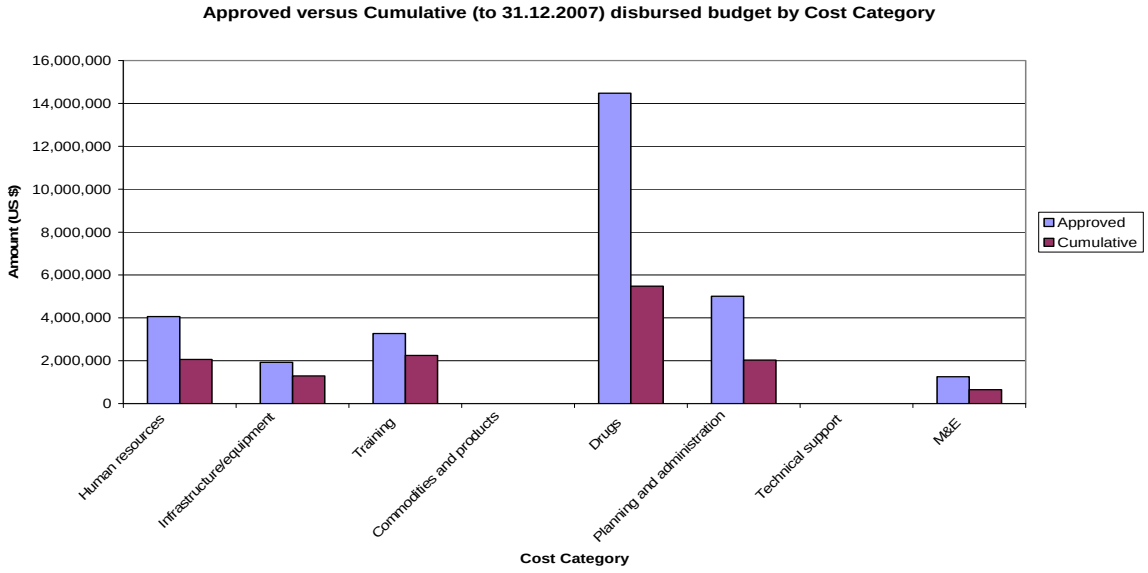


Figure 1: The approved versus cumulative (to 31.12.2007) disbursed budget by cost headings

Figure 1 shows that the cost of drugs at $5,478,656 accounted for the largest single item of the disbursed funds while M&E $651,574 was the smallest.

5 Lessons learned and implications for future program design and operations

Overall, the Program has been successfully managed and significant achievements made as follows:

- The "Cluster Model" that is currently being used in implementing the Round 5 HIV grant has had a positive impact on scaling up implementation of the Grant. It has increased geographic access to

comprehensive ART, strengthened referral linkages and brought about greater community involvement;

- Under the Round 5 Grant, collaboration and partnerships were strengthened. These partnership often backed by memoranda of understanding (MoUs) drew on the strength of individual organizations and programs to produce synergy in the implementation process.
- Leveraging resources to enhance program roll-out.
- Round 5 provided for central training of health workers as well as sites record officers, local government and states' M&E focal persons in M&E. It provides for adequate capacity building and technical assistance based on identified needs.
- Intractable shortage of health workers. The Round 5 grant focussed on secondary and primary health facilities where there are challenges with the number of health workers for HIV/AIDS and care. Loss of staff after training to urban areas or better paying organizations proved to be a major constraint.
- Inadequate planning for opportunistic infections OI diagnosis and treatment. This Round 5 grant faced challenges with availability of test kits and reagents for OI diagnosis.

In summary, the creativity and lateral thinking of the multi-disciplinary team members have enabled the implementation of the program to be in line with the design proposal, and we are reasonably confident that the foundation for a continuous improvement in achieving the program objectives has been laid. For this, NACA has been rated A1 in the successful management and implementation of the Global Fund Round 5 Project first one year of implementation.

Annex 1

LIST OF ART SITES

	State	LGA	Facility Name
1	Adamawa	Mubi South	Mubi General Hospital
2	Adamawa	Yola North	Yola Specialist Hospital
3	Akwa Ibom	Eket	Eket Immunel General Hospital
4	Akwa Ibom	Ikot Abasi	Ikot Abasi General Hospital
5	Akwa Ibom	Anua	St.Luke Hospital
6	Akwa Ibom	Oron	Oron General Hospital
7	Anambra	Awka	Awka General Hospital
8	Anambra	Onitsha	Onitsha General Hospital
9	Anambra	Onitsha	Rushgreen Hospital
10	Anambra	Onitsha	St Charles Borromeo Hospital
11	Benue	Gboko	Gboko General Hospital
12	Benue	Makurdi	Madonna hospital
13	Benue	Mkar	NKST hospital
14	Benue	Katsina-Ala	Katsina-Ala General Hospital
15	Benue	Oju	Oju General Hiospital
16	Cross River	Akamkpa	Akamkpa General Hospital
17	Cross River	Akpet	Akpet Central Cottage Hospital
18	Cross River	Calabar Municipal	Calabar General Hospital
19	Cross River	Calabar South	Dr Lawrence Henshaw Memorial Hospital
20	Cross River	Ikom	Holy Family Catholic Hospital
21	Cross River	Obalinku	Obalinku General Hospital
22	Cross River	Ugep	Ugep General Hospital
23	Delta	Warri South	Warri Central Hospital
24	Delta	Eku	Eku Baptist Hospital
25	Edo	Etsako	Auchi Central Hospital
26	Edo	Oredo	Benin Central Hospital
27	Enugu	Nkanu West	Agbani District Hospital
28	Enugu	Nsukka	Bishop Shanahan Hospital
29	Enugu	Enugu	Ntasi Obi Hospital
30	Enugu	Igbo Eze North	Enugu Ezike District Hospital
31	Enugu	Udi	Udi District Hospital
32	FCT	Gwagwalada	St Mary Catholic Hospital
33	FCT	Abuja Municipal	Wuse General Hospital
34	FCT	Abuja Municipal	Maitama District Hospital
35	Kano	Municipal	Hasiya Bayero Paediatrics Hospital
36	Kano	Dala	Infectious Disease Hospital
37	Kano	Kano Municipal	Murtala Mohammed Hospital
38	Katsina	Funtua	Funtua General Hospital
39	Katsina	Katsina	Katsina General Hospital
40	Kogi	Egbe	ECWA Hospital
41	Kogi	Ankpa	Ankpa General Hospital
42	Lagos	Ajeromi	Ajeromi General Hospital
43	Lagos	Bagagry	Badagry General Hospital

44	Lagos	Oshodi/Isolo	Isolo General Hospital
45	Lagos	Lagos Island	Lagos General Hospital
46	Lagos	Mainland	Mainland Hospital
47	Lagos	Lagos Island	Massey Street Children's Hospital
48	Lagos	Ikorodu	Ikorodu General Hospital
49	Nassarawa	Nassarawa	Nassarawa General Hospital
50	Nassarawa	Obi	Obi General Hospital
51	Niger	Kontagora	Kontagora General Hospital
52	Niger	Chanchaga	Minna General Hospital
53	Niger	Suleja	Suleja General Hospital
54	Rivers	Bori	General Hospital
55	Rivers	PortHarcourt	Health of the sick
56	Rivers	Ahoada East	Ahoada General Hospital
57	Taraba	Sarduana	Mambilla Baptist Church
58	Taraba	Gassol	Mutum Biyu First Referal Hospital
59	Taraba	Wukari	Wukari General Hospital
60	Taraba	Zing	Zing General Hospital

Annex 2

LIST OF PMTCT SITES

S/N	State	LGA	Facility Name
1	Adamawa	Mubi	Mubi General Hospital
2	Adamawa	Yola North	Yola Specialist Hospital
3	Akwa Ibom	Eket	Eket Immunel General Hospital
4	Akwa Ibom	Ikot Abasi	Ikot Abasi General Hospital
5	Akwa Ibom	Okobo	Okobo General Hospital
6	Akwa Ibom	Uruapan	St.Mary's hospital
7	Akwa Ibom	Anua	St Luke Hospital
8	Akwa Ibom	Oron	Oron General Hospital
9	Anambra	Awka	Awka General Hospital
10	Anambra	Njikoka	Enugu Ukwu General Hospital
11	Anambra	Onitsha	Onitsha General Hospital
12	Anambra	Onitsha	Rushgreen hospital
13	Anambra	Onitsha	St Charles Borromeo Hospital
14	Bauchi	Alkaleri	Alkaleri General Hospital
15	Benue	Makurdi	Madonna Hospital
16	Benue	Mkar	NKST Hospital
17	Benue	Gboko	Gboko General Hospital
18	Benue	Katsina-Ala	Katsina-Ala General Hospital
19	Benue	Oju	Oju General Hiospital
20	Cross River	Akampka	Akamkpa General Hospital
21	Cross River	Akpet	Akpet Central Cottage Hospital
22	Cross River	Calabar Municipal	Calabar General Hospital
23	Cross River	Ikom	Holy Family Catholic Hospital
24	Cross River	Obalinku	Obalinku Central Hospital
25	Cross River	Ugep	Ugep General Hospital
26	Delta	Uvwie	Ekpan General Hospital
27	Delta	Sapele	Sapele General Hospital
28	Delta	Eku	EKU baptist Hospital
29	Delta	Warri South	Warri Central Hospital
30	Edo	Auchi	Auchi Central Hospital
31	Edo	Oredo	Benin Central Hospital
32	Edo	Uromi	Uromi Central Hospital
33	Enugu	Nkanu West	Agbani District Hospital
34	Enugu	Igbo Eze North	Enugu Ezike District Hospital
35	Enugu	Nsukka	Bishop Shanahan Hospital
36	Enugu	Enugu	Ntasi Obi Hospital
37	Enugu	Udi	Udi District Hospital
38	FCT	Abaji	Abaji General Hospital
39	FCT	Bwari	Bwari General Hospital
40	FCT	Bwari	Kubwa General Hospital

41	FCT	Abuja Municipal	Nyanyan General Hospital
42	FCT	Gwagwalada	St Mary Catholic Hospital
43	FCT	Abuja Municipal	Wuse General Hospital
44	FCT	Abuja Municipal	Maitama District Hospital
45	Kano	Nassarawa	Mohd Abdullahi Wase Hospital
46	Kano	Kano Municipal	Murtala Mohammed Hospital
47	Kano	Kano Municipal	Sabo Bakin Zuwo Maternity Hosp
48	Kano	Wudil	Wudil General Hospital
49	Katsina	Funtua	Funtua General Hospital
50	Katsina	Katsina	Katsina General Hospital
51	Kebbi	Kebbi	Martha Bamaiyi General Hospital
52	Kebbi	Kebbi	Yauri General Hospital
53	Kogi	Ankpa	Ankpa General Hospital
54	Kogi	Egbe	ECWA Hospital
55	Kogi	Dekina	Ayimgba Diagnostic and Reference Hospital
56	Lagos	Bagagry	Badagry General Hospital
57	Lagos	Epe	Epe General Hospital
58	Lagos	Lagos Island	Lagos Island Maternity Hospital
59	Lagos	Agege	Orile Agege General Hospital
60	Lagos	Surulere	Surulere General Hospital
61	Lagos	Ikorodu	Ikorodu General Hospital
62	Nassarawa	Awe	Awe General Hospital
63	Nassarawa	Keana	Keana General Hospital
64	Nassarawa	Nassarawa	Nassarawa General Hospital
65	Nassarawa	Obi	Obi General Hospital
66	Niger	Kontagora	Kontagora General Hospital
67	Niger	Chanchaga	Minna General Hospital
68	Niger	Suleja	Suleja General Hospital
69	Rivers	Port Harcourt	Health of the Sick
70	Rivers	Bori	General Hospital
71	Rivers	Ahoada East	Ahoada General Hospital
72	Sokoto	Sokoto South	Specialist Hospital, Sokoto
73	Taraba	Sardauna	Mambilla Baptist Hospital
74	Taraba	Gassol	Mutum Biyu First Referal Hospital
75	Taraba	Wukari	Wukari General Hospital
76	Taraba	Zing	Zing General Hospital
77	Kano	Danbatta	Dambatta General Hospital
78	Kano	Gwarzo	Gwarzo General Hospital
79	Kano	Fagge	Kano ECWA Hospital
80	Kano	Kura	Kura General Hospital
81	Kano	Fagge	Sheik Mohd Jidda Specialist Hospital
82	Kano	Nassarawa	Sir Muhd Sanusi Specialist Hospital
83	Kano	Bebeji	Tiga General Hospital