
**National HIV/AIDS
Strategic
Framework
(NSF) 2010-15**

December 2009

FOREWORD

Significant progress has been made in the fight against HIV and AIDS since the "United Nations declaration of Universal Access" in 2005. The population of PLWHIV has leveled off at 33 million people with about 4 million receiving ART globally. Nigeria remains one of the most burdened nations with about 3 million people living with the disease. Despite mounting a vigorous and sustained response, the HIV/AIDS epidemic has remained a major challenge and obstacle to the attainment of national development goals including the MDGs and the vision 20/20/20. These realities compel the need for the regular review of the national response and the strategies in order to achieve a more effective control of the HIV epidemic in the country. The National Policy on HIV/AIDS remains the corner stone and the main thrust for the renewed vision and efforts to combat the HIV/AIDS challenge. The strategies as enunciated in the National HIV/AIDS Strategic Framework and Plan are derived and designed to achieve the goals set forth by the National Policy on HIV/AIDS.

The first National HIV/AIDS Strategic Plan (HEAP- HIV/AIDS Emergency Action Plan 2001-3) was developed in 2000/2001 and mainly addressed the issues of creating public awareness, at a time when the epidemic was beginning to spread in the country and when awareness, knowledge and behavior change were critical to nip the epidemic in the bud. The HEAP was reviewed in 2004/2005 at its expiration and a new National Strategic Framework for action tagged NSF 2005-9 developed, with the expectation that all stakeholders within the response will draw and derive their implementation plans from it. In December 2007, the implementation of the NSF 2005-9 was reviewed through a joint mid-term review process in collaboration with partners and stakeholders in the response with the outcome influencing the implementation in the remaining period of its life span.

The expiration of the NSF 2005-9 has provided yet another opportunity to review the National response with a view to deploy new strategies to ensure the attainment of national development goals and objectives such as the vision 20/20/20, MDGs, 7 point agenda, etc.

The overall goal of the current review is to provide a framework and plan for advancing the multi-sectoral response to the epidemic in Nigeria so as to achieve effective control of the disease by reducing the number of new infections, providing equitable care and support, and mitigating the impact of the infection. Consequently the thrust of the National HIV/AIDS Strategic Plan 2010-15 include Behavior Change and prevention of new infections while sustaining the momentum in HIV/AIDS treatment, care and support for adults and children infected and affected by the epidemic. In addition the plan aims to address gender inequality, knowledge management and research in a bid to ensure that interventions are evidence driven.

I, therefore, hope that this National HIV/AIDS Plan 2010-15 will bring not only an added impetus to our fight to halt and reverse the spread of HIV by 2015, in line with the nation's development goals and MDGs but also an inspiration to redirect our energies and investments to ensure we remain on course to achieve our goal of eliminating HIV from our communities.

Prof. Emeritus Umaru Shehu CFR, FAS, DFMC
Chairperson
NACA Governing Board
December 2009

PREFACE

The last five years has seen significant progress in the national response to HIV. The level of awareness has greatly increased, behaviour change is slowly improving and many more people are accessing antiretroviral therapy. In spite of the progress made, Nigeria still remains one of the most burdened countries globally with 3 million people living with HIV, gaps in treatment and an imbalance between prevention and treatment. The dynamics of the epidemic show significant variations within the country possibly a reflection of the social and cultural diversity.

Our common 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 20/20/20. To achieve this, we need to provide Universal access to comprehensive HIV prevention, treatment, care and support. Greater effort and focus is being placed on HIV prevention as it represents our best hope while effective strategies will be built on a detailed knowledge of the current epidemic including the factors that drive the epidemic and future progression. In addition, greater efforts will also have to be made in order to sustain the momentum in AIDS treatment and supporting the needs of all adults and children living with and affected by HIV.

The period spanning the last national strategic HIV framework, witnessed renewed global and national interest and commitment to redouble efforts at mobilizing resources for HIV prevention, treatment, care and support. We observed the impact of the Universal Access globally and commitment from the public, private sector, civil society and development partners in Nigeria. The transformation of the National Action Committee for the Control of AIDS to the National Agency for the Control of AIDS (NACA) at the centre and such transformation in several states has helped to foster the “the three Ones” in the HIV response in the country. This will ensure better plan development, more efficient coordination and more effective monitoring and evaluation of programs. In this context, it will also provide for more optimal use of available resources by making the monies work for less HIV and AIDS.

The HIV situation in the country and even in specific populations within the country and its multifaceted determinants are constantly changing and in some cases rapidly and dramatically. Planning for effective and relevant responses must take cognizance of this. In addition, in order to achieve universal access by scaling out the national response, it is important that the “lessons learnt” from our last plan period be integrated with our current response to achieve the desired impact. In so doing, we can strengthen “what works” and discard “what does not work”.

Like previous plans, the development of this plan has been anchored on national leadership and ownership and it is hoped that implementation will follow those lines to ensure an effective and sustainable national response. In addition, there has been genuine and strong participation of all key stakeholders throughout the planning process including a broad range of national actors including the public and private sectors, Civil Society Organizations (CSOs), People Living with HIV and AIDS (PLWHIV) and Development Partners.

It is my fervent hope that by pinpointing interventions that are effective, adopting and adapting “best practices” or lessons learnt, setting priorities and allocating resources accordingly, the implementation of this plan will maximize the use of available resources thereby leading to a sustainable progress in the national HIV response.

Professor John Idoko,
Director General,
National Agency for Control of AIDS (NACA)
December, 2009

ACKNOWLEDGEMENT

The development of the National Strategic Framework/Plans 2010-15 went through thorough evidence driven, participatory and consultative process that engaged the inputs and technical expertise of several stakeholders. The combined effort of all National response Stakeholders in the country to collaboratively produce a well structured six year (2010-15) National HIV/AIDS Strategic framework, and costed plans (1 National HIV/AIDS Plan, 34 State HIV/AIDS Strategic Plans, 5 Network Plans and 19 Ministries, Departments and Agencies' Plan) through an intensive, demanding but evidence driven process in a period of four months (September-December 2009), deserves nothing but praise.

May I therefore express sincere gratitude to everyone that contributed to this significant achievement; Process Governing Teams Chaired by the Director General of NACA Prof. John Idoko, The Partners (National and International), States, MDAs, Team of National Consultants under the leadership of Dr. Pat Youri, Dr. Adesegun Fatusi (Co-lead), Dr. Comfort Agada-Kibogo, Dr. Enyantu Ifenne, Mrs. Nkechi Nwankwo, Dr (Mrs.) Ejiro Otive-Igbuzor, Dr. Iheadi Afonne Onwukwe, Dr. Khamofu Hadiza, Dr. Bunmi Asa, Prof. Femi Ajibola, Mrs. Jadesola Bello and Dr. Garba Magashi; the States, Networks and MDA consultants and my dynamic and tireless young men and women (15 in total) that manned the secretariat led by Mrs. Esther Ikomi with the support of Dr. Sam Abiem and Ms. Ifeoma Ofili.

The role played by all Project Managers/ Chief Executive Officers / Executive Secretaries/ Chairpersons of SACAs/MDAs/Networks must be acknowledged as it is not possible to have a National Response without the State, Sectoral and MDA responses. Your hard work, faith and enthusiastic support made this happen.

Furthermore, specific mention must be made of the Development Partners' support and contributions (technical, human and financial) to the process. These include members of the Development Partners' Group (DPG), USG, DFID, ENR, SFH, MSH, the United Nations System in Nigeria, UNAIDS, UNFPA, UNDP, UNICEF, World Bank, CIDA, GHAIN/FHI

It is very important to single out Ms Adrienne Parrish of the United States Embassy, the PEPFAR Coordinator in Nigeria for her faith and support to the process; Dr Naamara Warren UNAIDS Country Coordinator, Dr Modupe Oduwale of UNAIDS, Andy Omoluabi and Bodunrin Adebo, both of MSH for the support provided.

May I thank all my colleagues particularly the Directors at NACA for the team work Dr Kayode Ogungbemi, Dr Akudo Ikpeazu, Mrs Maimuna Yakubu Mohammed, Barrister Patrick Abbah and Mr. Edward Okpaire.

Finally but most importantly, gratitude must be expressed to God Almighty for providence and for allowing our intentions and proposals to become reality.

It is only the implementation of these plans that can justify the efforts and resources expended, so let the work begin now to better the lots of all those, on whose behalf we have accepted our positions of responsibility!

Alex Ogundipe mps,
Director, Policy & Strategy
National Agency for the Control of AIDS
NACA
December 2009

ACRONYMS AND ABBREVIATIONS

AFPAC	Armed Forces Program on AIDS Control
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Care
AONN	Association of OVC NGOs in Nigeria
APIN	AIDS Prevention Initiative Nigeria
BCC	Behavior Change Communication
CBOs	Community Based Organizations
CISHAN	Civil Society Network for HIV/AIDS in Nigeria
CPT	Cotrimoxazole Preventive Therapy
CSOs	Civil Society Organizations
CTX	Cotrimoxazole
DFID	Department for International Development
DHIS	District Health Information System
DOTS	Directly Observed Treatment Short Course
FBOs	Faith Based Organizations
FCT	Federal Capital Territory
FGoN	Federal Government of Nigeria
FHI	Family Health International
FMoH	Federal Ministry of Health
FMWA & SD	Federal Ministry of Women Affairs and Social Development
GFATM	Global Fund to fight HIV/AIDS, TB and Malaria
GoN	Government of Nigeria
HAD	HIV/AIDS Division
HAF	HIV/AIDS Fund
HAPSAT	HIV/AIDS Program Sustainability Analysis Tool
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IBSS	Integrated Biological and Behavioral Surveillance Survey
IDPs	International Development Partners
IDU	Injecting Drug Users
IEC	Information, Education, and Communication
IHVN	Institute of Human Virology Nigeria
IMNCH	Integrated Maternal, Newborn, and Child Health
IPs	Implementing Partners
JMTR	Joint Mid-Term Review
LACAs	Local Government Action Committee on AIDs
LAMIS	Lafiya Management Information System
LHPMIP	Logistics and Health Program Management Information Platform
M&E	Monitoring and Evaluation
MAP	Multi-Country AIDS Program
MARPs	Most-at-Risk Populations
MDGs	Millennium Development Goals
MDR- TB	Multi-Drug Resistant TB
MSM	Men who have Sex with Men
NACA	National Agency for the Control of AIDS
NAPEP	National Poverty Eradication Program
NARHS	National AIDS and Reproductive Health Surveys
NASA	National AIDS Spending Assessment
NASCP	National AIDS and STI Control Program
NBTS	National Blood Transfusion Service
NDE	National Directorate of Employment
NDHS	Nigeria Demographic and Health Survey

ACRONYMS AND ABBREVIATIONS

NGOs	Non-Governmental Organizations
NIBUCAAA	Nigeria Business Coalition Against AIDS
NiDAR	Niger Delta AIDS Response
NNRIMS	Nigeria National Response Information Management System
NSF	National Strategic Framework
NTBLCP	National TB and Leprosy Control Program
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PABA	People Affected By HIV/AIDS
PATH2	Partnership for Transforming Health Systems Phase II
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PLWHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
SACAs	State Action Committees on AIDS/State Agency for the Control of AIDS
SBTS	State Blood Transfusion Service
SDPs	Service Delivery Points
SMEDAN	Small and Medium Scale Enterprises Development Agency of Nigeria
SMoH	State Ministry of Health
SNR	Strengthening Nigeria HIV/AIDS Response
SOPs	Standard Operating Procedures
SPDC	Shell Petroleum Development Cooperation
SRH	Sexual and Reproductive System
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TOR	Terms of Reference
TWG	Technical Working Group
UBE	Universal Basic Education
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

CONTENT PAGE

Foreword	ii
Preface	iii
Acknowledgment	iv
Acronyms and Abbreviations	v
Contents	vii
Background	1
Policy context and considerations for NSFII Development	1
Overarching Priority of the NSF	2
Intent of the NSF II	3
Outline of the NSF II	3
Promotion of Behavior Change and Prevention of New Infections	4
Rationale	4
Goal	4
Objectives	4
Promotion of Behavior Change and Prevention of New Infections framework	6
Prevention Results framework	14
Treatment of HIV/AIDS and Related Health Conditions	18
Rationale	18
Goal	18
Objectives	18
Treatment of HIV/AIDS and Related Health Conditions framework	19
Treatment of HIV/AIDS and Related Health Conditions Results framework	22
Care and Support of PLHIV & PABAs & OVC	24
Rationale	24
Goal	24
Objectives	24
Care and Support of PLHIV & PABAs & OVC framework	25
Care and Support of PLHIV & PABAs & OVC Results framework	33
Policy, Advocacy, Human Rights & Legal Issues	36
Rationale	36
Goal	36
Objectives	36
Policy, Advocacy, Human Rights & Legal Issues framework	37
Policy, Advocacy, Human Rights & Legal Issues Results framework	39
Institutional Architecture, Systems & Resourcing	41
Rationale	41
Goal	41
Objectives	41
Institutional Architecture, Systems & Resourcing framework	43
Institutional Architecture, Systems & Resourcing Results framework.	46
Monitoring and Evaluation Systems	49
Context and Rationale	49
Goal	49
Objectives	50
Monitoring and Evaluation Systems framework	51
Monitoring and Evaluation Systems Results framework	54
APPENDICES	56
Appendix 1: List of National Consultants	56
Appendix 2: NSF/NSP Documents reviewed	57
Appendix 3: NSF/NSP Launch Attendance List	70
Appendix 4: HIV Prevention TWG Members	74
Appendix 5: HIV/AIDS Treatment TWG Members	77
Appendix 6: Care and Support TWG Members	78
Appendix 7: Policy TWG Members	80
Appendix 8: Institutional Arrangement TWG Members	81
Appendix 9: M & E TWG Members	82
Appendix 10: Management & Secretariat Staff	84

National HIV/AIDS Strategic Framework (NSF) 2010-15

Background

The NSF 2010-15 was developed to provide guidance and ensure uniformity and consistency in the development of the strategic plans by all stakeholders including all the 36 states of the Federation and the Federal Capital Territory (FCT); Government Ministries, Departments, and Agencies (MDAs); and the Constituency Coordinating Entities of the Civil Society Organizations (CSOs) Networks. The guidance is based on and informed by the findings and recommendations of the NSF 2005-09 Response Analysis and incorporates the comments from individuals and groups. The contents of the framework represent the consensus reached at a stakeholders' consensus building workshop attended by more than 250 stakeholders from the public, private, and civil society sectors and development partners organized by NACA.

Policy context and considerations for the development of the NSF II

This NSF II is developed in the context of:

1. The 1999 Constitution of the Federal Republic of Nigeria: affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life and freedom from discrimination
2. Complementary government documents that provide the basis for the NSF: the NACA Act, Medium Term Strategy, National Economic Empowerment and Development and Strategy, (NEEDS) 1 and II, and the 7-Point Agenda of the current federal government
3. Nigeria's commitment to various international conventions: Economic, Social, and Cultural Rights (1977); Convention on Elimination of All Forms of Discrimination Against Women (CEDAW); Millennium Development Declaration (2000), which targets 2015 for halting and reversal of the HIV epidemic; the Abuja Declaration and Framework for Action for the Fight against HIV, TB, and related diseases in Africa (April 2001); and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) June 2001 at which countries committed to ensure an urgent, coordinated, and sustained response to HIV and AIDS and the National Gender Policy (2006).

The key considerations that inform the development of this NSF are:

1. The heavy burden of HIV/AIDS on the many Nigerians infected with the virus, their families, communities, and the country
2. HIV/AIDS is a one of the greatest public health challenges in the country; it is reversing many development gains of the recent past including maternal and under-five mortality rates and placing unprecedented stress on an already overburdened health care system
3. Comprehensive HIV prevention, treatment, care and support services are mutually reinforcing elements on the continuum of an effective HIV/AIDS response
4. Females constitute almost three-fifths (58.3 percent) of the infected persons in Nigeria a total of 1.72 million infected people. The prevalence of HIV in the country peaks at age group 25-29 years with a sero-prevalence level of 5.6 percent. Thus, young people are disproportionately infected. In general, the most-at-risk groups include female sex workers, intravenous drug users, and men having sex with men, long-distance drivers and members of the uniformed services. The leading route of HIV transmission in Nigeria is heterosexual intercourse, accounting for over 80 percent of the infections. Mother-to-child transmission and transfusion of infected blood and blood products are generally estimated as ranking next as common routes of infection; arguably, each of these two are believed to account for almost ten percent of infections. However, other modes of transmission such as intravenous drug use and same-sex

intercourse are slowly growing in importance. The drivers of the HIV epidemic in Nigeria include: low risk perception, multiple concurrent partners, informal transactional and inter-generational sex, lack of effective services for sexually transmitted infections (STIs), and poor quality of health services. Gender inequalities, poverty and HIV/AIDS-related stigma and discrimination also significantly contribute to the continuing spread of the infection.

5. HIV/AIDS related stigma remains pervasive and PLHIV are discriminated against and denied access to compassion, care, support and social services.
6. Culture, traditions and religion have a strong influence of behaviors, attitudes, and practices of majority of Nigerians. As such traditional and faith-based institutions, as gate keepers of attitudes and behaviors, are critical assets in the fight against the disease.
7. Effective response to HIV/AIDS requires respect for and protection and fulfillment of all human rights (civil, political, economic, social, and cultural) and upholding the fundamental freedoms of all people in accordance with the country's constitution and existing international human rights principles, norms and standards. Ample evidence exists that demonstrate MARPs and gender related issues as key drivers of the epidemic. These challenges should be confronted in designing programmatic interventions to meet their HIV/AIDS prevention, treatment, care and support service needs.
8. Multisectoral partnership involving government, the private sector, the civil society, the UN system, and development partners will continue to be the cornerstone of the national HIV response.

The NSF interventions are premised on the following principles:

1. Strong political leadership of the national HIV/AIDS response and commitment to transparency and prudent management of financial resources at all levels.
2. Multi-sectoral approach that is community based and forges broad partnerships, dialogue, consultations coordination and synergies at all levels
3. Protection and promotion of the rights and access of PLHIV to comprehensive prevention, treatment, care and support services
4. Commitment to protecting rights of PLHIV, reduction of stigma and discrimination and ensuring greater involvement of PLHIV in the HIV/AIDS response at all levels.
5. Commitment to promote and protect the rights of women, children, young people and marginalized groups and reduce their vulnerability to HIV infection.
6. Commitment to accelerate the scale up of HIV prevention among the most-at-risk populations (MARPs)
7. Dedication to forge consistent, effective partnerships and collaboration with development partners in the national HIV/AIDS response
8. Commitment to strengthen linkages and optimize synergies between HIV/AIDS programs and poverty alleviation initiatives to break the vicious cycle of the disease and its relationship with economic disempowerment.
9. Commitment to address social, economic, and cultural factors responsible for disproportional vulnerability of women and girls to HIV infection.
10. Commitment to evidence-based approach to planning and implementing interventions
11. Dedication to forge consistent, effective partnerships and collaboration with development partners, the private sector, and civil society through harmonized and aligned ways of working to support the national HIV/AIDS response

Overarching priority of the NSF

The overarching priority of the NSF is to reposition Prevention of New HIV infections as the major focus of the national HIV/AIDS response for the National HIV/AIDS Strategic Plan (NSP) 2010-15. This will be achieved through the implementation of evidence-based behavior change communication and HIV prevention interventions; creating an enabling environment for people living with HIV (PLHIV) to reduce the transmission of HIV to others through increasing access to positive health, dignity, and prevention (PHDP) interventions; and increasing access to anti-retroviral treatment (ART) for PLHIV

who are eligible for treatment.

Intent of the NSF II: The NSF II provides a common outline and infrastructure for developing the multisectoral National Strategic Plan (NSP) in a bottom-up approach and iterative fashion with the states, government Ministries, Departments and Agencies (MDAs), and networks of civil society organizations (CSOs). This process fosters the greatest potential to achieving effective control of the HIV epidemic by reducing new infections, providing equitable care and support for those infected and affected, and mitigating the impact of HIV/AIDS.

The NSP will be derived from the NSF II. The targets of the NSP will be to have halted and begun to reverse the spread of HIV infection as well as mitigate the impact of HIV/AIDS by 2015. Where appropriate, the targets of the NSP should be population-based.

Outline of the NSF II: The structure of the NSF II is constructed on an Excel platform. Excel sheets are constructed for the six (6) thematic areas of the national HIV/AIDS response. This allows stakeholders the flexibility of inserting additional interventions outside of those suggested in the NSF II outline as well as generating activity output totals for costing purposes. The 6 HIV/AIDS thematic areas are:

1. Promotion of Behavior Change and Prevention of New HIV infections
2. Treatment of HIV/AIDS and Related Health Conditions
3. Care and Support for People Infected and Affected by HIV/AIDS and Orphans and Vulnerable Children (OVC)
4. Institutional Arrangements, Systems, Coordination, and Resourcing
5. Policy, Advocacy, Human Rights, and Legal Issues.
6. Monitoring and Evaluation, Research, and Knowledge Management

To facilitate effective completion of the Excel sheet, the following documents are required as additions to the Excel sheets provided for the 6 thematic areas of the NSF:

1. National Population Census figures (2006) disaggregated by state, sex, and age range
2. HIV prevalence rate by state
3. Unit cost by activity (Costing Consultants only).

PROMOTION OF BEHAVIOR CHANGE AND PREVENTION OF NEW INFECTIONS

Rationale

Prevention remains the most important strategy and the most feasible approach for reversing the HIV epidemic since there are no vaccines and no medical cure. The majority of Nigerians are HIV-negative and keeping them uninfected is critical for altering the epidemic trajectory. This underscores the importance of prevention as a cornerstone of the national HIV and AIDS response. Furthermore, persistent HIV-risky behavior in spite of high level of HIV awareness requires continuous and concerted focus on effective preventive interventions that will address specific needs key population segments and stimulate adoption of appropriate behavior that reduces the risk of HIV transmission. Communication holds a vital and indispensable place in HIV prevention interventions. It has the potential to increase demand for HIV prevention services and have an impact on knowledge, attitudes, behaviors, and practices influencing the spread of HIV. Hence in the quest for the effective control of HIV and AIDS communication for behavioral change is key.

Goal

The goal of this thematic focus is to reduce the incidence of HIV and AIDS.

Objectives

The objectives for the sub-thematic areas are:

HIV Counseling and Testing

1. At least 80% of sexually active adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015
2. At least 80% of most at-risk-populations accessing HIV counseling and testing by 2015
Sexually Transmitted Infections
3. At least 80% of sexually active Nigerians have access to quality and gender responsive STI services by 2015
4. STI treatment & prevention services integrated into HIV prevention services by 2015 Prevention of Mother-to-Child Transmission of HIV
5. At least 80% of all pregnant women have access to quality HIV testing and counseling by 2015
6. At least 80% of all HIV positive pregnant women access more efficacious ARV prophylaxis by 2015
7. At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015
8. At least 80% of HIV positive pregnant women have access to quality infant feeding counseling
9. At least 80% of all HIV exposed infants have access to early infant diagnosis services

Communication Interventions

10. At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015
11. At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behavior
12. At least 80% of Most-At-Risk Populations (MARPs) reached with group-specific interventions and adopting appropriate HIV and AIDS related behavior.
13. At least 80% of registered organizations engaging in HIV communication interventions that address gender inequalities and comply with national standard/guidelines by 2015

Condom Promotion

14. At least 80% of men and women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms
15. At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015.
16. At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners

Integration of Sexual and Reproductive Health (SRH) and Other Relevant Health Issues into HIV Prevention Program

17. SRH services integrated into HIV prevention programs at all levels by 2015
18. Integrate drug demand reduction and other substance use control services into 80% of HIV prevention programs by 2015.

Prevention with Positives

19. At least 80% of people living with HIV/AIDS (PLHIV) have access to Positive Health, Dignity and Prevention (PHDP) interventions 2015.

Prevention of Biomedical Transmission of HIV

20. At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015
21. All (100%) donors of blood, blood products and organs for transplant including sperm for assisted reproductive technology shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by the year 2015.
22. At least 80% of drug dependant persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national guidelines by 2015.
23. At least 80% of traditional medical practitioners adopt universal safety precaution by 2015
24. At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers and survivors of rape in line with national protocols by 2015.

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

PREVENTION OF NEW INFECTIONS AND PROMOTION OF BEHAVIOUR CHANGE

STRATEGIC INTERVENTIONS	Year 1 (number)		Year 2 (number)				Year 3			Year 4			Year 5			Year 6			Total	MOV
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	(number)	(number)	(number)	(number)	(number)	(number)	(number)	(number)		
1	At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015																			
1.1	Implement HCT protocol																			
1.2	Institutional and technical capacity building for gender/youth sensitive HCT services at all levels																			
1.3	Advocacy																			
1.4	Accelerate the scale up of HCT services																			
1.5	Demand creation for HCT services including promotion of couple counseling																			
2	At least 80% of MARPS accessing HIV counseling and testing by 2015																			
1.1	Implement the BCC strategy for MARPS																			
1.2	Building the capacity of service providers for gender responsive services																			
1.3	Advocacy																			
1.4	Scale up of HCT services targeting MARPS																			
3	At least 80% of sexually active Nigerians with access to quality and gender responsive STI services by 2015																			
1.1	Capacity building																			
1.2	Demand creation for service utilization																			
1.3	Advocacy/resource mobilization																			
1.4	Regulation of service provision (orthodox and non-orthodox)																			
1.5	Promote evidence based approach to STI programming																			

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 PREVENTION OF NEW INFECTIONS AND PROMOTION OF BEHAVIOUR CHANGE

OBJECTIVE #7		At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015															
1.1	Scale up of quality PMTCT and EID services																NACA & NASCP, FMOH Reports
1.2	Advocacy/resource mobilization Communication and social mobilization																NACA & FMOH Reports
1.3	Ensure regular supply of PMTCT and EID commodities																NACA & NASCP, FMOH Reports
1.4	Capacity building (Infrastructure & Personnel)																NACA & FMOH Reports; Reports of capacity building activities
1.5	Public Private Partnership																NACAH & FMOH Reports
1.6	Evidence based approach to programming																NACAH & FMOH Reports
1.7	Referral and linkages (adult/paediatric treatment, OVC,RH/FP e.t.c.)																NACA & FMOH Reports
8	OBJECTIVE #8	At least 80% of HIV positive pregnant women have access to quality infant feeding counseling															
1.1	Scale up of quality PMTCT and EID services																NACA & FMOH Reports
1.2	Advocacy/resource mobilization Communication and social mobilization																NACA & FMOH Reports
1.3	Ensure regular supply of PMTCT and EID commodities																NACA & FMOH Reports
1.4	Capacity building (Infrastructure & Personnel)																NACA & FMOH Reports; Report of capacity-building activities
1.5	Public Private Partnership																NACA & FMOH Reports
1.6	Evidence based approach to programming																NACA & FMOH Reports
1.7	Referral and linkages (adult/paediatric treatment, OVC,RH/FP e.t.c.)																NACA & FMOH Reports
9	OBJECTIVE #9	At least 80% of all HIV exposed infants have access to EID services															
1.1	Scale up of quality PMTCT and EID services																NACA & FMOH Reports
1.2	Advocacy/resource mobilization, Communication and social mobilization																NACA & FMOH Reports
1.3	Ensure regular supply of PMTCT and EID commodities																NACA & FMOH Reports
1.4	Capacity building (Infrastructure & Personnel)																NACA & FMOH Reports; Report of capacity-building reports
1.5	Public Private Partnership																NACA & FMOH Reports
1.6	Referral and linkages (adult/paediatric treatment, OVC,RH/FP e.t.c.)																NACA & FMOH Reports
1.7	Evidence based approach to programming																NACA & FMOH Reports

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 PREVENTION OF NEW INFECTIONS AND PROMOTION OF BEHAVIOUR CHANGE

15	OBJECTIVE #15	At least 80% of sexually active males & females use condoms consistently and correctly with non-regular partner by 2015.										NACA & FMOH Reports
1.1	Promote condom use											NACA FMOH Reports
1.2	Capacity building											NACA & FMOH Reports; Research Plans documentations
1.3	Promote appropriate operational research											NACA& FMOH Reports
1.4	Promote referral and linkages with other SRH services											
16	OBJECTIVE #16	At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners										
1.1	Promote consistent and correct condom use											NACA & FMOH Reports
1.2	Capacity building of service providers											NACA & FMOH Reports
1.3	Promote appropriate operational research											NACA & FMOH Reports
1.4	Promote referral and linkages with other SRH services											NACA & FMOH Reports
17	OBJECTIVE # 17	SRH services integrated into HIV prevention programmes at all levels by 2015										
1.1	Capacity building											NACA & FMOH Reports; Report of capacity-building activities
1.2	Scale up of integration											NACA & FMOH Reports
1.3	Demand creation for service utilization											NACA & FMOH Reports; BCC Documentation Reports
1.4	Advocacy											NACA & FMOH Reports
1.5	Supply of commodities											NACA & CLMS, FMOH Reports
18	OBJECTIVE # 18	Integrate drug demand reduction & other substance use control services into 80% of HIV prevention programmes by 2015										
1.1	Capacity building											NACA, NDLEA & FMOH Reports; Reports of capacity- building activities
1.2	Scale up of integration											NACA, NDLEA & FMOH Reports
1.3	Demand creation for service utilization											NACA, NDLEA & FMOH Reports
1.4	Advocacy											NACA, NDLEA & FMOH Reports; Reports of Advocacy activities

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 PREVENTION OF NEW INFECTIONS AND PROMOTION OF BEHAVIOUR CHANGE

19 OBJECTIVE #19												
At least 80% PLWHAs have access to Positive Health, Dignity and Prevention (PHDP) interventions by 2015												
1.1	Capacity building											NACA, FMOH & NEPHWAN Reports; Reports of capacity-building activities
	Scale up of PHDP services											NACA, FMOH & NEPHWAN Report
1.2	Demand creation for PHDP services											NACA, FMOH & NEPHWAN Report
1.3	Advocacy											NACA, FMOH & NEPHWAN Report
20 OBJECTIVE #20												
At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015												
1.1	Adaptation of policies											NACA & FMOH Reports
1.2	Capacity building											NACA & FMOH Reports; Reports of capacity-building activities
1.3	Strengthening SBCC											NACA & FMOH Reports; Training reports; Inventory of SBCC-related materials
1.4	National protocol on PEP and health workers injection safety guidelines											Protocols on PEP and injection safety; NACA & FMOH Reports
1.5	Use of safe injection commodities											NACA, FMOH & Facility survey reports
1.6	Operationalize the National Health Care Waste Management plan, policy and guidelines											Policy and Guidelines Documents; Reports of Health Facility & Workers Surveys; NACA & FMOH Reports
21 OBJECTIVE #21												
All donors (100%) of blood, blood product and organs for transparent including sperm for assisted reproductive technology shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by year 2015 requirements should be sourced from voluntary donors												
1.1	Adapt and operationalize the national blood transfusion policy and guidelines at all health levels											NACA, NBTS, FMOH Reports
1.2	Capacity building											NACA, NBTS, FMOH Reports
1.3	Strengthen SBCC to promote VNRBD											NACA, NBTS, FMOH Reports

PREVENTION M&E RESULTS FRAMEWORK

Objectives	Indicators	Baseline—value, year [National]	Baseline Value, year [State]	Mid-term (end of 2012)	End of program (2015)	Means of Verification (MOV)	Comments
HIV Counseling & Testing							
Objective 1: At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015	Percentage of adults that received HCT	14% (2007)	50%	80%	NARHS NDHS	Disaggregate data by sex, age, and geographic location (zones and states)	
Objective 2: At least 80% of MARPS accessing 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 persons in Nigeria with access to quality and gender responsive STI services by 2015	% of sexually active males and females with STI symptoms who accessed quality and gender responsive treatment services % of male and female with symptoms of STI seeking treatment who used orthodox health facilities	65% (males, 1524+ 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	
Objective 4: STI treatment & prevention services integrated into HIV prevention services by 2015	% of health facilities providing STI treatment services according to national guidelines % of HIV prevention programs providing treatment for other STIs	35% TBD	60%	80%	NARHS NASCP, FMOH Reports of Service Surveys	defined as health centers, clinics and hospitals but exclude pharmacies and patent medicine stores	
pregnant women have access to quality HCT by 2015	% of health facilities providing STI treatment services according to national guidelines % of HIV prevention programs providing treatment for other STIs	TBD			NASCP, FMOH Reports NACA M&E/ Reports of Service Surveys	Disaggregate data by level of care Disaggregate data by level of	
Objective 5: At least 80% of all prevention of Mother-to-Child Transmission of HIV	Objective 5: At least 80% of all prevention of Mother-to-Child Transmission of HIV						
Objective 6: pregnant women have access to quality HCT by 2015	% of pregnant women tested and counseled according to national guidelines % of HIV + pregnant women that received ARV prophylaxis according to national guideline	11% (2008) 8% (2008)	46% 50%	80% 80%	NARHS NDHS Reports NACA M&E/ Annual Report	Disaggregate data by level of care age of client and location (Rural/urban). Disaggregate by age of client and location (urban/rural)	
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				Reports NACA M&E/ Annual Report	Disaggregate by sex and location (urban/rural)	
At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015	% of HIV exposed infants that received ARV prophylaxis						

PREVENTION M&E RESULTS FRAMEWORK

Objective 8: At least 80% of HIV positive pregnant women have access to quality infant feeding counseling	% of HIV+ pregnant women that received infant feeding counseling according to national guidelines	TBD						NASCP, FMOH Reports NACA M&E/ Annual Report	Disaggregate by age and location (urban/rural)
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 Report NACA M&E/ Annual Reports	Disaggregate by sex and location (urban/rural)
Communication interventions									
Objective 10: At least 80% of all persons in Nigeria have comprehensive knowledge on HIV and AIDS by the year 2015	80% of persons in Nigeria that have comprehensive knowledge of HIV and AIDS by the year 2015.	24.2%	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 Disaggregate by sex, age, and location
	% of males and females aged 15-19 years who have ever had sex	22.2% (males, 2007) 42.9% (females, 2007)	17% 33%	12% 23%				NARHS NHDS	Disaggregate data by age and sex
	% of schools where family life & HIV education (FLEH) curriculum is implemented	32% (2006)	60%	80%				Federal Ministry of Education reports	Disaggregate data by type of school, zone, and state
	% of in-school adolescents exposed to FLEH	TBD						Federal Ministry of Education reports	Disaggregate data by age, sex, type of school, and state
	% of out-of-school youths (male and female) receiving life skills education	TBD						Partner reports, Federal Ministry of Women Affairs reports	Disaggregate by sex and location (rural and urban)
Objective 11: At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behavior	% of sexually active young people who used condom with last non-marital partner	Males, 15-19 years: 47.8% (2007) Females, 15-19 years: 28.7% (2007) Males, 20-24 years: 54.2% (2007) Females, 20-24 years: 38.7% (2007)	67% 67% 67% 67%	80% 80% 80% 80%					Disaggregate data by age and sex and zones Condom use at last sex used as a proxy for consistent condom use in the absence of data on the latter. Future population-based surveys should preferably also inquire specifically about consistent condom use over a period of at least 3-6 months

PREVENTION M&E RESULTS FRAMEWORK

technology shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by the year 2015.	% of donors of blood, blood products, organs for transplant including sperm donors that are screened for TTIs disaggregated by specific screening tests	32%	70%	100%	NBTS Reports FMOH Reports	
Objective 22: At least 80% of drug dependant persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national guidelines by 2015	% of national/state programs targeting IDUs and non - IDUs	TBD			Reports of special surveys NACA M&E/ Annual Reports	
Objective 23: At least 80% of traditional medical practitioners adopt universal safety precaution by 2015	% of IDUs and non -IDUs accessing prevention programs	TBD			Reports of special surveys NACA M&E/ Annual Reports	
	% of traditional practitioners that practice universal safety precautions	TBD			Reports of special surveys NACA M&E/ Annual Reports	
Objective 24: At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers and survivors of rape in line with national protocols by 2015	% of health facilities offering PEP according to national guidelines % of persons who are biomedically exposed to HIV transmission risk who received PEP	TBD			Facility survey Survey of health workers NACA M&E/ Annual Reports	Disaggregate data by level of health care
		TBD			Survey of health workers NACA M&E/ Annual Reports	Disaggregate data by level of health care

Treatment of HIV/AIDS and Related Health Conditions

Rationale

Over the last five years, the national response to the HIV epidemic has made significant strides with approximately 300,000 (disaggregate by sex) people accessing ART. However, our records show that there is wide variation in quality as well as access to services between urban and rural communities. Although the effects of Opportunistic Infections (OIs) account for most of the ill health associated with HIV infection, a minimum package for diagnosis, prophylaxis and treatment is yet to be defined to ensure standardization and equitable access to these services. Also, the increasing incidence of TB among PLHIV and associated increased morbidity and mortality necessitates the scale up of TB/HIV collaborative activities. Compounding the problem further is the fact that the diagnostic algorithm for TB in Nigeria does not detect extra-pulmonary TB whereas many HIV positive TB patients have extrapulmonary TB. Thus, more needs to be done not only to diagnose and equitably reach eligible adults and children with ART, OIs, and TB/HIV co-infection services but also to ensure quality of these services.

The NSF recognizes the significant amount of financial and technical support for the treatment of HIV/AIDS and related health problems from development partners especially PEPFAR and the GFATM. The NSF hopes to count on continuing support from these and other funding agencies to meet the costs for an expected increase in numbers of PLHIV who will require treatment.

Goal

All eligible PLHIV to receive quality treatment services for HIV/AIDS and opportunistic infections (OIs) as well as TB treatment services for PLHIV co-infected with TB

Objectives

1. At least 80% of eligible adults (women and men) and 100% of children (boys and girls) are receiving ART by 2015
2. At least 80% of eligible children receiving early infant treatment (EIT)
3. At least 80% of PLHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015
4. All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015
5. All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015
6. All PLHIV have access to quality TB screening and those suspected to have TB, to receive comprehensive TB services.
7. At least 80% of adults and children on retained initiated ART programs in 2010 remain on ART in though adherence interventions such as using Fixed Dose Combinations (FDCs)

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 TREATMENT OF HIV/AIDS AND RELATED HEALTH PROBLEMS

2.1 OBJECTIVE # 1	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 by 2015																		
	STRATEGIC INTERVENTIONS	Year 1 (number)				Year 2 (number)				Year 3 (number)				Year 4 (number)	Year 5 (number)	Year 6 (number)	Total	MOV	Comments
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total			
2.1.1	Advocacy																	FMOH reports	Activity reports
2.1.2	Training																	FMOH reports	Training may be integrated at some levels (Records of trained staff)
2.1.3	Decentralization and integration																	FMOH/NACA report	Provide for clinical mentoring and referral. (Records of number of functional clusters and refill sites established)
2.1.4	Medical commodities and equipments																	FMOH&NACA report	Records of equipment and stock reports
2.1.5	Provision and upgrade of physical infrastructure																	FMOH&NACA report	
2.1.6	Public Private Partnership																		MOU documents and records of the number of private institutions reporting to the national M&E system through the state & LGA equivalents.
2.1.7	Laboratory quality system management network																	FMOH & NACA reports	This will entail establishing reference laboratories to function within a network of laboratories as well as a national quality assurance system
2.1.8	QA/QI																	FMOH reports	QAQI= Quality Assurance quality Improvement. This is cross-cutting and could be harmonized with other groups
2.1.9	Clinical Pharmacovigilance for ARVs																	FMOH & NAFDAC Reports	Number of Pharmacovigilance reports and reports
2.1.10	Local manufacture of ARVs and other commodities																	FMOH report	

TREATMENT OF HIV/AIDS AND RELATED HEALTH PROBLEMS RESULTS FRAMEWORK

Objectives	Outcome Indicators	Baseline Value (National)	Baseline Value (State)	Mid-term (End of 2012)	End of program (2015)	Means of Verification (MOV)	Comments
ARV TREATMENT							
OBJECTIVE 1. 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 by 2015	By the year 2015, 80% of women and men in need of HIV treatment are receiving treatment	32% (using 265608 on ART from 8333,000 eligible PLHIV)		56%	80%	FMOH & NACA Reports	Disaggregate by Age groups Sex HF Level/LGA/State LGA
	By the year 2015, all eligible boys and girls (0-14yrs) are receiving HIV treatment	5%		56%	100%	FMOH & NACA Reports	Disaggregate by: Age groups (18mths; -19mths 5yrs; 6 -9yrs; 10 -14yrs) Sex HF Level /LGA/state
OPPORTUNISTIC INFECTIONS (OIs)							
OBJECTIVE 2. At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015		17% (using 833,000 as denominator)		40%	80%	FMOH Report	Disaggregate by Sex Age HF level/LGA/State
	% of male and female PLHIV that received OI prophylaxis (Cotrimoxazole prophylaxis)	54% (using 265,608 of PLHIV currently on treatment as denominator)		67%	80%	FMOH Report	
	% of PLHIV (male and female) that received OI treatment	TBD			-	FMOH Report	Disaggregate by : Sex Age HF level/State/LGA
TUBERCULOSIS (TB) & HIV/AIDS							
OBJECTIVE 3. To establish and strengthen TB and HIV/AIDS collaboration in all states and LGAs by 2015	Proportion of states with functional and gender inclusive TBHIV TWG	23 of 37 States		31 States	36 States+ FCT		Reports of meeting
	Proportion of LGAs with functional and gender inclusive TBHIV TWG	TBD	-	At least 50%	774 LGAs	FMOH reports	Quarterly TBHIV data

TREATMENT OF HIV/AIDS AND RELATED HEALTH PROBLEMS RESULTS FRAMEWORK

<p>OBJECTIVE 3 : To establish and strengthen TB and HIV/AIDS collaboration in all states and LGAs by 2015</p>	<p>Proportion of states with functional and gender inclusive TB/HIV TWG</p>	<p>23 of 37 States</p>	-	<p>31 States</p>	<p>36 States+ FCT</p>	<p>Reports of meeting</p>
	<p>Proportion of LGAs with functional and gender inclusive TB/HIV TWG</p>	<p>TBD</p>	<p>At least 50%</p>	<p>774 LGAs</p>	<p>Quarterly TB/HIV data</p>	
<p>OBJECTIVE 4 : To ensure all TB patients have access to quality comprehensive HIV and AIDS services by 2015</p>	<p>Proportion of TB patients screened for HIV</p>	<p>62% (2008)</p>	<p>90%</p>	<p>95%</p>	<p>FMOH reports</p>	<p>Disaggregate by : sex Age HF level/LGA/State</p>
	<p>Proportion of the TB/HIV patients receiving ART</p>	<p>45% (2008)</p>	<p>60%</p>	<p>80%</p>	<p>FMOH reports Facility TB and ART register</p>	
	<p>Proportion of the TB/HIV patients receiving CPT</p>	<p>26% (2008)</p>	<p>70%</p>	<p>80%</p>	<p>FMOH reports Facility TB and ART register</p>	
	<p>Proportion of the TB/HIV patients referred for HIV care</p>	<p>NA</p>	-	<p>FMOH reports Facility TB and ART register</p>		
<p>OBJECTIVE 5 : To ensure all PLHIV have access to quality comprehensive TB services by 2015</p>	<p>Proportion of PLHIV on care screened for TB</p>	<p>87% (2008)</p>	<p>90%</p>	<p>100%</p>	<p>FMOH reports ART Registers</p>	<p>Disaggregate by : sex Age State, LGA HF level</p>

Care and Support of people Infected and Affected by HIV/AIDS

Rationale

As the number of people infected and affected by HIV/AIDS rises, the burden of the epidemic on individuals, families and communities is increasingly evident, exacerbated by wide spread poverty. Some of the critical indicators of the social consequences of the epidemic are the increasing numbers of orphans and vulnerable children (OVC) and a general stigmatization of PLHIV. Also, access to anti-retroviral treatment (ART) means that more PLHIV are having longer and improved lives. This is a big challenge to the nation to provide the increasing care and support including palliative care for infected and affected persons. This challenge will continue for a very long time even when the epidemic is brought under control. Government recognizes not only the social and economic consequences of the drain to the nation without the workforce of those infected and affected in contrast to the benefit of their reclaim if given adequate care and support but also the importance of the care and support of OVC for their future and the future of the nation. Civil society, especially community-based and faith-based organizations, has been the bedrock for the provision of care and support services to PLHIV and PABA and to OVC. This continuation of civil society in this role is pivotal and will be strengthened in the this NSF/NSP.

Goal

The goal of this thematic focus is to promote the survival and improve the quality of life of PLHIV and people affected by HIV/AIDS (PABA) especially OVC.

Objectives

The Objectives of the Care and Support services are:

1. To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015
2. To link at least 50% PLHIV and PABA, especially females (women and girls) and marginalized and people with special needs, to IGA and poverty alleviation programs by 2015
3. To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2025
4. To support effective referral and linkages within and between relevant health care facilities and community-based care services improved by 80% by 2015
5. To create an enabling environment for the legal protection of OVC by 2015
6. To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% OVC of most vulnerable OVC by 2015.
7. To strengthen the capacity of 30% of older OVC (especially girls) households to mitigate the impact of HIV/AIDS by 2015
8. To establish functional gender-responsive OVC coordinating mechanism at all levels by 2015

NATIONAL STRATEGIC FRAMEWORK 2010- 15 : CARE AND SUPPORT OF PLHIV AND PABA, & OVC

At least 50% PLWHIV receive quality care and support services by 2015												
3.1 OBJECTIVE # 1 STRATEGIC INTERVENTIONS	Year 1 (number)	Year 2 (number)	Year 3 (No)	Year 4 (No)	Year 5 (No)	Year 6 (No)	Total	MOV				
	Q1	IQ2	IQ3	IQ4	Total	Q1	Q2	Q3	Q4	Total		
3.1.1 Advocacy to relevant stakeholders												Reports, media coverage, copies of policies, National standards developed and disseminated
3.1.2 Review/develop and disseminate national policies, standards and protocols for care and support services												Reports, organizational systems developed records. Records and reports of service providers
3.1.3 Institutional and human capacity building for MDAs and CSOs providing care and support services												
3.1.4 Provision of integrated care and support services to PLWHIV												

NATIONAL STRATEGIC FRAMEWORK 2010- 15 : CARE AND SUPPORT OF PLHIV AND PABA, & OVC

3.3	OBJECTIVE # 3	To improve access to and support to 60% of PLWA, especially women marginalized persons including persons with special needs Infected with HIV within a right based					
3.3.1	Behaviour change communication						Reports on behaviour change. Media materials developed and disseminated
3.3.2	Capacity building of care providers and PLWHA						Reports of capacity building. List of persons trained desegregated by sex.
3.3.3	Policy enforcement						Training manuals. Visual records Reports from Law enforcement agencies, CSOs and media reports
3.4	OBJECTIVE # 4	To improve by effective referral and linkages within and between relevant health care facilities and communities based care service points.					
3.4.1	Advocacy				80%		Advocacy reports and media reports of advocacy activities

**NATIONAL STRATEGIC FRAMEWORK 2010- 15 :
CARE AND SUPPORT OF PLHIV AND PABA, & OVC**

3.4.2	Networking and collaboration	MOUs, agreements, and reports of networks and collaborators
3.4.3	Institutional and human capacity building	FMOH Reports and reports of collaborating CBOs.

**NATIONAL STRATEGIC FRAMEWORK 2010- 15 :
CARE AND SUPPORT OF PLHIV AND PABA, & OVC**

3.5 OBJECTIVE # 5 To create an enabling environment for the legal protection of OVC by 2015												
3.5.1	Advocacy											Reports on advocacy activities, photographs, video clips, media reports, etc
3.5.2	Community mobilization and participation											Reports on activities, photographs, video clips, media reports, etc
3.5.3	Development, revision and policy for OVC implementation of existing legislation											Reports of meetings, reports of desk review, Revised documents, list of participants, photographs, etc
3.6 OBJECTIVE # 6 To provide gender sensitive integrated care and support for 30% of OVC by 2015												
3.6.1	Capacity building of service providers and OVC											Training particippanphs, clips, etc list of photogra reports , ts, video
3.6.2	Resource mobilization											Gazet for budget allocation, Training reports , list of participa nts, photographs, video clips, payment] vouchers,
3.6.3	Provision of quality essential services to OVC.											Receipts of payments , reports, OVC service register

**NATIONAL STRATEGIC FRAMEWORK 2010- 15 :
CARE AND SUPPORT OF PLHIV AND PABA, & OVC**

3.8.2	Establish and/or strengthen existing gender- responsive coordination structures														clips, list of members, photographs, video clips, Organogram,
3.8.3	Establish functional gender-responsive management information system														Monitoring reports, research publications,

CARE and SUPPORT - M & E RESULTS FRAMEWORK

The National Strategic Framework is expected to achieve the following objectives by 2015.							
NSF Objectives	Indicators	Baseline Value (National)	Baseline Value (State)	Mid-term (End of 2012)	End of Program (2015)	MOV	Comments
PLHIV							
Objective 1: To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015	% of PLHIV receiving quality gender responsive care and support services (as defined in national guidelines)	TBD		30% increase on baseline value of PLHIV receiving care and support	60% increase on baseline value of PLHIV receiving care and support	Reports of CSOs, support groups, and other service providers	Desegregated by sex
	Proportion of states providing quality care and support services	TBD		40% of the LGAs are covered with C&S services.	80% of the LGAs are covered with Care and support services.	State Reports; Reports of Ministry of Women Affairs; Lists of location of service outlets	Geographical distribution of service outlets
	% of caregivers including male and female volunteers and providers trained to provide comprehensive gender responsive care and support	TBD		40% of caregivers (at least 15% men) trained to provide gender responsive care and support	At least 80% of caregivers (at least 35% men) trained to provide gender responsive 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, males and females, youth coppers, TBAs etc. NGOs and CBOs
	National care and support policies, standards, and protocols reviewed/developed and disseminated by 2012	TBD		Policies, standards, and protocols developed and disseminated		Copies of Standards and protocols developed and disseminated	Guidelines, action plans or strategic framework etc
	% of service outlets adhering to national standards and protocols	TBD		At least 40% of service outlets adhere to national protocol and standards	At least 80% of service outlets adhere to national protocol and standards	M&E reports, client satisfaction forms	Operational Research
	% of PLHIV and PABA especially women, marginalized groups and people with special needs with improved source of livelihood	TBD		At least 20% target groups have skills and accessing microcredit.	At least 40% target groups have skills and accessing microcredit.	National studies reports	Source of data can be from NARHS, Human Development Reports
Objective 2: To link at least 50% PLHIV and PABA, especially females (women and girls) and marginalized and people with special needs, to IGA and poverty alleviation programs by 2015	% of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs	TBD		At least 15% of target groups graduate from IGA skills training	At least 40% of target groups graduate from IGA skills training	Training Reports with participants List of beneficiaries disaggregated by sex. Copies of Certificates of participants trained	

CARE and SUPPORT - M & E RESULTS FRAMEWORKS

					At least 25% of target groups linked with IGAs services and poverty reduction programs	At least 50% of target groups linked with IGAs services and poverty reduction programs	Reports of IGA service providers and poverty reduction programs	Disaggregated by sex
<u>Objective 3:</u> To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2025	% of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs	TBD			30% reduction on baseline value	At least 60% on baseline value	National Surveys and analysis of M&E reports	Midterm and End of Term reports; IBSSS
<u>Objective 4:</u> To support effective referral and linkages within and between relevant health care facilities and community-based care services improved by 80% by 2015	% health facilities with effective referral and linkages with community based care programs for PLHIV and PABA.	TBD			40% health facilities have effective referral and linkages with community based health care programs for PLHIV and PABAs	80% health facilities have effective referral and linkages with community based health care programs for PLHIV and PABAs	Health facility records and reports of community-based programs for PLHIV and PABA	
OVC								
<u>Objective 5:</u> To create an enabling environment for the legal protection of OVC by 2015	OVC legal framework revised or developed	TBD			Legal framework developed and implemented		Existence of legal frameworks	
	Proportion of OVC requiring legal protection provided with legal aid	TBD			15% increase on baseline value	15% increase on baseline value	Legal records. Reports of service organizations; Reports of Ministry of Women Affairs	Disaggregate by sex and age and type of services.
	Proportion of OVC services provider organizations trained on and using legal documents by 2015	TBD			20% increase on baseline value	At least 60% on baseline value	Reports of OVC services provider organizations National surveys	Disaggregate by type of service provider
<u>Objective 6:</u> To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% OVC (of most vulnerable OVC by 2015.)	% of OVC who have access to integrated comprehensive care and support services	TBD			15% on baseline value	30% increase on baseline value	Service records and reports of service providers; Reports from Min of Women Affairs	Disaggregate by sex, type of support (food/nutrition, psychosocial, education, health, household economic strengthening and shelter), types of orphanhood and vulnerability.
<u>Objective 7:</u> To strengthen the capacity of 30% of older OVC (especially girls headed households) to mitigate the impact of HIV/AIDS by 2015	% of households with OVC whose capacity has been strengthened	TBD			15% increase on baseline value	30% increase on baseline value	Service records and reports of service providers; Reports from Min of Women Affairs	Disaggregate by household - heads-sex, age, marital status

CARE and SUPPORT - M & E RESULTS FRAMEWORKS

Objective 7: To strengthen the capacity of 30% of older OVC (especially girls headed households) to mitigate the impact of HIV/AIDS by 2015	% of households with OVC whose capacity has been strengthened	TBD		15% increase on baseline value	30% increase on baseline value	Service records and reports of service providers; Reports from Min of Women Affairs	Disaggregate by household - heads-sex, age, marital status
	% of primary caregivers economically empowered	TBD		15% on baseline value	30% on baseline value	Record of activities and reports	Disaggregate by sex, age & type of empowerment
Objective 8: To establish and/or strengthen OVC coordination structures at all levels	% of community based initiatives economically empowered	TBD		15% on baseline value	30% on baseline value	Record of activities and reports of CBOs	Disaggregate by type of initiative.
	Proportion of OVC coordination structures established/strengthened	TBD		5% increase on baseline	5% increase on baseline	Report of LGAs/states/Min of Women Affairs	Disaggregate by type and level
	Proportion women in the coordination structures	TBD		At least 35% of women	At least 35% of women	List of members	Disaggregate by sex

Policy, Advocacy, Human Rights, and Legal Issues

Despite compelling evidence that reducing stigma, promoting and protecting human rights, promoting greater involvement of PLHIV and gender main streaming strengthens HIV/AIDS control; Nigeria's achievements in this regard remain slow and hesitant. More than two decades after the identification of the first case of HIV in Nigeria, violation of human rights of persons infected and affected is still rampant and stigma remains pernicious and pervasive. This situation is compounded by attitudes and practices which discriminate against widows and AIDS-orphans. Furthermore, current approach of the national response appears to accentuate the differential access to information, services and participation by marginalized segments of the population especially women and persons with disabilities. The epidemic's trends and trajectory compel policy shifts to address the disproportionate incidence and impact of HIV/AIDS on Nigerian women, girls, young people, physically challenged persons, prisoners and persons engaged in transactional sex or same sex relationships.

The NSF envisages the Paris Declaration will form a key aspect of the country's development partners' support to the national HIV response. In this regard, the NSF requests development partners to better harmonize their work and align behind the NSF making maximum use of government systems and processes.

Goal

To protect the rights of PLWHIV and PABA and empower them and other groups made vulnerable by HIV/AIDS to reduce their cultural, legal, and socioeconomic vulnerabilities ensuring their full participation in the national HIV/AIDS response and other development initiatives.

Objectives

The thematic objectives are:

1. Protect the rights of and empower PLHIV
2. To increase the number of programs that promotes the meaningful involvement of PLWHIV by 80% by 2015.
3. To advocate for the progressive increase in funding HIV/AIDS response at all levels of government to at least 30% by 2015
4. To have at least 80% of the actors in the national response to the HIV/AIDS epidemic complying with existing guidelines on ethical standards on HIV/AIDS control by 2015.

NSF FOR POLICY, ADVOCACY, HUMAN RIGHTS, AND LEGAL ISSUES 2010-15

Objective 3: Protect women, children and other socially vulnerable and marginalised groups from HIV Infections										
4.3										
4.3.1	Advocacy									
4.3.1a	Promote the removal of cultural and traditional barriers/practices that impede access to reproductive health information and services.									Report from HIV/SRH stakeholders and NHDS reports
4.3.1b	Advocacy for the domestication of the Protocol of African Charter on the rights of women in Africa and CEDAW Bill to protect the rights of women/ Pass The Child's Right Act at all levels.									Reports from the State House of Assembly and the Federal House of Representatives and the Senate
4.3.1c	Improved services for the protection of people who are vulnerable and marginalised (Persons living with disability, out-of-school youth, OVC and MARPS) from HIV.									Reports of HIV/AIDS services providers
4.3.1d	Support Family Life and HIV education among youths in-and out- of school in urban, rural and hard-to reach places.									Reports of out-of-school HIV/AIDS services providers, Ministry of Education, and NDHS
4.4										
4.4.1	Advocacy	Objective 4: Progressive funding for HIV/AIDS response through political commitment at all levels								
	Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.									Reports on SACAs and LACAs
4.4.1b	Advocacy for sustained political leadership and support at all levels.									Reports from various political leadership settings at local, state, and federal level
4.4.2	Capacity Building									
4.4.2.a	Strengthen capacity for transparency and accountability in HIV response in partnership with the private sector, media, PLWHIV and CSOs.									Reports of private sector and the media; and PLHIV and CSO networks
4.4.2b	Promote Public Private Partnerships.									Reports of public-private partnership initiatives

NSF M&E RESULT FRAMEWORK FOR POLICY, ADVOCACY, HUMAN RIGHTS, AND LEGAL ISSUES 2010-15

NSF Objectives	Indicators	Baseline value (National)	Baseline value (State)	Mid - Term (end of 2012)	End of program (2015)	Means of Verification (MOV)	Comments
Objective 1 To advocate for the protection of the rights of and empower PLHIV (including children, women, and men)	% PLHIV networks who report their rights are protected and they are empowered	TBD		TBD	100%	NARHS and NDHS reports; Reports of other national surveys	
	No of bills passed/laws amended in National/ State Assemblies on specific gender-related issues e.g. women's inheritance rights, property ownership, Gender - Based Violence including female genital mutilation, rape, trafficking, child labor, social welfare scheme for households headed by PLWHAs especially women and children etc.						
Objective 2 To facilitate the meaningful involvement of PLHIV on HIV/AIDS decision making bodies at all levels of the national response	% of PLHIV (children, women, and men.) and their networks seeking redress for human rights violations	TBD		TBD	100%	Reports of stakeholder organizations; Reports of special surveys	Disaggregated by sex, workplace, type of network/support group
	% of workplaces treating reported cases of violations human rights of PLHIV					National AIDS Spending Assessment (NASA) Report	
Objective 3 To advocate for the progressive increase in funding HIV/AIDS response at all levels of government	% of government contribution to total HIV/AIDS spending	7%		15%	30%	Sector policies documents	
	Proportion of sector policies that provide response for the mitigation of impact of HIV/AIDS	TBD					
Objective 4 To advocate for compliance with ethical standards on	% of HIV/AIDS budget supporting initiatives that seek to close identified gender gaps.						
	Proportion of organizations complying with ethical standards	TBD		TBD	100%	Reports of service provider organizations; Reports of special studies	

NSF M&E RESULT FRAMEWORK FOR POLICY, ADVOCACY, HUMAN RIGHTS, AND LEGAL ISSUES 2010-15

						<p>% of HIV/AIDS budget supporting initiatives that seek to close identified gender gaps.</p>	
<p><u>Objective 4</u> To advocate for compliance with ethical standards on HIV/AIDS</p>					<p>TBD</p>	<p>Proportion of organizations complying with ethical standards</p>	<p>Reports of service provider organizations; Reports of special studies</p>
			<p>TBD</p>				<p>100%</p>

Institutional Architecture, Systems, and Resourcing

Rationale

Despite achievements towards control of HIV/AIDS the epidemic continues to pose a significant challenge to national development. While the response has experienced increased inflow of resources from government and development partners significant funding and resource gaps still exists. Also, the national response is largely donor dependent and for most part, donor driven. At the state level, political commitment is generally weak as, any states have recently provided no financial allocation to HIV/AIDS activities, outside of the counterpart funding to access the World Bank MAP funds. Many several federal agencies are also solely dependent on World Bank funds for their HIV/AIDS programs. With the international financial meltdown signaling potential reduction in financial contributions by development partners, governments and citizens at all levels need to own and assume responsibility for scaling up and sustaining HIV/AIDS response. These realities compel urgent review and realignment of the institutional framework, coordination mechanisms and resources issues for the national response.

Besides financial resources and physical infrastructure, availability and capability of human resources are pivotal to sustainability of HIV/AIDS response. Although it is generally agreed that Nigeria has a good supply of health professionals, compared with other countries in the sub-region, there are wide regional disparities and the vast majority are based in urban areas. It is also true that the HIV/AIDS epidemic has significantly increased pressures on health care delivery systems that are already overstretched. While, in general, the numerous strands of human resource needs of the national HIV/AIDS are appropriately addressed within thematic areas response some themes of the human resource required to ensure a sustainable response are generic as well as cross-cutting. The gender dimensions of Nigeria's HIV/AIDS epidemic is well articulated and though the NSF mainstreams gender in all thematic areas, personnel with expertise in gender mainstreaming and the use of rights-based approaches are few. The need to institute Gender Management Systems in all SACAs, LACAs, line Ministries and other coordinating bodies (following the example of NACA) cannot be over-emphasized.

Goal

The goal of the thematic focus is to strengthen structures and systems for the coordination of a sustainable and gender-sensitive multi-sectoral HIV/AIDS response in Nigeria.

Outcome Objectives

Institutional Arrangement and Coordination Mechanism

Objective 1: NACA, SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened

Objective 2: Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the national response.

Objective 3: Strengthened coordination mechanisms of CSO at all levels national, state, and local government.

Human resources

Objective 4: Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender and age-responsive personnel

Procurement & logistics supply

Objective 5: Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS-related commodities operational by 2015

Financial Resources

Objective 6: Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS by 2015

Objective 7: To mobilize adequate financial resources in support of the implementation of the national

HIV/AIDS response

Objective 8: To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs

INSTITUTIONAL ARCHITECTURE & RESOURCING

STRATEGIC INTEVENTIONS	Year 1				Year 2				Year 3				Year 4				Year 5				Year 6				MOV								
	(number)								(number)								(number)									(number)							
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4		Total	Q1	Q2	Q3	Q4	Total		
Institutional Coordinating Mechanism																																	
Objective 1: NACA, SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened																																	
5.1	Institutional Capacity assessment																																
5.1.2	Development of Capacity building plan																																
5.1.3	Establish and strengthen all LACAs																																
5.1.4																																	
5.1.5	Advocacy to all governors to upgrade SACAs to agencies																																
5.1.6	Capacity building in program management and coordination of NACA SACA LACA																																
5.1.7	Convene regular coordination meeting of NACA SACA LACA																																
5.2	OBJECTIVE 2 : Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the national response.																																
5.2.1	Create Partnership forum																																
5.2.2	Conduct meetings with development partners																																
5.2.3	Conduct quarterly ETG meetings																																
5.3	OBJECTIVE 3 Strengthened coordination mechanisms of CSO at all levels – national, state and local government.																																

LOGISTICS MANAGEMENT SYSTEM

5.4 Human Resources													
5.4	Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender-sensitive personnel												
5.4.1	Standardized and harmonize training curricula												NACA & FMOH Reports; Health professionals regulatory bodies
5.4.2	Develop sustainable system for training and re-training staff												NACA & FMOH Reports; Health
5.4.3	Conduct training												NACA & FMOH Reports; training reports
5.4.4	Develop retention strategy for health care workers												Strategy document
5.4.5	Develop innovative strategies for task sharing among health workers												Task-shifting strategy documents; relevant national policy & guidelines; NACA & FMOH Reports
5.4.6	Integrate HIV/AIDS curricula into Pre-service training of health workers at all levels												Pre-service training curricula of different groups; Health professional/regulatory bodies' report, NAC & FMOH reports
5.4.7	Develop innovative and sustainable capacity building mechanisms to link with other related health programs												Capacity-building plans and schedules of trainings; Health professional/regulatory bodies' report, NAC & FMOH
5.4.8	Develop sustainable systems for Human resource capacity building in management and leadership												Capacity building plans; training schedules and programmes; NACA & FMOH reports
5.4.9	Develop Human Resource Management Information Systems												Human Resources MIS document
5.4.10	Develop and implement human resource plan for the sector.												Human resource plans; NACA & FMOH Reports

LOGISTICS MANAGEMENT SYSTEM

5.5 Objective: Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS-related												
5.5.1	Establish HIV/AIDS PSM Steering committee and TWG											NACA & FNOH Reports; Reports of Steering Committee & TWG
5.5.2	Conduct National forecasting & quantification exercise.											Forecasting documentations; NACA & FMOH Reports
5.5.3	Rehabilitate existing Federal medical warehouses.											renovation report, inventory and/or report of assessment visits
5.5.4	Conduct training in logistics management at all levels											NACA & FMOH Reports; CLMS Training reports
5.5.5	Develop Unified HIV commodities distribution system.											NACA & FMOH Reports; CLMS plans and schedule of activities
5.6 Financial Resources												
5.6 Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS by 2015												
5.6.1	Advocacy to key stakeholders											NACA, SACA, LACA and reports of relevant MDAs
5.6.2	Establishment of budget lines for HIV/AIDS											Budget reports
5.6.3	Integration of HIV issues into budgetary process											Budget reports
5.7 To mobilize adequate financial resources in support of the implementation of the national HIV/AIDS response												
5.7.1	Partnership building											Advocacy reports
5.7.2	Strengthening of public-private partnerships											NACA & NIBUCAA Reports
5.7.3	Operationalisation of Joint Funding Agreements											NACA & National Planning Comm. Reports
5.8 To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programmes.												
5.8.1	Capacity building on financial management											NACA Report; Training reports
5.8.2	Establishment of pro-active budget tracking methods											Budget tracking plans; NACA reports
5.8.3	Documentation and dissemination of resource tracking results											Resource tracking reports; report on result dissemination
5.8.4	Advocacy on using result of budget tracking for improved prg management											NACA Reports; Annual Budgets; Advocacy Reports

INSTITUTIONAL ARCHITECTURE & RESOURCING M & E RESULTS FRAMEWORK

Outcome Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
Institutional Coordination Mechanism							
<p>Objective 1: NACA, SACA and LACAs capacity to effectively coordinate sustainable and gender - sensitive multi -sectoral HIV/AIDS at national, state and LGA respectively strengthened</p>	% of NACA's annual operational funds that is provided by the government	TBD					
	% of states that has the coordinating body as an agency	33%		67%	80%	NACA Reports	Disaggregate membership of coordinating body by sex
	% of SACAs that received at least 80% of government budgeted funds for HIV annually	TBD					
	Proportion of women and men occupying decision making positions in the coordination structures (NACA, SACA, LACA etc)			At least 35% women in line with the National Gender Policy	At least 35% women in line with the National Gender Policy		Staff list; Organogram
<p>Objective 2: Strengthened coordination mechanisms of development partners at all levels, national state and</p>	Proportion of SACAs, LACAs, line Ministries and other coordinating bodies with Gender Management Systems (GMS) established and functional	NACA has a Gender Division, a Gender Manager and a Gender Technical Committee; Some SACAs and Line Ministries have Gender Focal points		25%	50%		Desegregate by the type of coordinating body
	% of LGAs that have functional LACAs	19.5%			50%	80%	Disaggregate data by States
	% of SACAs and line ministries submitting report to NACA at least twice a year	TBD					

INSTITUTIONAL ARCHITECTURE & RESOURCING M & E RESULTS FRAMEWORK

<p><u>Objective 2:</u> Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the National Response.</p>	% of SACAs and line ministries submitting report to NACA at least twice a year	TBD							
	% of civil society constituency coordinating entities submitting report to NACA at least twice a year	TBD							
	% of LACAs submitting reports to SACA at least twice a year	TBD							
	% of international development partners submitting report to NACA at least annually	TBD							
	% of development partners that are operating in line with the Joint Financing Agreement	TBD							
<p><u>Objective 3:</u> Strengthened coordination mechanisms of CSO at all levels</p>	Proportion of CSO coordinating entities implementing at least 80% of annual work plan.	TBD							Disaggregate data by federal, state and local government.
	Human Resources								
<p><u>Objective 4:</u> Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender responsive personnel</p>	% of health facilities offering HIV/AIDS services that have adequate human resources according to set national standards								Facility survey report NACA report
	Proportion of partners' reports reflecting gender sensitive programming		50% of all reports				80% of all reports		NACA report, partners' reports
	Proportion of key NACA, SACA, LACA, key partners' staff trained in Gender and HIV/AIDS		40%				80%		NACA report, Partners' report
									Disaggregated by sex and type of organization

INSTITUTIONAL ARCHITECTURE & RESOURCING M & E RESULTS FRAMEWORK

Logistics Management System									
<p>Objective 5: Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS -related commodities operational by 2015.</p>	% of facilities that experienced no stock-out of ARVs annually	TBD							
	% of facilities that experienced no stock-out of drugs for management of opportunistic infections annually	TBD							
	% of facilities that experienced no stock-out of male and female condoms	TBD							Disaggregate data by level of care and types of condom
Financial Resources									
<p>Objective 6: Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS interventions by 2015</p>	% of government's contribution to total HIV/AIDS spending annually	7% (2008)					15%	30%	National AIDS Spending Assessment (NASA) report
	% of the annual funds required by the costed National Strategic Plan that is realized	TBD							National AIDS Spending Assessment (NASA) report
<p>Objective 7: To mobilize adequate financial resources in support of the implementation of the national HIV/AIDS response</p>	Proportion of HIV/AIDS budgets addressing gender gaps							At least 60%	Disaggregate data by the sources for fund – government, private enterprises, and international development partners
	% of HIV/AIDS-related funds that is expended in program management								Desegregated by donor and location
<p>Objective 8: To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs</p>	% of HIV/AIDS program implementers whose funds management is tracked annually								National AIDS Spending Assessment (NASA) report
									Disaggregate data by type of organization and level of government

Monitoring and Evaluation Systems Thematic Area

The Monitoring and Evaluation Systems for the National Strategic Framework include M&E, Research, and Knowledge Management.

Context and Rationale

A functional and effective monitoring and evaluation (M&E) system serves to provide the data needed to guide the planning, coordination, and implementation of the HIV response; assess the effectiveness of the HIV response; and identify areas for program improvement. It also enables enhanced accountability to those infected or affected by HIV/AIDS, as well as the funders. However, the effectiveness of the M&E systems is itself dependant on the seamless and systemic integration of the 12 components of the Organizing Framework for a Functional National HIV M&E System.

The development and implementation of the Nigeria National Response Information Management System (NNRIMS) Operational Plan (2007-10) followed the adoption of the “three ones” key principles in 2005 as a mechanism to enhance harmonisation and effectiveness of the national HIV/AIDS response. A notable outcome of the significant investment in the NNRIMS is that the functionality of the national HIV M&E system in Nigeria has consistently improved. However there are still gaps in human capacity at the national and sub-national level (state, LGA and service delivery points) to manage M&E systems, including capacity to ensure good data quality, use information routinely for decision-making and provide adequate funding. Also, the infrastructure to underpin the National and sub-national M&E databases, routine HIV program monitoring, and evaluation and research are still weak. Other easily noticeable weaknesses of the current national M&E system include a proliferation of M&E sub-systems which are mostly donor-driven and not responsive to NNRIMS. For instance, NNRIMS is designed to collect information on all related HIV/AIDS services including community level activities; however, each program area such as OVC, ART, and PMTCT has its own routine information system in order to respond to the need of program funders. Also, the low participation of the private sector especially the private-for-profit players, in the submission of information using NNRIMS platform is another critical issue.

NACA has recently developed the National Policy on HIV/AIDS, and completed the review of the implementation and performance of the National HIV/AIDS Strategic Framework for Action 2005-09 as a pre-requisite step to an informed, evidence-based and realistic NSF and NSP 2010-15.

The findings of the response analysis and the policy thrusts of the National Policy on HIV/AIDS have informed the development of the Strategic objectives and interventions of the Monitoring and Evaluation systems thematic area of the National HIV/AIDS Strategic Framework and National HIV/AIDS Strategic Plan 2010-15. Crucially, and in line with the 12 components approach to an organizing framework for a functional national HIV M&E system, the thematic areas of “Monitoring and Evaluation” and “Research and Knowledge Management” of the draft HIV/AIDS Policy have been integrated into the thematic area of one “Monitoring and Evaluation Systems” of the National HIV/AIDS Strategic Framework and National HIV/AIDS Strategic Plan 2010-15.

Goal

The goal of the thematic focus is to strengthen and embed a sustainable systems based approach to delivering a cost-effective, multidimensional and gender sensitive monitoring and evaluation system which supports the continuous improvement of the national response

Proposed Objectives

1. To enhance the leadership and managerial skills and gender sensitivity of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015
2. To improve coordination, partnership, gender sensitivity and cost-effectiveness of data collection, analysis and use of program data and information (routine, surveys and surveillance) to inform program planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015
3. To continuously improve data quality and supportive supervision at all levels by 2015
4. To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach
5. To Strengthen and regularly update an integrated, optimally aligned, cost-effective, appropriate to local context, National HIV/AIDS database(s) to capture, verify, analyze and present program monitoring data from all levels and sectors by 2015.

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

Monitoring and Evaluation Systems

6.1 OBJECTIVE # 1 STRATEGIC INTERVENTIONS		To enhance the leadership and managerial competencies and effectiveness of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015												Indicators (Data Source)	MOV															
		Year 1			Year 2			Year 3			Year 4					Year 5			Year 6			Total								
		(number)												Total																
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2			Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	M&E Report	M&E Report
6.1.1 Review and clarify the competencies, and accountability structures for M & E, and strengthen their alignment to organisational strategies at State/LGASD/Project levels																														
6.1.2 Develop/strengthen appropriate, fully funded mechanisms for coordination of M&E activities at all levels, (e.g. managed networks, monthly meetings etc.)																														
6.1.3 Review and enhance the organisational culture for sustainable human capacity development and timely adequate budgetary provision and release of funds for the M&E system																														
6.2 OBJECTIVE # 2		To improve coordination, partnership and cost-effectiveness of data collection, analysis and use of programme data and information to inform programme planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015																												
6.2.1 Establish/strengthen cost-effective M&E TWGs (or other coordinating structures) at LGA/State/Federal levels																														
6.2.2 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																														
6.2.3 Advocate for an enhanced knowledge of and commitment to the HIV M&E system among policy stakeholders at National, State, LGAs levels and all sectors (private & public) by 2015																														
6.2.4 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																														
6.2.5 In collaboration with the wider national health care systems, establish an integrated client/patient Unique Identifier system																														
6.3 OBJECTIVE # 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																												
6.3.1 Review and strengthen the effectiveness and efficiency of coordinating mechanisms for design and implementation of national/project/program specific surveys/surveillance by 2015																														
6.3.2 Review and strengthen capacity building for the design, execution, analysis and use of relevant surveys/surveillance and other evaluation and research studies																														
6.3.3 To review and strengthen a cost-effective, evidence-based national programme and documentation system for other HIV Evaluation, Research and learning																														
6.3.4 Establish and implement varied mechanisms for promoting the timely presentation of Nigeria HIV/AIDS experience in State/National/International Conferences and fora by 2015																														

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

Monitoring and Evaluation Systems

To continuously improve data quality and supportive supervision at all levels by 2015												
6.4	OBJECTIVE # 4											National Guidelines, SOPs
6.4.1	Review and strengthen the implementation of national guidelines and Standard Operating Procedures on data quality auditing at all the service delivery points, intermediate aggregation levels and national M&E unit											
6.4.2	Timely dissemination of supervisory and auditing reports to Stakeholders using the most appropriate evidence-based means											Program Report
6.5	OBJECTIVE # 5											
6.5.1	Facilitate and embed a systems approach, results-based performance management culture in the delivery of all program components of by the implementing agencies and stakeholders of the national response											Program Report
6.5.2	Ensure that national indicators and frameworks are evidence-based, appropriate to level of decision-making, and integrated to the relevant wider public/private sector systems											Program Report
6.5.3	Enforce One harmonised national data collection and information flow structure											Program Report
6.6	OBJECTIVE # 6											
6.6.1	Establish a national Technical Review Group on national HIV/AIDS databases											
6.6.2	Periodically review and strengthen national capacity to design and maintain databases used in the Nigeria national response by 2015											TWG Report
6.6.3	Develop and implement the evidence-based national guidelines on data storage, data protection and access, emergency and business continuity plans at service delivery points, intermediate aggregation levels and national M&E unit by 2015											Program Report
												M&E Report
To strengthen and regularly update an integrated, optimally aligned, cost-effective, appropriate to local context, National HIV/AIDS database(s) to capture, verify, analyse and present programme monitoring data from all levels and sectors by 2015.												

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

Monitoring and Evaluation Systems

To continuously improve data quality and supportive supervision at all levels by 2015												
6.4	OBJECTIVE # 4											National Guidelines, SOPs
6.4.1	Review and strengthen the implementation of national guidelines and Standard Operating Procedures on data quality auditing at all the service delivery points, intermediate aggregation levels and national M&E unit											
6.4.2	Timely dissemination of supervisory and auditing evidence-based means											Program Report
6.5	OBJECTIVE # 5	To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach										
6.5.1	Facilitate and embed a systems approach, results-based performance management culture in the delivery of all program components of by the implementing agencies and stakeholders of the national response											Program Report
6.5.2	Ensure that national indicators and frameworks are evidence-based, appropriate to level of decision-making, and integrated to the relevant wider public/private sector systems											Program Report
6.5.3	Enforce One harmonised national data collection and information flow structure											Program Report
6.6	OBJECTIVE # 6											
6.6.1	Establish a national Technical Review Group on national HIV/AIDS databases											TWG Report
6.6.2	Periodically review and strengthen national capacity to design and maintain databases used in the Nigeria national response by 2015											Program Report
6.6.3	Develop and implement the evidence-based national guidelines on data storage, data protection and access, emergency and business continuity plans at service delivery points, intermediate aggregation levels and national M&E unit by 2015											M&E Report

Setting the targets

When setting the NACA/Line Ministries/State targets, it is pertinent to note that “The commitment to scaling up towards universal access (UA) is not a target itself. Rather it emphasizes urgency, quality and equity, and involves the development of a comprehensive package of prevention, treatment, care and support relevant to the country”. If the perception of the targets in respect of what can be achieved by the target end date of the NSF is unrealistic, then the credibility of the process can be diminished and the process as a whole can be undermined.

Also, the political leadership who have power and influence over resource allocation really do have limited resources which need to be prioritised, and your targets and the attendant required resource commitments need to reflect the understanding that HIV/AIDS is just but a contributor to the national health burden which needs to be addressed and to compete for resources with other sector priorities.

UNAIDS (2006) Scaling up towards universal access: considerations for countries to set their own national targets for HIV prevention, treatment and care

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 Monitoring and Evaluation Systems Result Framework

<p>Objective 1 To enhance the leadership and managerial skills and gender sensitivity role of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015</p>	<p>Proportion of federal/state/LGA authorities with enhanced leadership and managerial skills and gender sensitivity roles</p> <p>Proportion of M and E coordinating mechanisms with minimum of 35% women in decision making positions</p> <p>Proportion of implementing agencies and stakeholder organizations with improved program planning and decision making processes</p>					<p>Reports of federal/state/LGA HIV/AIDS authorities; Media Reports</p>	
<p>Objective 2 To improve coordination, partnership, gender sensitivity, and cost-effectiveness of data collection, analysis and use of program data and information to inform program planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015</p>	<p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p>	<p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p>	<p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p>	<p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p>	<p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p>	<p>Reports of implementing agencies and other stakeholders; M&E Reports</p>	<p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p>
<p>Objective 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</p>	<p>List of drivers of the epidemic, incidence and prevalence rates periodically determined</p>					<p>Reports of special surveys and operations research</p>	

NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 Monitoring and Evaluation Systems Result Framework

Objective 4: To continuously improve data quality and supportive supervision at all levels by 2015	Annual improvements in data quality with ranking (1=Excellent to 5=Poor)						
Objective 5: To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach	Systems management approach in place and in use					Systems management reports; Mid-term Evaluation and End of Program Reports	
Objective 6: To strengthen and regularly update an integrated, optimally aligned, cost-effective, gender sensitive appropriate to local context, National HIV/AIDS database(s) to capture, verify, analyze and present program monitoring data from all levels and sectors by 2015.	Proportion of developed national databases with these desired attributes					Annual HIV/AIDS Reports, NACA Reports, Database Reports	

Key: * - Please see the References/presentations on Results Chain/Results Framework/Results-based Management and the attached guideline and the instructions on completing the Indicators Reference Guide for further details in understanding this heading

APPENDIX 1: LIST OF NATIONAL CONSULTANTS:

NATIONAL HIV/AIDS RESPONSE ANALYSIS AND DEVELOPMENT OF NSF/NSP 2010-15

S/N	Name of Consultant	Role/Thematic Area	Email	Originating Location
1.	Dr Pat Youri	Lead Consultant, International	patyouri@hotmail.com patyouri@4u.com.gh	Ghana
2	Dr. Adesegun Fatusi	Co-Lead Consultant	adesegunfatusi@yahoo.co.uk	Ife/Osun
3.	Dr Bunmi Asa	Promotion of Behavior Change and Prevention of New Infections	bunmi_asa@yahoo.com	Lagos
4.	Dr. Hadiza Khamofu	Treatment of HIV/AIDS and Related Health Conditions	hgkhamofu@yahoo.com	Abuja
5.	Dr Comfort Agada-Kiboigo	Care and Support for People Infected and Affected by HIV/AIDS including OVC	eyojo@yahoo.com	Abuja
6.	Dr Ifenne Eyantu	Institutional Architecture, Systems, Coordination & Resourcing	mail4enaibi@yahoo.com	Benue
7.	Dr Aminu Magashi Garba	Policy, Advocacy, Human Rights, and Legal Issues	Gamagashi@gmail.com Gamagashi@chnigeria.org	Kano
8.	Dr Iheadi Afonne Onwukwe	Monitoring and Evaluation, Research, and Knowledge Management	iheadi@avohealth.org	Abuja
9.	Dr. Ejiro J. Otiye Igbuzor	Gender	ejiro_otive@yahoo.co.uk	Abuja
10.	Nkechi Nwankwo	Gender	nkechien@yahoo.com	Lagos
11.	Prof Femi Ajibola	Costing	femiajibola@yahoo.com femiajibola@gmail.com	Lagos
12.	Mrs Jadesola Bello	Costing	dauziconsulting@yahoo.com jadesolabello@yahoo.co.uk	Ibadan

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

S/N	TOPIC	NAME	AUTHOR/PUBLISHER	DATE
1.	STATE STRATEGIC PLANS	Akwa- Ibom State Strategic Plan (2006-2010)	Akwa-Ibom State	2006
2.		Bauchi State Strategic Plan (2006-2009)	Bauchi State	2006
3.		Benue State Strategic Plan for HIV/AIDS (2006-2010)	Benue State	2006
4.		Borno State Strategic Framework and Plan of action of identified groups (2005-2007)	Borno State	2005
5.		Cross River State HIV/AIDS Strategic Plan Of Action (2006-2010)	Cross river state	2006
6.		Edo State Strategic Plan for HIV/AIDS (November 2007-2010)	Edo State	2007
7.		Enugu State HIV/AIDS Strategic Plan of action (2006-2010)	Enugu State	2006
8.		Ekiti State HIV/AIDS State Strategic Plan (2010-2014)	Ekiti State	2009
9.		Gombe State HIV/AIDS Strategic Plan (2006-2009)	Gombe State	2006
10.		Imo State HIV/AIDS Strategic Framework of Action	Imo State	
11.		Kaduna State HIV and AIDS Strategic Plan for (2006-2010)	Kaduna State	2006
12.		Kogi State HIV/AIDS Strategic Plan (2006-2009)	Kogi State	2007
13.		Kwara State HIV/AIDS Response Review and Strategic Plan (2006-2009)	Kwara State	2006
14.		Lagos State HIV/AIDS Strategic Plan (2006-2010)	Lagos State	2006
15.		Nasarawa State HIV/AIDS Strategic Plan (2005-2009)	Nasarawa State	2006
16.		Niger State Strategic Plan (2009-2012)	Niger State	2009
17.		Ondo State HIV/AIDS Strategic Plan (2007-2010)	Ondo State	2007
18.		Oyo State HIV/AIDS Strategic Plan (2008-2012)	Oyo State	2009
19.		Plateau State HIV/AIDS Strategic Plan (2006-2010)	Plateau State	2006
20.		Sokoto State Strategic Plan (2009-2011)	Sokoto State	2009

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

21.		Taraba State Strategic Plan (2007-2011)	Taraba State	2007
22.	SURVEYS	National Survey on HIV/AIDS knowledge, attitudes, practices, skills and school Health in Nigeria	Federal Ministry of Education	2006
23.		Nigeria demographic and Health Survey (North central) zone	National Population Commission	2004
24.		National HIV/Syphilis Sero-prevalence Sentinel Survey among Pregnant Women..	Federal Ministry of Health	2005
25.		National HIV Sero-prevalence Sentinel Survey	Federal Ministry of Health	2004
26.		National demographic and Health Survey	National Population Commission	2003
27.		National HIV/AIDS Response and Review (2001-2005)	NACA	2005
28.		Nigeria DHS EdData Survey: Education data for decision making	National Population Commission	2004
30.		Sentinel Survey of the National Population Programme: baseline report 2000	National Population Commission	2002
31.		Behavioural surveillance Survey	Federal Ministry of Health	2005
32.		National HIV/AIDS & Reproductive Health Survey 2003	Federal Ministry of Health	2003
33.		National HIV/AIDS & Reproductive Health Survey 2005	Federal Ministry of Health	2005
34.	GAZETTES/ CHARTERS	Borno State Law for the establishment of BOSACAM	Borno State	2009
35.		Anambra State Law for the establishment of ANSACA	Anambra State	2007
36.		Benue State Law for the establishment of BENSACA	Benue State	2007
37.		Nassarawa State Law for the establishment of NASACA	Nasarawa State	2008
38.		Kogi State Law for the establishment of KOSACA	Kogi State	2008
39.		Kaduna State Law for the establishment of KASACA	Kaduna State	2007
40.		Niger State Law for the establishment of NGSACA	Niger State	2008
41.		Child's Rights Act 2003	FGoN	2003
42.		Reform of Nigerian Family Law	NLRC	2006

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

43.		African Youth Charter	Federal Ministry of Youth Development	2006
44.	PLANS(INCLUDING WORK PLANS) AND TRAINING MANUALS	Scale- up Plan on prevention of PMTCT of HIV in NGR	Federal Ministry of Health	2005
45.		National HIV/AIDS Prevention Plan 2007-2009	NACA	2007
46.		National Health sector Strategic Plan for HIV/AIDS	Federal Ministry of Health	Jul-05
47.		Implementation of the National AIDS & STI control Programme 2005-2009	Federal Ministry of Health	2005
48.		HIV/AIDS NNRIMS Operational Plan 2007-2010	NACA	2007
49.		OVC, National Plan of action 2006-2010	Federal Min. of Women Affairs and Social Dev.	2006
50.		Borno State Reviewed Operational Plan of Action for Nigeria	BOSACAM	2009
51.		National Education sector HIV/AIDS Strategic Plan 2006-2010	Federal Ministry of Education	2006
52.		National Drug control Master Plan		May-99
53.		Mapping the involvement of civil society in HIV/AIDS in Seven States in NGR. (ActionAid)	ActionAid	Mar-02
54.		Cross river State SPT workplan 2005	CRSACA	2005
55.		Benue State Work Plan for 2005-2009	BENSACA	2009
56.		Kogi State activity and implementation Plan	KOSACA	2007
57.		Kogi State Annual AIDS Priority Plan	KOSACA	2008
58.		Taraba HPDP Work Plan	Taraba State	2005
59.		Akwa-Ibom State Work Plan (2005-2009)	Akwa-Ibom State	
60.		Training manuals for community support and home based care for people and communities infected & affected by HIV/AIDS in Nigeria	CISHAN	Mar-07

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

61.		Monitoring and evaluation training manual on Nigerian National Response Information Management System	NACA	Jun-06
62.		Background document for the training modules on laboratory tests and monitoring of HIV infection	NIMR	2003
63.		PMTCT: Nigeria curriculum participants manual	Federal Ministry of Health	Jul-07
64.		Gombe State monitoring and evaluation plan for HIV/AIDS	GOMSACA	Sep-08
65.		Ondo State HIV/AIDS Priority Plan	ODSACA	2009
66.		HIV Counseling and Testing trainees manual	Federal Ministry of Health	Oct-08
67.		HIV/AIDS Manual For State Focal Officers Of The Nigeria Prisons Service	Nigeria Prison Service	Jan-09
68.		Mainstreaming Gender Into The Kenya National HIV/AIDS Strategic Plan 2000-2005	NACC	Nov-02
69.		CRSACA state AIDS priority plan (2009-2010)	CRSACA	Nov-08
70.	RESPONSE REVIEWS, ANALYSIS AND REPORTS	National situation analysis of the Health sector Response to HIV/AIDS in Nigeria	Federal Ministry of Health	2005
71.		Summary of the declaration of commitment on HIV/AIDS	UNAIDS	2001
72.		The level of effort in the National Response to HIV/AIDS (USAID et al)	USAID et al	2003
73.		Nigeria National Response to HIV/AIDS Update	NACA	2009
74.		Human development Report: HIV/AIDS- A challenge to sustainable human development in NGR	UNDP	2004
75.		Benue State HIV/AIDS Response Analysis and Strategic Plan (2005-2009)	Benue State	2005

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

76.		Kogi State HIV/AIDS Response Review (2001-2005)	Kogi State	2007
77.		Ekiti State HIV/AIDS Response Review (2004-2008)	Ekiti State	2004
78.		Ekiti State HIV/AIDS Response Profile	Ekiti State	2008
79.		Enugu State HIV/AIDS Response Review 2000 - 2005	Enugu State	2000
80.		Niger State Annual Report of the NGSACA	Niger State	2008
81.		Nigeria 6th Country Periodic Report	FMWASD	2006
82.		Assessment Report of the National Response to young People..	Federal Ministry of Health	2009
82.		MDG report 2005	National Population Commission	2005
83.		Gender analysis of the mid term NSF implementation	UNIFEM	
84.		Analysis of the human rights of people living with HIV/AIDS and people affected by HIV/AIDS including widows in Nigeria: a) report one- desk review, b) report two- fieldwork	UNIFEM	Jul-05
85.		Edo State HIV/AIDS situational assessment, survey report 2007	Edo State	Jun-05
86.		Nigeria National HIV/AIDS Response Review (2001-2004)	NACA	2005
87.		Lagos State HIV/AIDS Response Review (2000-2005)	LSACA	2000
88.		Laboratory Based HIV Rapid Test Validation in Nigeria phase 1	Federal Ministry of Health	Apr-07
89.		Report of Desk Review On Mainstreaming HIV/AIDS Into Line Ministries and Parastatals	NACA	Jul-07
90.	GUIDELINES	National ethics and operational Guidelines for research on human subjects (NACA)	NACA	
91.		National Guideline on contraceptive logistics management system	Federal Ministry of Education	2003
92.		Guidelines for the Implementation of the FMWASD HIV/AIDS Workplace Policy	FMWASD	2007
93.		Guidelines for the use of anti-retroviral drugs in NGR.	Federal Ministry of Health	2005

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

94.		National Guideline on pediatric HIV/AIDS treatment and care	Federal Ministry of Health	2007
95.		National Guideline for HIV/AIDS treatment and care in adolescents and adults	federal Ministry of Health	May-07
96.		National Guideline and standards of practice on OVCs	Federal Min of women & Social Dev.	Jan-07
97.		Guideline for the implementation of the National workplace Policy on HIV/AIDS	Federal Ministry of Labor and Productivity	2006
98.		National Guideline on PMTCT	Federal Ministry of Health	2007
99.		Operational Guidelines for blood transfusion practice in NGR.	National blood transfusion service	2007
100.		National Guidelines on the syndromic management of STIs & RTIs (FMOH) 2002	Federal Ministry of Health	2002
101.		National Guideline for HIV/AIDS palliative care (FMOH)	Federal Ministry of Health	
102.		Armed Forces HIV/AIDS Control Policy Guidelines	Federal Ministry of Defense	2007
103.		HIV/AIDS Extension Guide	Federal Ministry of Agriculture	2008
104.		National Guideline for HIV/AIDS VCT	Federal Ministry of Health	2003
105.	POLICIES	Benue State HIV/AIDS workplace Policy	Benue State	2009
106.		Kwara State Policy on HIV/AIDS (KWASACA)	Kwara State	2008
107.		Draft workplace policy for Ondo State	Ondo State	
108.		Work Place Policy on HIV/AIDS (Civilian Cell)	Federal Ministry of Defense	
109.		HIV/AIDS Workplace Policy	FMWASD	2007
110.		HIV/AIDS Workplace Policy	Federal Ministry of Information & Communication	

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

111.		National workplace Policy on HIV/AIDS	Federal Ministry of Labor and Productivity	2005
112.		National workplace Policy on HIV/AIDS for the Energy Sector	Federal Ministry of Energy	2008
113.		Policy for the control and Management of HIV/AIDS among staff	Federal Ministry of Science and Technology	2004
114.		FMOH HIV/AIDS Personnel Policy	FMOH	2008
115.		National Policy on Protection and Assistance to Trafficked Persons in Nigeria	NAPTIP	
116.		National Policy on Injection Safety and Healthcare Waste Management	Federal Ministry of Health	2007
117.		National Gender Policy Strategic Implementation Framework and Plan	Federal Ministry of Women Affairs	2008
118.		HIV/AIDS Policy for the Federal Ministry of Internal Affairs/ Paramilitary Sector	federal ministry of Internal Affairs	2005
119.		National Youth Policy	Federal Ministry of Youth Development	2001
120.		National Gender Policy: Situation Analysis and Framework	FMWASD	
121.		National Gender Policy	Federal Min. of Women & Social Dev.	2006
122.		Promoting gender equality and human rights sensitive policy environment in the Nigerian HIV/AIDS national response...a)EDUCATION SECTOR b)HEALTH SECTOR	UNIFEM	Oct-08
123.		Promoting gender equality...agriculture, education and health sectors	UNIFEM	
124.		Civil society for HIV/AIDS in Nigeria: Information sharing policy	CISHAN	

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

125.		Civil society for HIV/AIDS in Nigeria: Monitoring and evaluation procedures and policies	CISHAN	Feb-08
126.		CISHAN HIV/AIDS workplace policy	CISHAN	
127.		Promoting gender equality and human rights sensitive policy environment in the Nigerian HIV/AIDS national response...AGRICULTURAL SECTOR	UNIFEM	Oct-08
128.		UNAIDS/WHO Policy statements on HIV testing	UNAIDS	Jun-04
129.		ECWA Policy on HIV/AIDS	The ECWA AIDS Ministry	2004
130.		National policy on the health & development of adolescents and young people in Nigeria	Federal Ministry of Health	2007
131.	STRATEGIES AND ASSESSMENTS	Kaduna State prevention and strategy: Behavior Change Communication Strategy 2007-2010	KADSACA	2008
132.		The National HIV/AIDS BCC 5yr Strategy 2004-2008	NACA	Apr-04
133.		Benue State Prevention & Strategic Behavioural Communication (2008-2010)	BENSACA	Jun-05
134.		In depth HIV/AIDS Response assessment (KADSACA)	KADSACA	2005
134.		Implementation Strategy for the National youth Policy	Federal Ministry of Youth Development	2001
135.		The 2008 Situation Assessment and analysis on OVC in Nigeria	FMWASD	2008
136.		APIN Phase 11 project: a training needs Assessment for ind. & organizational capacity building of SACAs	APIN	
137.		Injection safety assessment in NGR.	Federal Ministry of Health	2004

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

138.		National HIV/AIDS Strategic Framework for Action	NACA	2005
139.		Achieving universal access- The UK's strategy for halting and reversing the spread of HIV/AIDS in the developing world	DFID	
140.		Achieving universal access-evidence for action	DFID	
141.		The National HIV/AIDS BCC Strategy 2009-2014	NACA	Aug-08
142.		Strategies For an Extended and Comprehensive Response (ECR) to a National HIV/AIDS Epidemic	FHI	
143.	MAGAZINES, DIRECTORIES AND PROJECTS	Gender watch Magazine	CEDPA	2007
144.		HIV/AIDS & the Nigerian Prison Service	Nigeria Prison Service	
145.		The Watchdog Magazine	CEDPA	2007
146.		Directory of institutional capacity details of stakeholders on HIV/AIDS in Ekiti State	Ekiti SACA	2008
147.		Directory of institutions for capacity building on HIV/AIDS project management in NGR.	NACA	2005
148.		The Femi and Fati HIV billboard campaign evaluation report	Society for Family Health	2003
149.		Meeting everyone's needs	National Population Commission	2004
150.		Governance of HIV/AIDS Responses, issues and outlook	UNDP	
151.		Population and the quality of life in NGR(NPC)	National Population Commission	Sep-04
152.		Establishing and sustaining HIV comprehensive care services in cottage hospitals in the Niger-Delta 2007-2008	FHI	2009

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

153.		Kogi State HIV/AIDS Program Development Project	KOSACA	2008
154.		HIV/AIDS Project: Be informed about HIV/AIDS	Federal Ministry of Information and Communication	
155.		National Protocol for HIV counseling and testing at PHC level	NACA	2007
156.	PROJECTIONS AND STATISTICS	Projections for contraceptives including condom for HIV/AIDS in Nigeria (2003-2015)	Federal Ministry of Health	2003
157.		National and State Population projections	National Population Commission	2002
158.		Basic and Senior Secondary Education Statistics Ngr. 2004 & 2005	Federal Ministry of Education	2006
159.		Planning , costing and budgeting Framework	UNAIDS	2003
160.		Statistics of education in Nigeria 1999-2005	Federal Ministry of Education	2007
161.	WORLD BANK	Addressing youth within the World Bank's Multi Country HIV/AIDS program (MAP)	World Bank	
162.		World Bank's commitment to HIV/AIDS in Africa 2007-2011	World Bank	2007
163.	TB	Civil society perspectives on TB Policy in Bangladesh, Brazil etc	Open Society Institute	2006
164.		TB Policy in Nigeria: A Civil Society Perspective	Open Society Institute	2006
165.	STATEMENTS, ALGORITHMS AND FORMS	UNAIDS/IOM Statements on HIV/AIDS-related travel restrictions	IOM	Jun-04
166.		Algorithm for estimating adherence	IHVN	

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

167.		New GON recommended serial algorithm	IHVN	
168.		ART monthly summary form	NACA	
169.		HCT monthly summary form	NACA	
170.		PMTCT monthly summary form	NACA	
171.	MISCELLANEOUS	National HCT High Level Stakeholders' forum	NACA	Oct-08
172.		MDGs Information kit 2007	Federal Government of Nigeria	2007
173.		Action Plus Bulletin		2007-2009
174.		Federal Ministry of Labor Circular	Federal Ministry of Labor and Productivity	2002
175.		National Policy on HIV/AIDS for the Education Sector in NGR	Federal Ministry of Education	2005
176.		Basic facts about HIV.	Federal Ministry of Labor and Productivity	
178.		National Policy on HIV/AIDS.	Federal Government of Nigeria	2003
179.		Lagos State AIDS Control Agency.	LSACA	
180.		HIV/AIDS and Sports Q & As.	Federal Ministry of Sport & Social Dev.	
181.		The Prohibition of Infringement of A widow's & widowers fundamental rights law of Enugu State.	Ministry of Gender affairs & Social Development. Enugu State.	
182.		Assessing Behavior Change Maintenance among HIV Risk	Society for Family Health	2006

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

183.		MAP Study on the availability of social marketing products in Nigeria.	Society for Family Health	2007
184.		Assessing Behavior change among HIV Risk Group in Nigeria: Indirect Interventions through Civil Society Organizations.		2008
185.		An Impact Evaluation of a Transport Corridor Project.		
186.		National Guidelines on the Syndromic Management of Sexually Transmitted Infections and other reproductive tract Infections.	Federal Ministry of Health	2007
187.		HIV/STI Integrated biological and behavioral Surveillance Survey (IBBSS) 2007.	Federal Ministry of Health	2007
188.		Evaluation of the Prevention of mother to child Transmission (PMTCT) of the pilot program in Nigeria.		Oct 2005
189.		Update of HIV/AIDS Program in the Nigeria Prisons Service.	Nigeria Prison Service	June 2000- Mar. 08
190.		HIV/AIDS Program Report in Nigeria Prisons.	Nigeria Prison Service	2006-2008
191.		Assuring Quality: Report of the National Workshop for Effective Family Life HIV/AIDS (FLHE) Curriculum Implementation in Nigeria.	Federal Ministry of Education	Jan 06.
192.		Female condom study among Female Sex Workers.	Society for Family Health	2008
193.		Accelerating the Education Sector Response to HIV/AIDS in Nigeria: Report and Strategic framework for action.	Federal Ministry of Education	Feb 03.

APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

194.		Accelerating the Education Sector Response to HIV/AIDS in Nigeria:	Federal Ministry of Education	June 05.
195.		National Guidelines and standards of practice on orphans and vulnerable children.	FMWASD	Jan 07.
196.		Nigeria Demographic and health Survey 2008.	National Population Commission	2008
197.		National HIV/SYPHILIS Sero - prevalence Survey Among pregnant women Attending Antenatal clinics in Nigeria	Federal Ministry of Health	2005
198.		National Guidelines on Prevention of mother-to child Transmission of HIV(PMTCT).	Federal Ministry of Health	Jul-07
199.		Joint Midterm Review of the HIV/AIDS National Strategic Framework for Action (NSF) 2005-09	NACA	Dec -07

APPENDIX 3: LAUNCH

S/N	NAME	ORGANIZATION	EMAIL ADDRESS	DESIGNATION
1	Dr. Iheadi Onwuke	AVO HEALTH	iheadi@avohealth.org	CHIEF EXECUTIVE
2	Dr. C. C. Ani	ENSACA	c.ani53@yahoo.com	PM
3	Grace A. Wende	BENSACA	ashiwende@yahoo.com	ES/PM
4	Dr. Pat Youri		patyouri@yahoo.com	LEAD CONSULTANT
5	Dr. Umar T. Yakasai	NYNETHA	utakassai2000@yahoo.com	NAT. COORDINATOR
6	Igbinoba N. O.	EDOSACA	niginoba@yahoo.com edospt@yahoo.com	PM
7	Dr. Shehu A. Kalgo	KEBBISACA	shehuakalgo@yahoo.com	PM
8	Dr. Nancy Knight	CDC	nknight@ng.cdc.gov	CD
9	Dr. Jaiyesimi. E.	HWWN	ebunjay@yahoo.com	PROJECT DIRECTOR
10	Dr. Oby Emelumadu	ANSACA	obiageliemelumadu@yahoo.com	EXECUTIVE DIRECTOR
11	Dr. Basse Nsa	ICAP	drbasse_nsa@yahoo.com.au	DUU
12	Ivande V. Denen Igundunasse	BENSACA	ivande4real@yahoo.com	M&E OFFICER
13	H.G Khamofu		hgkhamofu@yahoo.com	CONSULTANT
14	Dr. Aminu Magashi	CHR KANO	gamagashi@gmail.com	CONSULTANT
15	Dr. Sunday Fagbenro	IHVN	sfagbenro@ihvnigeria.org	REG. MANAGER (SPO) IHVN-BENIN
16	Prof. Femi Ajibola	NNF	femijibola@yahoo.com	MD/CEO
17	Patrick Abah	NACA	pabah@naca.gov.ng	DIRECTOR ADMIN
18	Dr Uche Okoro	FACA	okoro.uche@yahoo.com	PM
19	Dr. Umaru M. Maru	ZMSACA	drumarmr@yahoo.co.uk	DG
20	Prosper Okonkwo	APIN, ABUJA	pokonkwo@apin.org.ng	CEO
21	James Atuse	IOM	jatusue@iom.int	PROG. ASST
22	Jerry Gwamna	CDC	gwamnaj@ng.cdc.gov	PROG. SPECIALIST
23	Sam Archibong	NACA	sarchi1156@yahoo.com	HEAD CORPORATE COMM.
24	Dr Sam Ohaeri	ABSACA	ohaeri5@yahoo.com	PM

APPENDIX 3: LAUNCH

25	Prof. M. O Osagbemi	UNI JOS	popdevt@yahoo.com	LECTURER
26	Akudo Ikpeazu	NACA		
27	Kemi Ndieli	UNIFEM	adekemi.ndieli@unifem.org	OTC
28	Owolabi T	TA & O ASSOCIATES	timmyowolabi@yahoo.com	CONSULTANT
29	Prof. John Idoko	NACA	jonidoko@yahoo.com	DG
30	Mr Roland Abah	NACA	rolann04@yahoo.com	PROG. OFFICER
31	Shola Idris	NACA	ioluwashola@yahoo.com	COMM. OFFICER
32	Tine Woji	NACA	tanjazhi@yahoo.com	
33	Omini Effiong	NACA	omnixonez@gmail.com	BCC CONSULTANT
34	Dr. Onoja M.O	ABUTH ZARIA	ibetule@yahoo.com	ACADEMIA
35	Dauda Oladepo	NACA	daudaoladepo@yahoo.com	DD
36	Regina Eche-Fali	NACA	ginaechejali@yahoo.com	MEDIA CONSULTANT
37	Emmanuel Atuma	FHI	atumaemma@yahoo.com	STA
38	Dr. Ranti Oladende	OGUNSACA	rantioladende@yahoo.com	REP CHM
39	Odo T. I	FMWASD	titus_odo@yahoo.com	M&E OFFICER
40	Dr. Umaru Pate	UNIMAID	umarupate@hotmail.com	READER
41	Dr. Chris Agboghroma	NHA	agbochris@yahoo.com	CONSULTANT
42	Felix Obi	JICA	halal3k@yahoo.com	HEALTH EXPERT
43	Toyin Aderigbibe	NACA	toyinade18@yahoo.com	Snr COMM OFFICER
44	Adeniji, G. O	OGUNSACA	saca_ogun@yahoo.com	CMO
45	Adama, A. P (Mrs)	JMWA	alpaulyn@yahoo.com	ASST. DIRECTOR
46	Jumai H. Danuk	CISHAN	ciscghan@yahoo.com	Snr PROG. OFFICER
47	Raymond Udosen	SACA	raydosen@yahoo.com	COM. SPECIALIST
48	Dr. Agada	ABUJA	eyojo@yahoo.com	CONSULTANT
49	Araoye Segilola	FMOH	araoyesegilola@yahoo.co.uk	AD
50	E.B.A Coker	FMOH	jidecoker_1@yahoo.com	
51	Tosin Adebanjo	NACA	tadebanjo@naca.gov.ng	WEB ADMIN

APPENDIX 3: LAUNCH

52	Akpan F.A	FMOH				C.D.M
53	Hassana Dawha	UNDP		hassana.dawha@undp.org		PROG. ANALYST
54	Nasiru Yahaya Isa	SOKOTOSACA		alnaseer2004@yahoo.com		PM
55	Ogundairo Femi			femmystyle@yahoo.com		
56	Emeka Asadu			ecasadu@yahoo.com		HTC&S
57	Ben A. Egberi	AC&C		ashero009@yahoo.com		CEO
58	Afamefume Nwafejeokwu	NIGERSACA		familolo@yahoo.com		M&E
59	Ifeanyi Okekeam	SFH				ASST. DIRECTOR
60	Olusina Falana	NIBUCAA		ofalana@nibucaa.org		EXEC. SECRETARY
61	Alh. (Barr) I. Azara	NASACA		ibrahimaza2002@yahoo.com		PM
62	Aisha H. Kasim	NASACA		nnikeaisha@yahoo.com		M&E OFFICER
63	Fola Richie- Adewara	REACH Nigeria		folat@pactnigeria.org		COP
64	Dr. Olubunmi Asa	CONSULTANCY		bunmiasa@yahoo.com		INDEPENDENT CONSULTANT
65	Dr. Ijaodola Olugbenga	NASCP		gijaodola@yahoo.com		MEDICAL OFFICER
66	John Ejiga	PRESIDENCY		dss@yahoo.com		PRINCIPAL STAFF
67	Usman Abdullahi	SOSACA		usmahealth@yahoo.com		M&E OFFICER
68	Pharm. Oguntunde A.	FMST		yomi_za@yahoo.com		M&E OFFICER
69	Dr. Green Kalada	USAID		kagreen@usaid.gov		SNR ADVISER
70	Pharm. Adam Baba Usman	NIGSACA		abu661@yahoo.com		DG, PM
71	Bright Ekwere madu	SFH		bekweremadu@sfnigeria.org		MD
72	Abdulaziz Mohammed	YOSACA		mxabdulaziz@yahoo.com		M&E OFFICER
73	Farida S. Mamudo	YOSACA		ybsaca@yahoo.com		PM
74	Boduurin	MSH		badebo@msh.org		TA
75	Prof. Peter Ebigbo	UNN		peterebigbo@yahoo.com		PARTICIPANT
76	Job Sagbolan	UNAIDS		sagbokay@unaids.org		
77	Niyi Ogundiran	WHO		Ogundirana@ng.afro.who.org		

APPENDIX 3: LAUNCH

78	Dr Oyenyi J.A	KWASACA	oyenyija2001@yahoo.co.uk	PM
79	Dr Ishaku Bako	NASACA	bakoiaro@yahoo.com	ED
80	Dr Klint Nyamuyekye	WHO	nyamuyekuyek@ng.afro.who.int	HIVCO
81	Nkechi Nwankwo		nkechien@yahoo.com	CONSULTANT
82	Fajemisin Wole	PATHS 2	wolefajemisin@yahoo.com	ADVISOR
83	Dr Osuyali John	DELTASACA	deltasaca@yahoo.com jubaisreal@yahoo.com	PM
84	Dr C.M Okeh	RIVERSACA	cmokeh@yahoo.co.uk	PM
85	Ibrahim Almajiri	JISACA	almajirikwalam@yahoo.co.uk	PM
86	Dr Bashir M. Ahmed	JISACA	bashir_ads@yahoo.com	ES
87	Yusuf Aliyu	JISACA	alyusufashura@yahoo.com	M&E OFFICER
88	Musa Usman	JISACA	musausmangud@yahoo.com	
89	Ochenya	NACA	otsanya@yahoo.com	
90	Chinwe Onumonu	PATHFINDER	conumonu@pathfinder.org	PO
91	Haruna Y. Dabo	BOSACAM	hydabo62@yahoo.com	M&E
92	Ifeanyi Orazulike	NDN	natcoor.smaan@gmail.com	CO-ORDINATOR
93	Yakubu Usman Abubakar	BACATMA BAUCHI	yuasoro@yahoo.com	PM
94	Musa Rabiu	UPMN	baba_zaria@yahoo.com	REGISTRAR/ CEO
95	Are- Shodeinde	UNAIDS	arehodeindea@unaids.org	
96	Ameh Julius	FME	juliusameh@yahoo.com	CEO
97	Delilah Jalo	GOMSACA	mollomana@yahoo.com	PM
98	S.U Okeke	NPC	ucheoke1@yahoo.com	ACPO
99	Suranwa F.Y	NACA	suran2010@yahoo.com	
100	Rev. Onwubuya	BREAKFORTH GIFAD	Gifad2008@yahoo.com	MD

APPENDIX 4: HIV PREVENTION TWG MEMBERS

S/N	Name	Organization	Designation	EMAIL
1	Margaret Shelleng	NACA	Consultant	mhshelleng@yahoo.co.uk
2	Egamba Mercy	NACA	Program Officer	mehmehegamba@yahoo.com
3	Dr. Umar T.Y Yakasai	NYNETHA	National Coordinator	utyakasai2000@yahoo.com
4	Dr. Abimbola O . Sowande	JSI/AIDS STAR 1		asowande@rocketmail.com
5	Kelechi E . Amaefule	JSI/AIDS STAR 1	HCWM Advisor	kletchie@yahoo.com
6	Dr. U. A. Pate	UNIMAID		umarupate@yahoo.com
7	Mudasiru M . A	INFORMATION, Radio House		muftaumudasiru@yahoo.com
8	Are -Shodeinde Aderonke	UNAIDS, UN House	JUNTA Coordinator	
9	George Oyebola	NELA	Program Officer	helakasora@yahoo.com
10	Ifeanyi Orazulike	SMAAN/NDU, Old Bodi, Estate, Ibadan	National Coordinator	natcoor.smaan@gmail.com
11	Dr. Uba Sabo	NASCP/FMOH	FP -PMTCT	drasuba@yahoo.com
12	Seyi Olujimi	C-Change AED, 7th Floor, Labor House	M&E Specialist	
13	Dr. Nwude	CDC	PMTCT Prog. Specialist	
14	Dr. E. Ngige	NASCP/FMOH, Edo House	Head, Prevention	nkadingige@yahoo.com
15	Dr. Kalada Green	USAID, Mambila street, Maitama	SNR Program Advisor	kagreen@usaid.gov
16	Dr. Jerry Gwamna	CDC, Abuja, 1st City Plaza, Herbert Macaulay str. CBD	Prog. Specialist HIV - Prevention	gwamnaj@ng.cdc.gov
17	Dr. Ali Onoja	AFRICAN HEALTH PROJECT, Garki Hospital	CED	onojaali@yahoo.com
18	Dr. Awak Zainab	EPIC -MOD, 4B Ikole Str. Off Gimbiya Str. Near TopRank Hotel, Area 11	Prevention Officer	Prevoffepic2009abuja@gmail.com
19	Ogunkunle R .O	Holy Order of the C&S Movement, Church, I.I.S Adamawa Road, Kaduna	Sec.Admin. National Coordinator HIV/AIDS Programs	pstogunkunle@yahoo.com
20	Toyin Adeleke	JAAIDS, No.4, Jaba Close, Area 11	Program officer	tealakes@gmail.com
21	Damilola Abokede	ACTIONHEALTH INC. 17 Lawal Street, Jibowu Yaba, Lagos	Program Officer	d.abokede@actioninc.org
22	Josephine Kamara	INTERNEWS, 7th Floor, Labor House	Country Director	Josie56ka@yahoo.com

APPENDIX 4: HIV PREVENTION TWG MEMBERS

23	Desmond Ajoko	AED/C -Change, 7th Floor, Labor House	Program Communication Specialist	adesmond2002@yahoo.co.uk
24	Nwammadu B .C	IMOSAC A, Public Health Lab. .Building, Umufuma , Owerri	PM	drbcnwammadu@yahoo.com
25	Dr Sam Ohaeri	ABIASACA, 3rd floor, 18 Orlu Str. Umuahia	PM	ohaeris@yahoo.com
26	Nwazunku A .A	EBONYISACA, 2 Nwodo Str. Abakaliki, Ebonyi	PM	austinazunku@yahoo.com
27	Dr. Babson Ajibade	University of Calabar, A13/7 Mutaka str. State Housing Calabar, CRS	Senior Lecturer	nosbatedabija@yahoo.com
28	Dr. Onive Ogbonna B	EBONYI -SACA , 2 Nwodo Street, Abaka liki	Link Physician	
29	Dr. C.C. Ani	ENUGU -SACA , 3/41 Kingsway Road, GRA, Enugu	PM	
30	Chidozie Meribe	FMOH , Edo House, CBD	MO -PMTCT	
31	Adama A .P	FMWA	PM	alpaulyn@yahoo.com
32	Dooshima Okonkwo	USDoD	Pre vention Manager	dugandu@hivresearch.org
33	Adeniji G .O	OGUNSACA	CMO	Saca ogun@yahoo.com
34	Thomas Ofem	AED/C -CHANGE , 7th Floor, Labor House	DC OP	tofem@aed.org
35	Bodunrin Adebo	MSH , Katsina House, CBD	TA	Badebo@msh.org
36	Donna Yakubu	ASWHAN , Suite 1, 1st Floor, Bassau Plaza, CBD	Acting Coordinator	donnayakubu@yahoo.com
37	Raymond Udusen	AKWA -IBOM SACA , Governors Office, Uyo	Communication Specialist	rayuduson@yahoo.com
38	Faweya Olufemi	ENR, 8 PH Cres cent, Gimbiya Str	HIV/BCC Technical advisor	ofaweya@enrnigeria.org
39	Nnorom Enakeno	FME , Fed.Sec.Phase II	(CEO) Procurement Officer	knnorom@yahoo.com
40	Ajayi Remi	EKITI -SACA ,	CMO	ooluwabamigbe@yahoo.com
41	Amonia M . Standfast	Federal Ministry of Youth Development , Blk C, Fed.Sec. Phase II	CAO	samoniya@yahoo.com

APPENDIX 4: HIV PREVENTION TWG MEMBERS

42	Oby Emelumadu	ANSACA	PM	obiageliemelumadu@yahoo.com
43	Ibrahim Almajiri	JIGAWA -SACA, Deputy Gov. Office, Dutse	PM	almajirikwalam@yahoo.co.uk
44	Yusuf Aliyu	JIGAWA -SACA, Deputy Gov. Office, Dutse	M&E	alyusufashura@yahoo.com
45	Omini Effiong	NACA	BCC	mnixone2@gmail.com

Appendix 5 - HIV/AIDS Treatment TWG Members

S/N	NAMES	DESIGNATION	ORGANIZATION/ PHYSICAL ADDRESS	E-MAIL
1	Obatunde Oladapo	Executive Director	PLAN,5, oyo Rd, Mokola , Ibadan	obatunde65@gmail.com
2	Tosan Ayonmike	M&E/ Data Officer	NMOD HIV Prog. EPIC	tosanayonmike@yahoo.com
3	Dr. Rupert Emeogu	M.O	NTBICP/ FMOH	dremeogu@yahoo.com
4	Femi Amoran	Consultant	NASCP/ FMOH	drfamoran@yahoo.com
5	Valerie Obot	ST BLCO	MOH,Uyo,Akwaibom	valerie_obot@yahoo.com
6	Femi Ajetumobi	Programme Officer	NTBLCP/ FMOH	femiajetumobi2002@yahoo.com
7	Emeka Asadu	Head/ C&S	HAD - FMOH	ecasadu@yahoo.com
8	Dr Oche Agbaji	ART TEAM LEADER	Dept. of Medicine, JUTH, Jos	oagbaji@yahoo.com
9	Mohammed Ibrahim	Director Medical Services	FHI	mibrahim@ghain.org
10	Dr Kate Anteyi	Senior Program specialist	CDC - USE	antevik@ng.cdc.gov
11	Emeka Okechukwu	SMSA	FHI	eokechu_kwu@ghain.org
12	Moru.A.Monica	Prog. Officer	Network for HIV/AIDS Research in Nig.	monicamoru@yahoo.com , narnnigeria@yahoo.com
13	Dupe Ogunrinde	Chief Nursing Officer	GOVT/ Adult	Lovingdupe@yahoo.com
14	Klint Nyamuryekunge	HIV/AIDS CO	WHO	nyamuryekunge@ng.afro.who.int
15	Munda Bala	Record Officer	NMOB(EPIC)	goramh12@yahoo.com
16	Fajemisin Wole	HMIS	PATHS 2	woleafajemisin@yahoo.com
17	Deborah Bako -Odoh			
18	Mariya Mukhtar Yola	Consultant	NHA	mariyamukhtar@yahoo.com
19	Rosemary Audu	Virologist	NIMR	rosemaryaudu@yahoo.com
20	Ofondue . O	Consultant Physician	FMC OW	ajumy.o@yahoo.com
21	Zipporah K.	COP	CHAN NICaB	zmkpamor@yahoo.com
22	Rolake Odetoyinbo	Project Director	PATA	rolake.odetoyinbo@pata-nigeria.com
23	HG Khamofu	Consultant		hgkhamofu@yahoo.com

APPENDIX 6: CARE AND SUPPORT TWG MEMBERS

S/N	NAMES	DESIGNATION	ORGANIZATION/ PHYSICAL ADDRESS	Email
1	De Evans	Deputy CD	Save the Children, Bassam Plaza, CBD Abuja	d.evans@scuknigeria.org
2	Terfa K	Independent consultant	No 31 Main Street Makurdi	terkene@yahoo.com
3	Grace P Dafice	Nat. Coordinator	AONN Kaduna	gracekenlat@hotmail.com
4	O.A Adebari	FD Networking & coordinating	75 Ralph Shodeinde Street FMoH HIV/AIDS	jumokeadebari@yahoo.com
5	Osagbemi M.O	PROFESSOR	University of Jos	popdevt@yahoo.com
6	Patrick N Okoh	Director	Rural Linkage Network, 15 Good Street, Baji Baji, Owerri State	rurallinkage@yahoo.com
7	Onah Uchenna		Federation of Women Affairs & Social Dev, Abuja	cuonah@gmail.com
8	Chika Okala Egbunike	OVC Specialist	Pact Nigeria, 49 Euphrates Street Maitama Abuja	chika@pactnigeria.org
9	DR IFYR Onawuatuelo	CARE & SUPPORT officer	APIN/HARVARD	ionwuatudo@apin.org.ng
10	HARUNA Y DABO	M&E	BOSACAM	Hydabob2@yahoo.com
11	Abdulaziz Mohammed	M&E officer	YOBE SACA	mxabduiaziz@yahoo.com
12	CARTIER Simon	ASSOC DIR. MS	FHI GARKI	Scartier@ghain.org
13	Walker EBUN	HIV/AIDS Consultant	11 Crown Ibadan	Giftie54@yahoo.com
14	DR Omolola Irinoye	Academics	Obafemi Awolowo University Ile-Ife	omololaoni@gmail.com
15	jaiyesimii E.O	HWWN. Lagos	Plot 230 Ikorodu Road Banikoro Lagos	ebnnjay@yahoo.com jaiyesimii@gmail.com
16	BARR Ekpere Ezeugina	PRESIDENT SAR student welfare	ICRA U.N.N	Ekper2000@yahoo.com
17	NGOZI Ugwu	Local Govt Services Enugu	Deputy Director Nursing Services	emelola@yahoo.com

APPENDIX 6: CARE AND SUPPORT TWG MEMBERS

18	ISamaila Garba	NEPWAN	Member	padvocacy@yahoo.com
19	Jumai H Danwr	Civil society for HIV/AIDs in Nigeria	Senior prog. Officer	discghan@yahoo.com , jumaidanuk@yahoo.com
20	FLT Lt AA Omodunbi	Armed Forces Program on AIDS Control	LOG OFF	portabledebo@yahoo.com
21	DR Onoja M.O	ABUTH ZARIA	Academic	ibelule@yahoo.com
22	MIRIAM KATENDE	ADNN	Tech Adviser	katendepm@yahoo.com
23	MOHAMME D Ramat	FMOH	Nutrition Officer	Ramatisa2006@yahoo.cim
24	GEORGE Ojebola	NELA	Program officer	nelakasora@yahoo.com
26	MARK .AA	Newhope	P.O ABUJA	Max3biher@yahoo.com
27	EMMANUE L ATUMA	Consultant	CONSULTANT	emmaatuma@gmail.com
28	DR Evans	Save the Children	Deputy CD	d.evans@scuknigeria.org
29	OMBUGUA DU O.A	FMoH	ACSO	ombugangba@yahoo.com
30	ROSEMARY KIA	AONN	NAT. Coordinator	Gracekenlarehotmail.com
31	PHILOMEN A IRENE	USAID	P.M	pirene@usaid.gov

APPENDIX 7: POLICY TWG MEMBERS

S/N	NAME	ORGANISATION	DESIGNATION	E_MAIL ADDRESS/PHONE NO	PHYSICAL ADDRESS
1.	Josephine Odikpo	Centre for right &Development	Executive Director	ceradlagos@yahoo.com	Suite 2,4 Irewole Ave. Opebi-Ikeja,Lagos
2.	İbrahim A. Azara	NASACA	Prj.Man	lbrahimaza2w2@yahoo.com	No 3 A/makura str. Lafia Nasarawa State
3.	Aisha Abdul-Hadi Kasim	NASACA	M&E.O	nnikeaisha@yahoo.com	No 3 A/makura str. Lafia Nasarawa State
4.	Tine Woji	NACA	SPO	tanijezhi@yahoo.com	NACA building,Abuja
5.	Dr Nneka Orji	FMOH	M.O (ACSM)	drnnekaorji@yahoo.com	Edo house,75 ralph shodeinde,CBD
6.	Dr Umaru M. Maru	ZMSACA	PM	Dr.umarmss@yahoo.com	Medical stores complex,Zaria rd. samara-Gusau
7.	Bimbola Adewunmi	Action Aid Nigeria	Project Coordinator Advanced	Bimbola.adewunmi@actionaid.org	2rd floor NAIC House Central Area,Abuja
8.	Dr Osayabi	Delta SACA	P.M	deltasaca@yahoo.com jubaisreal@yahoo.com	Asaba
9.	Gabriel Udehkwo	Cross-River SACA	P.M	gundelikwo@yahoo.com	No 13 Afekong Drive Calabar CRS
10.	Nkiru Maduechesl	Action Aid	P.O	Nkiru.obioha@actionaid.org	2 nd floor NAIC House
11.	Barr IHEME Richmond	National Human Rights Commission	P.O	ihemerichmond@yahoo.com	19 Aguiyi Ironsi str. Maitama,Abuja
12.	Temidayo Odusote	USAID	P.M	todosote@usaid.gov	7-9 mambila str. Off Aso drive maitama
13.	Kemi Ndieli	UNIFEM	O-I-C	Adekemi.ndieli@unifem.org	UN House
14.	Tine Woji	NACA	SPO	tanijezhi@yahoo.com	NACA building,Abuja
15.	Josephine Odikpo	Centre for right &Development	Executive Director	ceradlagos@yahoo.com	Suite 2,4 Irewole Ave. Opebi-Ikeja,Lagos
16.	Dr Osayabi	Delta SACA	P.M	deltasaca@yahoo.com jubaisreal@yahoo.com	Asaba
17.	Bimbola Adewunmi	Action Aid Nigeria	Project Co-ordinator Advanced	Bimbola.adewunmi@actionaid.org	2rd floor NAIC House Central Area,Abuja
18.	Kemi Ndieli	UNIFEM	O-I-C	Adekemi.ndieli@unifem.org	UN House
19.	Nkiru Maduechesl	Action Aid	P.O	Nkiru.obioha@actionaid.org	2 nd floor NAIC House

APPENDIX 8: INSTITUTIONAL ARRANGEMENT TWG MEMBERS

S/N	NAMES	DESIGNATION	ORGANISATION /PHYSICAL ADDRESS	E-MAIL
1	Nkata Chuku	AD Health policy and systems	FHI/GHAIN	nchuku@ghain.org
2	Dr Ezikeanyi Sampson I.	HSS Specialist FMOH	FMOH	drsampson@yahoo.com
3	S. Agbabiaka Sunday	Statistician	FMWASD	emarinty'l@yahoo.com
4	Owolabi .T	Consultant	TA & O Associates	timmyowolabi@yahoo.com
5	Ngobua Samuel	Training Coordinator	CDC,CBA Abuja	ngobuas@yahoo.com
6	Modupe Oduwole	NPO	UNAIDS	oduwole@unaid.org
7	Yakubu Usman .A	PM	BACATMA, Bauchi	yuasoro@yahoo.com
8	Farida S. Mamudo	YOSACA PM	Special Adviser Office, Damaturu, Yobe state	faridasmamudo@yahoo.com
9	Delilah Jalo	PM	Gombe SACA	molloman@yahoo.com
10	Olusina O. Falana	Ex-Secretary	NIBUCAA Lagos	ofalana@nibucaa.org
11	Oyenyi J.A	PM KWASACA	KWASACA office,(beside GSS Ilorin)	oyenyija2001@yahoo.com
12	Karen Hawkins	Procurement and Monitoring	CDC	hawkinsk@ng.cdc.gov
13	Sule Abah	Assistant director	JSI	sabah@ng.pfscm.ng
14	Nike Adelanwa	S.L.A	JSI	aadelanwa@ng.pfscm.ng
15	Dr Enyatu Ifenne			
16	Ivande V. Denen Igundunasse	M & EO	BENSACA	Ivande4real@yahoo.com
17	Dr Liman Mukhtar	SPS	CDC	ahmedm@ng.cdc.gov
18	Bernie Boi-lucy Gager	BbiD	HS 19,Thames St., Maitama	Sherbrolu2003@yahoo.com

APPENDIX 9: M&E TWG MEMBERS

S/N	NAME	ORGANIZATION	DESIGNATION	EMAIL/PHONE NO	PHYSICAL ADDRESS
1	Perpetua Amodu-Agbi	NASCP (FMOH)	Epidemiologist	perpagbi@yahoo.com	Edo house, Abuja
3	Araoye Segilola	NASCP	Asst. Director	araoyesegilola@yahoo.co.uk	Edo house, Abuja
4	Seyi Olujimi	C-CHANGE, AED	M&E Specialist	setoy2000@yahoo.com	7 th floor, labour house, Abuja
5	Afamefume Nwafejeoku	NIGERSACA	M&E Officer	familolo@yahoo.com	23, Okada rd. GRA Minna
6	Oyebamiji A.E	OYOSACA	M&E Officer	esbim@yahoo.com	No 8, Govt house rd. Ayodi GRA, Ibadan
7	Waterfield G. Ndaik	KADSACA	M&E Officer	watrgims@yahoo.com	No. 20 Katuru rd, Opp NAF club, Kaduna
8	Elder U.A. Oleghe	EDOSACA	M&E Officer	edospt@yahoo.com	11, Ogiesoba Avenue, Off airport rd.B/city
9	Dr David Onime	USDOD	M&E	donime@hivresearch.org	7, Usuma street, Maitama, Abuja
10	Dr Adewale Adeogun	WINROCK (AIM) PROJECT	M&E Specialist	aadeogun@winrockaim.ng.org	AMMA house (3 rd Floor), opp Nat. Hosp.
11	Dr Femi Amoran	FMOH (HIV/AIDS)	Consultant	drfamorran@yahoo.com	Edo house Abuja
12	Modupe IsibM&or	ICAP	M&E Officer	isibornd@yahoo.com	Aguiyi Ironsi way, Afri investment building, maitama, Abuja.
13	Ivande V. Denen Igundunasse	BENSACA	M&E Officer	Ivande4real@yahoo.com	No 2 Ahmadu Bello Rd.old ministry of finance, makurdi, Benue state
14	Karen Hawkins Reed	CDC	Program Monitoring	hawkinsk@ng.cdc.gov	First city plaza, Herbert Macauley way, Abuja
15	Aminu Abubakar	FHI/GHAIN	Consultant	aminua@ghain.org	FHI/GHAIN Abuja
16	Chiho Suzuki	FHI/GHAIN	M&E Director	csuzuki@ghain.org	FHI/GHAIN Abuja
17	Akin Atobatele	USAID	M&E/ Budget Manager	aatobatele@usaid.gov	USAID.
18	Abdulaziz Mohammed	YOSACA	M&E Officer	mxabdulaziz@yahoo.com	Special Advisers' complex Bukar abba Ibrahim way, Damaturu, Yobe
19	Haruna Y. Dabo	BOSACA	M&E	hydabo62@yahoo.com	Epidemiological complex Maiduguri
20	Akinrogunde Akin	NACA	M&E	Tomok2007@yahoo.com	NACA Abuja.
21	Francis Agbo	NACA	SKM	francisagbo@gmail.com	NACA Abuja.
22	Dr Oby Emelumadu	ANSACA	ED/PM	obiagelemelumadu@yahoo.com	Governor's office Awka.
23	Mrs Maureen Uche	FMIC	Comm. officer	ebby_mauchek2yahoo.com	Federal ministry of

APPENDIX 9: M&E TWG MEMBERS

24	Adeniyi Olaleye	CRS	M&E Advisor	Olaleye_niyi@yahoo.com	4,Paraguay close off panama street maitama Abuja.
25	Uchenna Onyebuchi	NACA	Program Officer	uchennaonyebuchi@yahoo.com	NACA
26	Samson Adebayo	SFH	Asst. Dir M&E	sadebayo@sfnigeria.org	SFH House
27	M. H Bala	NMOD HIV Prog.	Record Officer	Guramh12@yahoo.com	4B Ikole Str, Off gimbiya, Area 11, Garki, Abuja
28	Tosan Ayonmike	NMOD HIV Prog.	M&E/ Data Officer	tosanayonmike@yahoo.com	4B Ikole Str, Off gimbiya, Area 11, Garki, Abuja
29	Dr Kayode Ogungbemi	NACA	Director	O_kayode@yahoo.com	NACA
30	Greg Ashefor	NACA	Deputy Director	asheforgreg@yahoo.co.uk	NACA
31	Odo T.I	FMWASD	M&E Officer	Titus_odo@yahoo.com	FMWASD Fed. Sec.
32	Prof Femi Ajibola	NNF	MD/CEO	femijibola@yahoo.com	VI, Lagos
33	Akinbiyi Gbenga	NASCP, FMOH	H/Research	gakinbiyi@yahoo.com	Plot 75, Ralph Shodeinde Str, CBD, Abuja
34	Ifeanyi Okekearu	SFH	Associate Director	iokekearu@sfnigeria.org	No 8, Port Harcourt cres, off gimbiya str, Area 11 Garki
35	Mayaki Lami	FMOH NASCP	Statistician	mayakilami@yahoo.com	Edo House
36	Dr Ade Bashorun	FMOH NASCP	Medical Officer	bashogee@yahoo.com	Edo house
37	Dr Peter N	FMOH NASCP	MO/SI	nwokep@yahoo.com	Edo House
38	Stanley Amadiogwu	CDC	Prog. Spec	amadiogwu@ng.cdc.gov	252, Herbert Macaulay
39	Dr Mukhtar Liman	CDC	Snr Prog Spec	ahmedm@ng.cdc.gov	Plot 252, Herbert Macaulay way, CBD, Abuja
40	Job Sagbohan	UNAIDS	M&E Advisor	sagbohanj@unaids.org	UN House
41	Aisha Hadi Kasim	NASACA	M&E Officer	nnikeaisha@yahoo.com	No 3 Almakura Str, Lafia

APPENDIX 10: MANAGEMENT & SECRETARIAT STAFF - NSF RESPONSE ANALYSIS & DEVELOPMENT NSF & NSP 2010-2015

S/N	NAME	DESIGNATION	E-MAIL ADDRESS
1.	ALEX OGUNDIPE	DIRECTOR, POLICY & STRATEGY	talktolexy@gmail.com
2.	ATTA IBRAHIM	DEP. DIRECTOR POLICY & STRATEGY	ibrahim_atta2000@yahoo.com
3.	IKOMI ESTHER	SECRETARIAT COORDINATOR	tikomi@gmail.com
4.	SAM ABIEM	PROGRAM OFFICER	drsamabiem@yahoo.com
5.	IPAYE OLAYIWOLA. I	NYSC	ipayeolayiwola@yahoo.com
6.	OLUDOYI Y. MARY	NYSC	preitymaryie@yahoo.com
7.	UKAOMAH JOHN IFENNA	NYSC	lukaomah@yahoo.com
8.	FAKOREDE VICTOR	NYSC	fakocrop@gmail.com
9.	OSHAGBAMI OLUWASEUN	DOCUMENTATION/PHOTOGRAPHY/SECURITY/ DATA CLERK	seunoshagbami@yahoo.com
10.	OGUNSOLA FRACISCA OLUWASEUN	THEMATIC SECRETARY	franciscalopez_4u@yahoo.com
11.	OJO, OLA-MATHEWS	SECRETARY	olamathews@yahoo.com
12.	OMORUYI JOSEPHINE	NYSC	bspvpty@yahoo.com
13.	IFUEKO OGUNBOR	NYSC	blackjunemack@yahoo.com
14.	OKUOFU O. SILAS	DOCUMENTATION/PHOTOGRAPHY/SECURITY	trip4silas@yahoo.com
15.	NIKE OLAYIOYE	SUPPORT STAFF	
16.	LOLA FUNSO-IBUKUNLE	SUPPORT STAFF	fumiblackdeyemi@yahoo.com
17.	KEMI OLADEJO	THEMATIC SECRETARY	rojerskemi@yahoo.com
18.	AKINADEWO TABITHA	SUPPORT STAFF	
19.	BALOGUN ADEJOKE	SUPPORT STAFF	primchick@yahoo.com
20.	PATRICIA OHWO	DATA CLERK	ohwopatricia@yahoo.com
21.	OLABODE TOBI	SUPPORT STAFF	tobi4ever01@yahoo.com
22.	BUSOLA IDOWU	THEMATIC SECRETARY	busolaidowu@gmail.com
23.	TINE WOJI	SNR PROGRAM OFFICER	tanijezhi@yahoo.com
24.	OTERI EBIMAMI	THEMATIC SECRETARY	ebimamioteri@yahoo.com
25.	JEGEDE AYOBAMI	SUPPORT STAFF	olaribiace@yahoo.com
26.	TITUS YAKUBU	DEPT. SECRETARY	warjiba@yahoo.com
27.	ONI ADEBOLU M.	PROGRAM OFFICER	bolujnr81@yahoo.co.uk
28.	YARIMA E. YAKUBU	THEMATIC SECRETARY	ezrayarima@yahoo.com
29.	ZAKARI LAURATU	THEMATIC SECRETARY	zlauratu@yahoo.com
30.	OYEKAN S.A.	MVO	
31.	IFEOMA OFILI	ASSIST. CO-ORDINATOR	Ifieofili2002@yahoo.com