

National Strategic Framework 2010-2015

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

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. Significant sections of the population are most at risk of HIV infection due to social, cultural, and economic conditions which create and sustain vulnerability to HIV infection. The most vulnerable are women and girls, young people, people with physical disabilities, and mobile populations
5. HIV/AIDS related stigma remains pervasive and PLWHIV 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.

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 for the response.
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 PLWHIV to comprehensive prevention, treatment, care and support services
4. Commitment to protecting rights of PLWHIV, reduction of stigma and discrimination and ensuring greater involvement of PLWHIV 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 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.

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 thematic areas are:

1. 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, Infrastructure Requirements, and Human and Financial Resource Issues
5. Policy, Advocacy, Legal Issues, and Human Rights.
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, gender, and age range
2. HIV prevalence rate by state
3. Unit cost by activity (Costing Consultants only)

Draft 1

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.

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 adults 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 with 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 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 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 (PLWHA) 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 in line with national protocols by 2015

Interventions and Activities

See Excel sheet

PREVENTION – M&E RESULTS FRAMEWORK

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
<i>HIV Counseling & Testing</i>							
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
<i>Sexually Transmitted Infections</i>							
Objective 3 At least 80% of sexually active Nigerians with access to quality and gender responsive STI services by 2015	% of sexually active males and females with STI symptoms who accessed treatment services	65% (males, 15-24 years, 2007) 47% (females, 15-24 years, 2007)		78% 70%	90% 90%	NARHS (or secondary analysis of NARHS data)	Disaggregate data by sex and age Baseline was obtained from secondary analysis of NARHS 2007 data

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
	% of male and female with symptoms seeking treatment who used orthodox health facilities	35%		60%	80%	NARHS	Orthodox health facilities is defined as health centers, clinics and hospitals but exclude pharmacies and patent medicine stores
	% of health facilities providing STI treatment services according to national guidelines	TBD				NASCP, FMOH Reports Reports of Service Surveys	Disaggregate data by level of care
Objective 4: STI treatment & prevention services integrated into HIV prevention services by 2015	% of HIV prevention programs providing treatment for other STIs	TBD				NASCP, FMOH Reports NACA M&E/\ Reports Reports of Service Surveys	Disaggregate data by level of care
Prevention of Mother-to-Child Transmission of HIV							
Objective 5: At least 80% of all pregnant women have access to quality HCT by 2015	% of pregnant women tested and counseled according to national guidelines	11% (2008)	46%		80%	NARHS NDHS	Disaggregate data by level of care

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
Objective 6: At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015	% of HIV + pregnant women that received ARV prophylaxis according to national guideline	8% (2008)		50%	80%	NASCP, FMOH Reports NACA M&E/ Annual Report	
Objective 7: At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015	% of HIV exposed infants that received ARV prophylaxis	TBD				NASCP, FMOH Reports NACA M&E/ Annual Report	
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	
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	
Communication interventions							

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
Objective 10: At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015	80 % of all Nigerians 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
Objective 11: At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behavior	% of males and females aged 15-19 years who had 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 sexually active young people who used male condom with last	Males, 15-19 years: 47.8%		67%	80%		Disaggregate data by age and sex and zones

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
	non-marital partner	(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%	80% 80% 80%		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
Objective 12: At least 80% of Most-At-Risk Populations (MARP) reached with group-specific interventions and adopting appropriate HIV and AIDS related behavior.	% of MARPs that are exposed to safer sex education in the past 12 months	24.5% (transport workers, 2007) 23.7% (Police, 2007) 36.8% (brothel-based FSW)		60% 60% 67%	80% 80% 80%	IBBSS	
	% of MARPs that are engaging in casual sex	9.2% (transport workers, 2007) 21.1% (Police, 2007)		7% 15%	5% 10%	IBBSS	
	% of MARPS with STI symptoms who sought	76.3% (brothel-based FSW,		83%	90%	IBBSS	

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
	treatment	2007) 60.7% (transport workers, 2007)		76%	90%		
Objective 13: At least 80% of registered organizations engaging in HIV communication interventions comply with national standard/guidelines by 2015	% of registered organizations undertaking HIV communication interventions that are adapting national guidelines in programming	TBD				Reports of special surveys Annual reports of organizations NACA M&E/ Annual Reports	National standards are as reflected in the National HIV Strategic Communication and the national HIV Prevention Plans document
	% of registered organizations undertaking HIV communication interventions who complied with national standards in programming	TBD				Reports of special surveys NACA M&E/ Annual Reports	National standards are as reflected in the National HIV Strategic Communication and the national HIV Prevention Plans document
Condom Promotion							
Objective 14: At least 80% of men	% of MWRA who know condoms to be effective in preventing	Females: 42.7% (2007)		67%	90%	NARHS NDHS	Disaggregate data by age and sex

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
and women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms	unplanned pregnancy and STIs, including HIV,	Males: 64.7% (2007)		80%	90%		
Objective 15: At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015.	% of sexually active males and females who used a male or female condom with non-regular partner in last 12 months	Females: 35.3% (2007) Males: 54.2% (2007)		60% 77%	80% 80%	NARHS NDHS	Disaggregate data by age, sex and condom type (male or female condom)
Objective 16: At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners	% of MARPs that reported consistent condom use with casual partners in the last 12 months	64.8% (brothel-based FSW, 2007) 46.6% (transport workers, 2007)		78% 64%	90% 80%	IBBSS	Results are to be disaggregated and age-group
Integration of SRH & Other Relevant Health Issues into HIV Prevention Program							
Objective 17: SRH services integrated into HIV prevention programs at	% of HIV prevention programs with integrated SRH services	TBD				Reports of special surveys FMOH Reports (RH Unit/Family	

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
all levels by 2015	% of HIV prevention programs that provide linkages or referrals to other SRH services					Health) NACA M&E/ Annual Reports	
Objective 18: Integrate drug demand reduction and other substance use control services into 80% of HIV prevention programs by 2015	% of HIV prevention programs providing drug and substance abuse control services	TBD				Reports of special surveys NACA M&E/ Annual Reports	
	% of HIV prevention programs that provide linkages or referrals to other drug and substance abuse control services	TBD				Reports of special surveys NACA M&E/ Annual Reports	
	% of drug and substance abuse control services that have integrated HIV prevention activities	TBD				NDLEA reports NACA M&E/ Annual Reports	
Prevention with Positives							
Objective 19: At least 80% of people living with HIV/AIDS	% of HIV programs providing PHDP services	TBD				Report of Special Surveys (of programs and	

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
(PLWHA) have access to Positive Health, Dignity and Prevention (PHDP) interventions 2015						among PLWHA) Facility survey reports NACA M&E/ Annual Reports	
	% of PLWHA that have access to PHDP services						
Prevention of Biomedical Transmission							
Objective 20: At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015	% of all private and public health facilities practicing universal safety precautions and procedures by 2015	20%		50%	80%	Facility survey Survey of health workers NACA M&E/ Annual Reports	
Objective 21: All (100%) donors of blood, blood products and organs for transplant including sperm for assisted reproductive technology	% 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	

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by the year 2015.							
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	
	% of IDUs and non - IDUs accessing prevention programs	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 harmful traditional practitioners that practice universal safety precautions	TBD				Reports of special surveys NACA M&E/ Annual Reports	

Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
Objective 24: At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers in line with national protocols by 2015	% of health facilities offering PEP according to national guidelines	TBD				Facility survey Survey of health workers NACA M&E/ Annual Reports	Disaggregate data by level of health care
	% of persons who are biomedically exposed to HIV transmission risk who received PEP	TBD				Survey of health workers NACA M&E/ Annual Reports	Disaggregate data by level of health care

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 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. Thus, more needs to be done not only to equitably reach eligible adults and children with ART, OIs, and TB/HIV co-infection services but also to ensure quality of these services.

Goal

All eligible PLWHIV to receive quality treatment services for HIV/AIDS and opportunistic infections (OIs) as well as TB treatment services for PLWHIV 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 PLWHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015
3. All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015
4. All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015
5. All PLWHIV have access to quality TB screening and those suspected to have TB, to receive comprehensive TB services.

Interventions and activities

See Excel sheet

M&E Results Framework

Objectives	Outcome Indicators	Baseline-Value (National)	Baseline (State)	Mid-term (End of 2012)	End of program (2015)	MOV	Comments
ARV TREATMENT							
OBJECTIVE 1 Access to comprehensive and qualitative treatment for at least 80% of adults (women and men) and all girls and boys eligible for 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 PLWHIV)		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	13%		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 To increase access to quality management of OI among PLHIV to at least 80% by 2015	% of PLHIV that received OI prophylaxis (Cotrimoxazole prophylaxis)	17% (using 833,000 as denominator)		40%	80%	FMOH Report	Disaggregate by Sex Age HF level/LGA/State
		54% (using 265,608 of PLWHIV currently on treatment as denominator)		67%	80%	FMOH Report	

Objectives	Outcome Indicators	Baseline-Value (National)	Baseline (State)	Mid-term (End of 2012)	End of program (2015)	MOV	Comments
	% of PLHIV 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 by 2015	Proportion of states with functional TBHIV TWG	23 of 37 States	-	31 States	36 States+ FCT	FMOH reports	Reports of meeting Quarterly TBHIV data
OBJECTIVE 4 To ensure all TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015	Proportion of TB patients screened for HIV	62%		90%	100%	FMOH reports	TB and ART register Disaggregate by : sex Age HF level/LGA/State
	Proportion of the TB/HIV patients receiving ART	100%		100%	100%	FMOH reports	
	Proportion of the TB/HIV patients receiving CPT	26%		70%	80%	FMOH reports	
	Proportion of the TB/HIV patients referred for HIV care	NA		-	-	FMOH reports	
OBJECTIVE 5 To ensure all PLHIV have access to quality and comprehensive TB services by 2015	Proportion of PLHIV on care screened for TB	87%		90%	100%	- FMOH reports	ART Registers Disaggregate by : sex Age State, LGA HF level
	Proportion of PLHIV with active TB referred for TB treatment	100%		100%	100%	- FMOH reports	
	Number (Proportion ?) of PLHIV receiving IPT	2099		10000	12000	- FMOH reports	

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 PLWHIV. Also, access to anti-retroviral treatment (ART) means that more PLWHIV 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.

Goal

The goal of this thematic focus is to promote the survival and improve the quality of life of PLWHIV 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 PLWHIV by 2015
2. To link at least 50% PLWHIV 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 PLWHIV 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

Interventions and activities

See Excel sheet

CARE and SUPPORT - M & E RESULTS FRAMEWORKS

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
PLWHIV							
Objective 1 To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLWHIV by 2015	% of PLWHIV receiving quality care and support services (as defined in national guidelines)	TBD		30% increase on baseline value of PLWHIV receiving care and support	60% increase on baseline value of PLWHIV 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 providers trained to provide care and support	TBD		40% of caregivers trained to provide care and support	At least 80% of caregivers trained to provide care and support	Reports of CSOs, support groups, and other service providers	Care providers include health care and non health care workers as well as community volunteers, NGOs and CBOs

CARE and SUPPORT - M & E RESULTS FRAMEWORKS

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
	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 PLWHIV 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

CARE and SUPPORT - M & E RESULTS FRAMEWORKS

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
Objective 2 To link at least 50% PLWHIV 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	
	% of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs	TBD		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
Objective 3 To reduce stigma and discrimination targeted at PLWHIV and PABA by at least 60% on	% of PLWHA and PABA who report suffering stigma and discrimination	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

CARE and SUPPORT - M & E RESULTS FRAMEWORKS

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
baseline value by 2025							
Objective 4 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 PLWHIV and PABAs	80% health facilities have effective referral and linkages with community based health care programs for PLWHIV and PABAs	Health facility records and reports of community-based programs for PLWHIV and PABA	
OVC							
Objective 5 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	Disaggregate by sex and age and type of services.

CARE and SUPPORT - M & E RESULTS FRAMEWORKS

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
						Women Affairs	
	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
Objective 6 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.
Objective 7 To strengthen the capacity of 30% of older OVC (especially girls) 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

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
	% 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
	% 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.
Objective 8 To establish and/or strengthen OVC coordination structures at all levels	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 structure	TBD		At least 35% of women	At least 35% of women	List of members	Disaggregate by sex

Policy, Advocacy, Human Rights, and Legal Issues

Rationale

Despite compelling evidence that reducing stigma, protecting human rights and promoting greater involvement of PLWHA advance 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, violations 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 sections of the population. The epidemic trends and trajectory compels policy shifts to address the disproportional 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.

Goal

To protect the rights of PLWHIV and PABA and empower them and other groups made vulnerable by HIV/AIDS so as to reduce their cultural, legal, and socioeconomic vulnerabilities and ensure 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 PLWHIV
2. To facilitate the greater involvement of PLWHIV on HIV/AIDS decision making bodies at all levels of the national response
3. To advocate for the progressive increase in funding HIV/AIDS response at all levels of government
4. Compliance with existing guidelines on ethical standards on HIV/AIDS

Interventions and activities

See Excel sheet

POLICY – M&E RESULTS FRAMEWORK

NSF Objectives	Indicators	Baseline value (National)	Baseline value (State)	Mid-Term (end of 2012)	End of program (2015)	MOV	Comments
<u>Objective 1</u> To advocate for the protection of the rights of and empower PLWHIV	% PLWHIV networks who report their rights are protected and they are empowered	TBD		TBD	100%	NARHS and NDHS reports; Reports of other national surveys	
<u>Objective 2</u> To facilitate the greater involvement of PLWHIV on HIV/AIDS decision making bodies at all levels of the national response	Proportion of HIV/AIDS decision making bodies with PLWHIV representation	TBD		TBD	100%	Reports of stakeholder organizations; Reports of special surveys	
<u>Objective 3</u> 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%	National AIDS Spending Assessment (NASA) Report	
<u>Objective 4</u> To advocate for compliance with ethical standards on HIV/AIDS	Proportion of organizations complying with ethical standards	TBD		TBD	100%	Reports of service provider organizations; Reports of special studies	

INSTITUTIONAL ARCHITECTURE 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.

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 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-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

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INSTITUTIONAL ARRANGEMENTS ETC. - M & E RESULT 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							
Objective 1: NACA, SACAs and LACAs capacity to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened	% 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					
	% of LGAs that have functional LACAs	19.5%			50%	80%	Disaggregate data by States
Objective 2: Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the National Response.	% of SACAs and line ministries submitting report to NACA at least twice a year	TBD					
	% of civil society constituency coordinating entities submitting report to	TBD					

Outcome Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
	NACA at least twice a year						
	% 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					
Objective 3: Strengthened coordination mechanisms of CSO at all levels	Proportion of CSO coordinating entities implementing at least 80% of annual work plan.	TBD					Disaggregate data by federal, 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-responsive personnel	% of health facilities offering HIV/AIDS services that have adequate human resources according to set national standards					Facility survey report NACA report	Disaggregate data by sex, level of care, types of HIV/AIDS-related services, and states
Logistics Management System							

Outcome Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
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.	% 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							
Objective 6:	% of government's contribution to total HIV/AIDS spending annually	7% (2008)		15%	30%	National AIDS Spending Assessment (NASA) report	Disaggregate by federal, state, and local government
Objective 7:	% of the annual funds required by the costed National Strategic Plan that is realized	TBD				National AIDS Spending Assessment (NASA) report	Disaggregate data by the sources for fund – government, private enterprises, and international development partners

Outcome Objectives	Indicators	Baseline – value, year [National]	Baseline – value, year [State]	Mid-term (end of 2012)	End of program (2015)	MOV	Comments
response							
Objective 8: To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs	% of HIV/AIDS-related funds that is expended in program management					National AIDS Spending Assessment (NASA) report	Disaggregate data by type of organization and level of government
	% 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

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 (2007-2010) 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 draft national policy on HIV/AIDS, and completed the review of the implementation and performance of the HIV/AIDS National 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 draft HIV/AIDS policy 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 monitoring and evaluation system which supports the continuous improvement of the national response

Proposed Objectives

1. To enhance the leadership and managerial role of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015
2. To improve coordination, partnership 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 improve coordination, partnership 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
4. To continuously improve data quality and supportive supervision at all levels by 2015
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. 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.

Interventions and activities

Se Excel sheet

M & E RESULTS FRAMEWORK

OBJECTIVES	INDICATORS	BASELINE VALUE (NATIONAL)	BASELINE VALUE (STATE)	MIDTERM (End of 2012)	END of PROGRAM (2015)	MOV	COMMENTS
<p><u>Objective 1</u> To enhance the leadership and managerial role of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015</p>	Proportion of federal/state/LGA authorities with enhanced leadership and managerial roles					Reports of federal/state/LGA HIV/AIDS authorities; Media Reports	
<p><u>Objective 2</u> To improve coordination, partnership 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</p>	Proportion of implementing agencies and stakeholder organizations with improved program planning and decision making processes					Reports of implementing agencies and other stakeholders; M&E Reports	
<p><u>Objective 3</u> 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>	List of drivers of the epidemic, incidence and prevalence rates periodically determined					Reports of special surveys and operations research	

OBJECTIVES	INDICATORS	BASELINE VALUE (NATIONAL)	BASELINE VALUE (STATE)	MIDTERM (End of 2012)	END of PROGRAM (2015)	MOV	COMMENTS
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, 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	