

# Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

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## **Introduction**

On August 25, 2010, the United States signed the Partnership Framework on HIV/AIDS, a memorandum of understanding between the Government of Nigeria (GON) and the United States government (USG). The Framework was developed under the leadership of the National Agency for the Control of AIDS (NACA), the Federal Ministry of Health (FMOH), and the USG interagency PEPFAR team, with broad stakeholder involvement.

The purpose of the Partnership Framework (PF) is to reiterate the contributions of the GON and USG toward achieving the policy and programmatic agenda set forth in the National Strategic Framework for the Control of HIV/AIDS 2010-2015 (NSF2) and the National Strategic Health Development Plan (NSHDP) of the Federal Ministry of Health. While the NSF2 is HIV/AIDS specific, the NSHDP addresses the strengthening of the overall health system.

This Partnership Framework Implementation Plan outlines the strategy to operationalize the contributions of the participants identified in the Partnership Framework.

## **Supporting Country Ownership**

In 2009, NACA led an intensive and comprehensive review of the country's national HIV/AIDS policies and response plans. This review led to the preparation of the NSF2, which set forth the HIV/AIDS strategy for 2010-2015. Both the Partnership Framework and the Partnership Framework Implementation Plan are organized around the six principal strategic areas of the NSF2:

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
4. Policy, advocacy, human rights and legal issues
5. Institutional architecture, systems, and resources
6. Monitoring and evaluation, research, and knowledge management

Although supported by the USG and by other donors, the development of the National Strategic Framework was wholly led by NACA. The process was participatory, involving 41 technical working group members from different public sector and civil society agencies. The same process was subsequently replicated in 35 of the 36 Nigerian states and in the Federal Capital Territory (FCT).

The overarching goal of the PF is to facilitate the implementation of the goals, strategies and objectives of the NSF2 and the more general NSHDP. The PF encourages country ownership by supporting the needs and strengthening the weaknesses identified by the country government. This Partnership Framework Implementation Plan further details how the USG will implement the Partnership Framework, supporting the strategy of the Government of Nigeria.

The PF also outlines specific activities that will transition to the GON. One high level transition goal is for the GON to finance 50% of the cost for Universal Access by 2015. Although the GON currently finances approximately 7% of the Universal Access cost in year one, the USG commits to aiding the transition by identifying and creating clear opportunities for incremental increases in GON funding responsibility. For instance, transitioning the procurement of select commodities to GON responsibility has been moderately successful in a short period. The USG plans to build on this success by transitioning additional procurement to the GON, commensurate with the demonstrated improvements in the logistics and procurement systems, which are expected as a result of the PFIP investments.

The USG commits to strengthening the national logistics system to increase efficiency and reduce costs, enabling the GON to finance a larger percentage of the treatment cost with less money. Planned activities include working closely with GON's Central Medical Stores (CMS) and other federal and state distribution facilities to improve organizational structures and operational performance. This will be accomplished by strengthening relevant federal and state procurement units (FMoH, SMOH, etc.) through seconding of mentors and through technical trainings to improve the understanding of technical considerations critical to HIV and health commodities logistics; advocacy and policy reform to ensure full and efficient utilization of GON resources; and development and implementation of better warehousing policies regarding storage and eventual disposal of commodities in CMS and supported facilities. USG, through SCMS, will also support GON to build out a warehousing and distribution network for ARVs. Other USG programs will be shifted to local partners to promote local management and sustainability.

Decentralization of service delivery is another high level goal to promote country ownership. The USG will build the capacity of states to provide increased service delivery, allowing service delivery to be managed at the local level. Support for decentralization includes rationalizing PEPFAR partners to assign a lead IP in each state of the Federation that would be responsible, in the short term, for directly assisting state and local governments with the coordination of HIV services and the decentralization of these services. Lead IPs would be tasked with building the coordination capacity of SMOH structures through a combination of seconding of mentors to key operational units, provision of targeted trainings to produce staff with specific skill sets, development of retention and incentive schemes within SMOH structures to improve the quality and longevity of staff on hand, and the development and implementation of efficient systems for financial and data management. In this way, the role of IPs is expected to shift from direct service provision to an oversight and mentorship position as increasing number of programmatic activities are transitioned to the direct control of state and local governments. Moreover, this transition will be tailored to the specific conditions of each state, and paced to the state's capabilities. Where state and local governments face greater challenges in assuming responsibility for direct service implementation, IPs will retain a greater role in service provision. Support for FGON initiatives such as the ward minimum package, which creates discreet packages of health interventions tailored to address the specific public health priorities of distinct localities, will

assist the state and local governments in developing locally-specific plans for health care service delivery as well.

The USG in Nigeria also commits to sharing the results of this partnership with the GON and other stakeholders that will support the service delivery statistics that are expected to improve over current baselines. The USG, GON and other stakeholder contributions generally benefit the same service delivery sites, and so in the spirit of a true partnership, the USG is committed to outlining its contributions in terms of discrete activities and inputs, and not to attributing results specifically to USG support.

## **Nigeria HIV/AIDS Epidemic, Response, and Health Systems Situation Assessment**

### Epidemic

Despite mounting various responses over a period of about two decades, the challenge of HIV/AIDS has continued to increase in Nigeria, particularly in terms of the number of people infected and affected. Estimates from the Joint United Nations Programme on AIDS (UNAIDS), for example, show a rise of 400,000 in the number of people living with HIV/AIDS in Nigeria between 2001 and 2008. The National Agency for the Control of AIDS (NACA) estimates the number of persons living with HIV/AIDS as 2.95 million in 2008. This figure ranks Nigeria as one of the countries with the highest burden of HIV infection in the world, next only to India and South Africa. These realities compel urgent review of the national response and re-strategizing to achieve a more effective control of the epidemic.

The HIV epidemic in Nigeria is a mixed epidemic; according to the NARHS, generalized prevalence among 15-49 years olds is approximately 3.6%, with significantly higher rates among most-at-risk-populations (MARPs). However, the epidemiological picture regarding HIV shows considerable diversity across Nigeria's geographic landscape, both in terms of the level of infection and the trend. The 2008 ANC survey, for example, shows the HIV sero-prevalence level as ranging from 1.0 percent in Ekiti State (in South-West geo-political zone) to 10.6 percent in Benue State (North-Central geo-political zones). Seventeen states and the Federal Capital Territory (FCT) recorded sero-prevalence of at least five percent. Sero-prevalence level was seven percent or higher in seven states and the FCT; four of these are in the South-South geo-political zone while none was in the South-West and the North East zone. With variable combinations of social, cultural, traditional, economic, and religious factors in different communities, the HIV/AIDS epidemiologic picture demonstrates great variability and diversity across the country. The multitude of factors influencing the epidemic drives the need for regionalization and decentralization strategies to effectively address the varying needs of communities.

The leading route of HIV transmission in Nigeria is heterosexual sex, accounting for over 80 percent of the infections. Mother-to-child transmission and transfusion of infected blood and blood products rank next as common routes of infection, each accounting for almost ten percent of infections. However, other modes of transmission, particularly 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 contribute to the continuing spread of the infection.

### Response

Nigeria's national response commenced shortly after the official declaration of the first AIDS case in 1986 with the establishment of a National Expert Advisory Committee on (NEACA), which reported directly to the Federal Minister of Health. The establishment of the National AIDS and STI Control Programme (NASCP) in the Federal Ministry of Health in 1988 marked the beginning of more coordinated response, albeit essentially health sector. The era of multi-sectoral response began in 1999 with the National Action Committee on HIV/AIDS established to coordinate the multi-sectoral response and to report to the just established Presidential Committee on AIDS. In 2007, the National Action Committee transformed into a full agency, the National Agency for the Control of AIDS (NACA), to further strengthen the government's coordinating role and the overall national response. The State Committee on HIV/AIDS (SACA) and the Local Government Area Committee on HIV/AIDS (LACA) are the coordinating bodies at the sub-national level. Similar to the transformation of NACA, several SACAs have become self-accounting government agencies.

In 1997, Nigeria launched its first national policy on HIV/AIDS, intended to curb the spread of the disease. A second national policy was enacted in 2003 to address the country's new multi-sector approach to the response, and to incorporate new knowledge about HIV/AIDS. A third, even more comprehensive national policy was revealed in 2009. Other strategic documents which have guided the national response include the HIV/AIDS Emergency Action Plan (HEAP) between 2001 and 2003, and the National Strategic Framework (NSF) in 2005. The Nigeria National Response Information Management System (NNRIMS) for HIV/AIDS has also developed under the multi-sectoral response. These developments have enabled the country's national response to operate under the framework of the "Three Ones" principle—one coordinating agency (NACA), one strategic plan (NSF) and one monitoring and evaluation framework (NNRIMS).

Nigeria has achieved a number of other positive results since 1999. These include an increase in the reach of prevention efforts and programs, including communication-related programs, prevention of mother-to-child transmission and HIV counseling and testing; improved knowledge of the general population regarding HIV transmission; significant improvement in the access to anti-retroviral therapy; and a decrease in stigma level.

### Health Systems Strengthening

HIV is straining the health care system in Nigeria. Approximately 833,000 people require ARV drugs, and only half of these currently receive it. Strengthening the health sector and improving health indicators are among the most important development challenges facing Nigeria. While

the GON at the Federal level has embarked on initiatives to strengthen health care, government at the state and local levels in understaffed, underequipped, underfunded, and unable to deliver the basic maternal and child health services.

The overall health system in Nigeria is in dire need of investment and rehabilitation. Improvements to the general system will also support an improved HIV response. The National Council on Health recently approved the State Strategic Health Development Plans (2010-2015), which outline clear steps to strengthen basic health services, including HIV/AIDS services. Improvements through HIV/AIDS programs will also benefit the broader health system. Lab investments made to increase the range and sophistication of services available for HIV patients will be leveraged in other health care areas. All PEPFAR labs are to be integrated with general lab facilities in their operational sites over the PFIP timeframe. Across the board, a paucity of competent, motivated health professionals leads to the poor provision of health services. Training of community health workers results in competent personnel who can also administer non-HIV interventions. PEPFAR Nigeria's focus on policies to increase retention will also help retain qualified health care workers.

ANC infrastructure improvements, the creation of better linkages between ANC services and PMTCT services, healthcare workforce resource development, and essential medicine supply chain management improvements, are other investments that improve the general health system. Decentralization of services to the PHC level is another key strategy, given the degree of leveraging and coordination that is anticipated between disease-specific investments. PMTCT interventions link to family planning through integration of ANC services into PMTCT service provision. PMTCT services also leverage existing ANC infrastructure, and expansion of PMTCT services often results in the expansion of ANC services. In subsequent sections, this PFIP also describes the expected increase in HIV/AIDS financing that will benefit the broader health system in Nigeria.

### **Policy Reform Situation Analysis**

Concurrent with the release of the third national policy on HIV/AIDS, the Nigerian government published a national policy review, assessing the country's previous HIV/AIDS policies. In addition to listing important accomplishments under the previous policies, the assessment highlighted shortcomings that could be addressed in future policies. Major gaps identified by the government included the lack of policies addressing gender differentials, and the need for policies identifying and targeting MARPs.

A more general issue regarding Nigerian policy reform is that, although Nigeria has numerous policies and guidelines on HIV/AIDS and the rights of people infected and affected, official policy documents do not constitute law and cannot be enforced in courts of law. They are merely administrative tools and guidelines that provide direction for governmental action. One example is the Child Rights Act (CRA), which was passed into law by the National Assembly in 2003. States are expected to adapt and formally adopt the CRA for domestication as a state law. However, after more than seven years, only 24 of the 36 states have ratified the act.

Human rights policies are another example. Currently, the 1999 Nigerian constitution and international treaties ratified by the country have provided the major sources of human rights for PLHIV and PABA in the country. However, as none of these treaties or the constitution specifically addresses the situation of PLHIV and PABA, the case of their applicability often has to be made through advocacy and lobbying. The absence of explicit laws leaves PLHIV extremely vulnerable to the violation of their rights as available evidence demonstrates. Fortunately, bills specifically aimed to assist PLWHAs are pending in the national assembly and there are strong indications that the bills will be passed in 2011. Despite the indication of progress, the national HIV/AIDS response, with support from the USG, needs to do more to advance the intent and aims of a number of policies and guidelines in the context of the rights of PLHIV and PABA through intensive and consistent advocacy and lobbying.

In many cases, advocacy and sensitization remain to the primary responses for overcoming policy implementation barriers. In the case of the CRA, many stakeholders believe that advocating to decision-makers and educating the community on the intention and benefits of the Act will help resolve current challenges.

The below policies are priorities based on a rapid preliminary analysis conducted by PEPFAR Nigeria. A policy implementation assessment is planned for COP 2011 to identify bottlenecks to policy implementation and to recommend clear approaches to addressing the barriers. The objective of the assessment is to assist the USAID Nigeria mission, GON, and civil society advocates to assess the extent and nature of policy development and implementation, to identify the obstacles and barriers to policy implementation, and to explore approaches for overcoming the barriers and improving implementation in order to achieve intended policy goals. With this information, stakeholders will better understand the dynamics of Nigerian policy development and implementation, and be more equipped to identify recommendations for effectively translating health policies into action.

**Policy Reform Monitoring Table**

**Specific Policy Reforms Targeted in Partnership Framework**

Nigeria Policy Reform Monitoring Table		Involvement of PLWA in prevention activities	Linkage of HIV/AIDS programs to other health programs	Linkage to other development efforts	Access of MARPS and other hard to reach populations to HCT support	Drug forecasting and regulation	National electronic procurement and logistical management of HIV/AIDS and OI pharmaceuticals, laboratory infrastructure and medical equipment	Financing and Governance
Stage of Policy Reform	Identify baseline policy issues by conducting situation assessment	✓	X	X	✓	✓	X	X
	Engagement of stakeholders in developing common policy agenda	✓	X	X	✓	✓	X	X
	Develop policy	✓	X	X	✓	✓	X	X
	Official Government endorsement of policy	X	X	X	✓	✓	X	X
	Implementation of policy	X	X	X	✓	X	X	X
	Evaluation of policy implementation				X	X	X	

Specific Policy Reforms Targeted in Partnership Framework								
Nigeria Policy Reform Monitoring Table		Protection for widows and OVC (including inheritance rights; protection against violence; access to education, shelter, food and social support)	Task-shifting	Anti-stigma policies and laws and anti-gender discrimination policies, laws and practices	Production and retention of health professionals	HR management, training and retention policies	Logistics and supply chain management policies	Logistics and Financial tracking and accountability
Stage of Policy Reform	Identify baseline policy issues by conducting situation assessment	✓	X	✓	X	X	✓	X
	Engagement of stakeholders in developing common policy agenda	✓	X	✓	X	X	✓	X
	Develop policy	✓	X	✓	X	X	✓	X
	Official Government endorsement of policy	X	X	X	X	X	✓	X
	Implementation of policy	X	X		X	X	X	X
	Evaluation of policy implementation	X					X	X

## **HIV/AIDS Financing Situation Assessment**

Two tools have recently been used to analyze HIV/AIDS financing in Nigeria. These are the National AIDS Spending Assessment (NASA) and HIV/AIDS Program Sustainability Tool (HAPSAT). Both of these approaches to looking at HIV/AIDS financing identify certain limitations.

Neither tool was able to obtain a comprehensive picture of how and where resources are being expended as the nation responds to the epidemic. Donors reported data by thematic area (treatment, care, prevention, etc.) and by sub-recipient and/or implementing partner; however, data indicating how much was spent in specific geographical areas or on specific activities was generally not given. Likewise, the unit costs of service delivery, especially behavior change interventions and support to orphans and vulnerable children, are largely unknown and cannot be calculated readily from available data.

NASA also noted the lack of data about out of pocket expenditures and lack of access to most state government expenditures (only 10 of 37)<sup>1</sup>. Regarding this last limitation, Nigeria has three tiers of government: federal, state and local. The lack of availability of state level data is particularly alarming when the 2010-2015 National Strategic Plan calls for almost 90% of the HIV/AIDS costs to be incurred at the state level<sup>2</sup>. However, the NASA notes that the next publication (assessing funding for 2009 and 2010) will be designed to incorporate data from all states. The next assessment will also incorporate questions on HIV spending into existing household surveys to track expenditures by geographic area and out of pocket payments on HIV/AIDS needs. Additionally, the USG is currently conducting a costing study for PMTCT services in Nigeria, and discussions have been initiated for similar studies of Care and Treatment services. It is hoped that such costing exercises will provide a clearer picture of the costs of discreet interventions, as well as the marginal costs associated with their expansion. As USG-supported services make up the bulk of HIV services in Nigeria, these findings should be generally applicable to Nigeria as a whole.

Furthermore, the Partnership Framework identifies site-level capacity building as a key component of the USG strategy to improve sustainability and transition an increasing amount of responsibility to GON structures over time. Site-level capacity building in financial management, as well as state-level interventions to improve oversight and data collection capabilities, will ultimately allow GON to quickly and efficiently gather accurate data on financial obligations and outlays at the site level.

The NASA reported that in 2007 and 2008, the total spending for HIV and AIDS was \$299,246,295 and \$394,963,881, respectively. The 2008 amount represents about one-half for the total amount required by 2010 according to the National Strategic Plan costing estimates:

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<sup>1</sup> National AIDS Spending Assessment, p.xx

<sup>2</sup> The National Strategic Plan has N. 106,138,964,934 (US\$707.6M) budgeted for State level costs.

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<b>Spent 2007</b>	<b>Spent 2008</b>	<b>Required 2010<sup>3</sup></b>	<b>Required 2015<sup>4</sup></b>
\$299,246,295	\$394,963,881	\$809,690,334	\$983,188,110

The percentage of total spending that came from public funds was 14.6% in 2007 and 7.6% in 2008. The remainder of the funds in both years came from external sources. Private funding was negligible in percentage terms.

### Funding Sources in 2007 and 2008<sup>5</sup>

<b>Funding Sources</b>	<b>USD 2007</b>	<b>%</b>	<b>USD 2008</b>	<b>%</b>
Public Sources	43,854,033	14.6	30,082,450	7.6
Private funds	0	0.0	300,000	0.1
International funds	255,392,257	85.4	364,581,432	92.3
<b>Total</b>	<b>299,246,290</b>	<b>100.0</b>	<b>394,963,881</b>	<b>100.0</b>

The following table indicates who received the above funds and in the NASA is referred to as the “Financing Agent”, i.e. the intermediary between the funding source and the provider:

### Financing Agent in 2007 and 2008<sup>6</sup>

<b>Financing Agent</b>	<b>USD 2007</b>	<b>%</b>	<b>USD 2008</b>	<b>%</b>
Public sector	85,080,092	28.4	59,070,207	15.0
Private sector	447,569	0.1	4,545,285	1.0
International organization	213,718,629	71.5	331,348,389	84.0
<b>Total</b>	<b>299,246,290</b>	<b>100.0</b>	<b>394,963,881</b>	<b>100.0</b>

What can be seen from the above is that international agencies both provide and control the majority of HIV/AIDS funding, thus the generally repeated phrase that in Nigeria the HIV/AIDS response has been largely “donor driven”.

The following table shows the flow of the funds from source, to financing agent to provider for 2008 by percentage of total funds:<sup>7</sup>

### Flow of Funds from Source

	<b>Source (%)</b>	<b>Intermediary (%)</b>	<b>Provider (%)</b>
Public	7.6	15.0	39.9
Private Non Profit	0.1	1.0	53.0
International	92.3	84.0	7.0

It is worth noting that the table above highlights a real opportunity for the USG in terms of transitioning some of its financial support for the HIV/AIDS program in Nigeria: the public sector only secures 7.6% of the overall funding for services, but is responsible for receiving almost 40%

<sup>3</sup> Taken from National Strategic Plan, p78 and using N150/US\$1 as an exchange rate.

<sup>4</sup> Ibid

<sup>5</sup> National AIDS Spending Assessment, 2010

<sup>6</sup> Ibid

<sup>7</sup> Date extracted from NASA p. xiv

of the value of all services in Nigeria. Even more noteworthy is that the private, non-profit sector is the recipient of 53% of the total funding as a provider.

The percentages of HIV expenditure for 2008 by the 8 broad programmatic areas and the corresponding percentages for the 2010-2015 NSP<sup>8</sup> are:

Category	2008 (%)	NSP (%)
Prevention	14.7	23.5
Care and Treatment	47.1	48.6
OVC	2.5	14.1
Social Protection	0.0	
Program Management	29.8	2.5
Human Resources	5.4	
Enabling Environment/Policy	0.9	2.4
M&E & Research	0.0	8.9

The sources of the international funds in 2008 and the percentage of total HIV/AIDS funding which they represent were as follows:

Source	Amount US\$	% of Total HIV/AIDS funding
<b>Direct bilateral</b>	<b>319,040,527</b>	<b>80.8</b>
<i>USG</i>	<i>306,830,175</i>	<i>77.7</i>
<i>UK</i>	<i>12,104,262</i>	<i>3.1</i>
<i>Japan</i>	<i>106,090</i>	<i>0.0</i>
<b>Multilateral</b>	<b>45,477,907</b>	<b>11.5</b>
<i>GFATM</i>	<i>27,270,323</i>	<i>6.9</i>
<i>World Bank</i>	<i>12,231,694</i>	<i>3.1</i>
<i>UNICEF</i>	<i>3,776,777</i>	<i>1.0</i>
<i>UNAIDS Secretariat</i>	<i>921,608</i>	<i>0.2</i>
<i>UNIFEM</i>	<i>130,838</i>	<i>0.0</i>
<i>UNDP</i>	<i>553,468</i>	<i>0.1</i>
<i>UNESCO</i>	<i>224,212</i>	<i>0.1</i>
<i>UNODC</i>	<i>18,882</i>	<i>0.0</i>
<i>WHO</i>	<i>314,316</i>	<i>0.1</i>
<b>International NGOs (non-profit)</b>	<b>63,000</b>	<b>0.0</b>
<b>TOTAL</b>	<b>364,963,881.</b>	<b>100</b>

<sup>8</sup> The NSP data is calculated from the tables on 75-77 of the NSP. Care and Treatment in the NASA is considered to be equivalent to Treatment in the NSP. OVC and Social protection in the NASA are considered to be equivalent to "Care and Support in the NSP. Program Management and Human Resources are considered to be equivalent to Institutional Architecture in the NSP and Enabling Environment to Policy.

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As can be observed, the USG provided over three-quarters of all HIV/AIDS funding in 2008. The next most significant amount was that of the Global Fund, accounting for approximately 7%.

For the implementation of the NSP2, 2010-2015, the funding scenario assumes that the GON will assume 50% of total HIV/AIDS financing by 2015. GON has committed to this goal in their strategy documents, including the signed Partnership Framework. The following tables show projected funding sources and gaps according to the 50% GON contribution scenario:

<i>Funding Source</i>	<i>Expected Financial Contributions (in Millions of US\$)</i>						<i>Assumptions</i>
	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>	
<b>Total Required</b>	<b>\$810</b>	<b>\$840</b>	<b>\$691</b>	<b>\$804</b>	<b>\$933</b>	<b>\$983</b>	Source: NSP 2010-15, p. 78
FGON - MDAS (MOH/MOE/MOWA&SD)	\$50	\$168	\$173	\$241	\$373	\$470	
FGON - World Bank Credit	\$56	\$56	\$56	\$56	\$56	\$56	\$220 for four years. Assumes that this begins in 2010 and is extended.
Total FGON Funding (MDAS + World Bank)	\$106	\$224	\$229	\$297	\$429	\$526	
USG	<b>\$488</b>	<b>\$488</b>	<b>\$438</b>	<b>\$438</b>	<b>\$438</b>	<b>\$438</b>	Assumes return to baseline funding in 2012. All funding subject to annual Congressional appropriations process. The PEPFAR program is currently authorized through 2013.
Global Fund	\$70	\$76	\$50	\$81	\$107	\$59	Source: Global Fund ATM website
DFID	\$27	\$27	\$27	\$27	\$27	\$27	Assumes 90 million pounds over five years @\$1.5 per pound and extended into sixth year.
Clinton Foundation	\$17	\$17					In 2010 Clinton Foundation will administer UNITAID donations to total USD 17.2 M. Possible bridge funding for 2011 from UNITAID for same commodities.
<b>Total Resources</b>	<b>\$691</b>	<b>\$816</b>	<b>\$744</b>	<b>\$843</b>	<b>\$1,002</b>	<b>\$1,050</b>	

## **Strategies and Commitments**

As stated in the Nigeria-U.S. Partnership Framework on HIV/AIDS, “The overarching goal of this framework is to facilitate the implementation of the goals, strategies and objectives of the NSF2 and the NSHDP as they impact on the sustainability of the HIV/AIDS response in Nigeria and the GON’s capacity to plan, oversee, manage, implement and ultimately finance HIV/AIDS programs.”

### National Strategy

The main target of the most recent version of the national policy is to have halted and begun to reverse the spread of HIV, provide quality treatment for people living with HIV, and offer care and support to people infected and affected by HIV/AIDS by 2015 as Nigeria moves towards fulfilling its Universal Access commitment. The National Strategy, as outlined in the NSF2 and the NSP, has six thematic areas: 1) Prevention, 2) Treatment, 3) Care and Support, 4) Policy, 5) Institutional Architecture and 6) Monitoring and Evaluation. The Partnership Framework and the PFIP are structured around the same six themes.

The national strategy highlights strategic thrusts for each of the thematic areas. For prevention, the focus is behavior change and the prevention of new infections through the adoption of safer use of preventative technologies and health promoting services, including sexual and reproductive services, and empowering individuals and communities to drive an inclusive and participatory social process. Treatment addresses issues of access to antiretroviral, tuberculosis/HIV collaborative activities and prevention and management of opportunistic infections. Care and support for infected and affected persons relates to provision of holistic care and support to various groups of infected people as well as the affected, including children orphaned by AIDS and other vulnerable children; it also involves empowering communities to provide support structures for PLHIV. For institutional architecture and resourcing, the focus is on the design and strengthening of the structure of the coordinating mechanism of the multisectoral response within the framework of Nigeria's federal system and the issue of sustainability through adequate resource allocation, mobilization and management; HIV and AIDS will be mainstreamed in the work of key public sector ministries, departments and agencies. Advocacy, legal issues and human rights focuses on addressing legal issues, legal rights and advancing the rights of people living with HIV and those affected by the infection. Finally, Monitoring and evaluation aims at strengthening the quality of program management through effective monitoring and evaluation to generate and appropriately disseminate and utilize data.

### Partnership Framework Strategy: Institutional and Human Capacity Building

Institutional and human capacity building are an important focus to strengthen the GON response and to fortify the infrastructure necessary for the GON to assume greater responsibility. In order to support the goals of the national policy, the Partnership Framework and the implementation plan emphasize the importance of capacity building in all fields and at all levels of the health system.

*Laboratory Infrastructure.* Lab capacity needs to be increased to support the planned scale up in the national response. One strategy is to work toward the integration of HIV labs with the general lab system. The integration will allow for better leveraging of resources for more cost effective diagnosis throughout the health system. Activities to increase the number of accredited labs are also part of the Partnership Framework. The USG is committing to providing TA and support to assist labs in achieving accreditation at both international and national levels. Increased capacity and country ownership are also being achieved through the creation of regional and cluster labs. Establishing, equipping and staffing a National Reference Lab will also help assure the quality of clinical lab services.

*Human Resources for Health.* Scaling up the HIV response will require an increase in the number of health professionals. The Nigerian response identifies the need to increase the production, retention and deployment of better trained health professionals and community health workers. The GON has committed in the PF to lead the development of a national HRH strategy, which includes adoption and implementation of task-shifting policies. This will help achieve the goal strengthening the capacity of training institutions to scale up the production of a critical mass of quality, multipurpose, multi-skilled, gender-sensitive, and mid-level health workers. The USG has committed to providing technical assistance in HR management and health professions schools, in logistics, costing and financial planning, and financial management in development of Global Fund proposals. The USG will also provide technical assistance in health financing to ensure an adequate host government resource base.

*Commodities and Logistics.* An efficient and sustainable logistics system is necessary to maintain an uninterrupted supply of ARVs, drugs for treatment and prevention of opportunistic infections. The USG has experienced modest success by pooling commodity procurement using the Supply Chain Management System (SCMS). An effort will be made to expand the program to other procurements. In the PF, the GON committed to investing in procurement and supply chain management systems to ensure the consistent availability of quality HIV/AIDS commodities at all levels. The GON will specifically procure all first line anti-retroviral drugs for those in need of treatment, by 2015. The USG is dedicated to assisting the transition to the GON by providing TA on procurement, logistics, and commodities management so that the GON can scale up their procurement.

*Data Quality.* The infrastructure to underpin the national and sub-national M&E databases, routine HIV program monitoring, program evaluation, and research are weak. Furthermore, the national response still contends with a proliferation of data subsystems: for example, each program area such as OVC, ART, and PMTCT has its own routine information system which responds primarily to the need of program funders. National objectives include improving the coordination and cost-effectiveness of data collection and analysis, and using program data and information to inform program planning and decision-making at all levels of the national response. In addition to coordinating the collection and analysis of data, the Partnership Framework calls for routine analysis to verify the quality of the data.

#### Partnership Framework Service Delivery and Policy Reform

*Prevention.* Prevention of new infections has become the new focus of the national HIV/AIDS response. The USG contributions will be nation-wide in coverage but prioritized by considerations such as HIV prevalence, prior USG investments, presence/absence of other GON partners, and willingness of states or local governments to substantially commit resources to the partnership for a robust local response. Particular emphasis is on preventing mother-to-child transmission and targeting prevention efforts towards MARPs.

Decentralization of service delivery will be a key strategy for PMTCT. The current GON strategy includes focusing PMTCT efforts on secondary facilities in 2012 and PHCs from 2011 through 2015. One limitation to reaching pregnant women has been the uneven distribution of PMTCT services. Decentralization will expand access to PMTCT services, providing more resources to the PHCs, where the majority of Nigerian women go for services. Standardizing clinical and laboratory services and assessments will also be a priority. Currently, some sites have a full array of services, which may be unnecessary and expensive to maintain, and are therefore not cost-effective. The USG will contribute to the PMTCT scale up, focusing on PHCs in high priority areas for the greatest impact.

Improving data quality and conducting assessments are also important steps for both PMTCT and the general prevention response. Technical assistance and resources will be given to data reporting and data quality. By improving data quality and procedures, the USG and GON aim to gain a more comprehensive picture of who is being served, and make it easier to track patients who come in for services. Data gathering and quality will also be important in the national MARP response; the USG has planned activities to map MARPs to be able to better coordinate activities tailored to a particular population and to reach more people effectively.

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
1. HIV Counseling and Testing: At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015.	<p>Support the provision of HTC services to 3,136,090 individuals in all facilities and clinics. (May be supported by GFATM.)</p> <p>Lead a review of the National HTC registers and coordinate the implementation of necessary updates to capture critical programmatic data.</p> <p>Provide financial and material (including infrastructure investment and commodities) support for the rapid decentralization of HTC</p>	<p>Provide HTC services to 2,032,728 individuals.</p> <p>Provide material, technical, and organizational support for the review of National HTC registers and the implementation of revisions.</p> <p>Provide financial, material (including commodities and equipment), and technical (including training) support to facilitate the rapid decentralization of HTC services to PHCs in high-priority and high-yield</p>	<p>Fund the provision of HTC services to 4,000,000 individuals through support to service providers.</p> <p>Procure all RTKs and HTC-related commodities necessary for meeting programmatic targets.</p> <p>Monitor and oversee the implementation of PITC in all facilities offering HTC services.</p> <p>Provide financial and material investments to increase lab capacity in PHCs to allow for expansion of HTC</p>	<p>Provide HTC services to 3,318,690 individuals.</p> <p>Procure a buffer stock of HTC-related commodities (including RTKs) to support GoN primary procurements.</p> <p>Provide technical support in the form of direct mentorship to monitor and oversee the implementation of PITC in HTC facilities.</p> <p>Provide technical support for the review and update of strategies targeting HTC services to MARPs.</p>	<p>DFID to develop, produce and distribute appropriate HCT messages; strengthen referrals and linkages to services; and support the identification and mapping of KTP.</p> <p>UN to adapt existing HIV policies to address MARPs and youth; advocate for the implementation of a national HIV and Sex Work framework; and help develop costed state plans for HIV/AIDS intervention for MARPs and young people.</p>

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>services to PHCs.</p> <p>Lead the development of Standards, Protocols, and Guidelines for the implementation of high-quality HTC services across all levels of health facilities—including PITC and re-testing policies.</p> <p>Provide financial and material investments to increase lab capacity in PHCs to allow for expansion of HTC services to these facilities.</p> <p>Procure all RTKs necessary for reaching</p>	<p>areas.</p> <p>Provide material and technical support for the development of Standards, Protocols, and Guidelines for the implementation of high-quality HTC services across all levels of health facilities.</p> <p>Procure a buffer stock of RTKs all necessary HTC-related commodities in support of GoN primary procurements.</p> <p>Provide technical and material support for the development of</p>	<p>services to these facilities.</p> <p>Lead a review and update of National and State HTC strategies for targeting MARPs.</p>		

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>programmatic targets.</p> <p>Lead the development of standards and protocols for targeted HTC services for MARPs. National and State-specific strategies for targeting HTC services to MARPs will be developed and implemented in out-years.</p>	<p>standards and protocols for targeted HTC services for MARPs.</p>			
<p>2. Sexually Transmitted Infections: At least 80% of sexually active Nigerians to have access to quality and gender responsive STI services by 2015</p>	<p>Lead the development of minimum Comprehensive Prevention Packages at the State and Local level. Produce relevant training documents and lead the implementation of these packages at the Primary, Secondary,</p>	<p>Provide technical and material support for the development of minimum Comprehensive Prevention Packages at the State and Local level. Provide material and technical support in the form of training and direct mentorship for</p>	<p>Provide financial support for the procurement of commodities for the treatment of STIs.</p> <p>Lead a review of minimum Comprehensive</p>	<p>Provide material and technical support for the review of minimum Comprehensive Prevention Package implementation.</p> <p>Provide material and technical support (in</p>	<p>DFID will advocate to NAFDAC to implement color coded packaging of drugs for syndromic management of STIs.</p> <p>UN will provide support to review, produce, and disseminate guidelines</p>

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>and Tertiary levels.</p> <p>Coordinate trainings for CHEWs for deployment to PHCs as a part of the decentralization of HIV services.</p> <p>Provide financial support for the procurement of commodities for the treatment of STIs.</p> <p>Lead a coordinated prevention Situation Assessment, which will include a review of available programmatic and epidemiologic data, to inform program planning and targeting</p>	<p>their implementation in Primary, Secondary, and Tertiary facilities.</p> <p>Provide technical and material support to assist NPHCDA to scale-up the training of CHEWs and to incorporate comprehensive HIV prevention into training curricula.</p> <p>Provide material and technical support (in the form of direct mentorship and training) to CSOs/CBOs to create referral networks and programmatic links between community-</p>	<p>Prevention Package implementation.</p> <p>Coordinate comprehensive prevention trainings for CHEWs for deployment to PHCs as a part of the decentralization of HIV services.</p> <p>Lead the development and implementation of locally-specific prevention plans through established LACAs.</p>	<p>the form of direct mentorship and training) to CSOs/CBOs to create referral networks and programmatic links between community-based prevention and biomedical services.</p> <p>Support the development of locally-specific prevention plans by providing technical support (through direct mentorship and training) and guidance to SACAs in their capacity of monitoring, oversight, and mentoring of LACAs.</p>	<p>on STI control.</p>

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	of interventions.	<p>based prevention and biomedical services.</p> <p>Provide financial support for the procurement of commodities for the treatment of STIs.</p> <p>Provide material, organizational, and technical support for the prevention Situation Assessment.</p>			
<p>3. Prevention of Mother to Child Transmission of HIV:</p> <p>a. At least 80% of all pregnant women have access to quality PMTCT services</p>	<p>Provide direct financial support HCT for 1,886,058 pregnant women ARV prophylaxis for 86,000 pregnant women to reduce mother-to-child transmission. (May be</p>	<p>Provide direct financial support for HCT for 1,026,116 pregnant women and ARV prophylaxis for 51,306 pregnant women to reduce mother-to-child transmission.</p>	<p>Provide direct financial support for HCT for 5,113,830 pregnant women.</p> <p>Support ARV prophylaxis for 197,900</p>	<p>Provide direct financial support for HCT for 1,917,686 pregnant women and ARV prophylaxis for 95,884 pregnant women.</p>	<p>UN to help review, produce, and disseminate PMTCT guidelines and SOPs for HIV/AIDS service delivery. UN will also develop costed scale-up plans for PMTCT at the</p>

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
b. At least 80% of all HIV-exposed infants have access to quality ARV prophylaxes and EID services	<p>supported by GFATM.)</p> <p>Make coordinated investments in infrastructure and staffing in PHCs in high-priority areas to facilitate accelerated decentralization of PMTCT services to most-at-need areas. In addition, infrastructure and staffing investments will address non-HIV health priorities in order to leverage PEPFAR investments for the expansion of other critical public health interventions.</p> <p>Lead the development</p>	<p>Make coordinated investments in equipment, infrastructure, and training in PHCs in high-priority areas to ensure accelerated decentralization efforts expand access to PMTCT in most-at-need areas.</p> <p>Provide material and technical support for the development of standard packages of PMTCT services, as well as guidance and training in support of their implementation.</p>	<p>pregnant women to reduce mother-to-child transmission.</p> <p>Procure all ARVs and RTKs necessary for meeting programmatic targets.</p> <p>Lead the development of national standards and protocols for DNA PCR applications in PMTCT and EID.</p> <p>Monitor and oversee the implementation of standard PMTCT service packages at Primary, Secondary, and Tertiary facilities.</p>	<p>Procure buffer stocks for ARVs and RTKs in support of GoN primary procurements.</p> <p>Provide technical and material support for the development of national standards and protocols for DNA PCR applications in PMTCT and EID.</p> <p>Provide technical support and guidance (through direct mentorship) for monitoring and oversight of PMTCT services provision at all levels of care.</p>	<p>state level, and support the coordination and implementation of the costed plans at the state and LGA level.</p> <p>DFID will support media promotion and demand creation for PMTCT services.</p>

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>of standard packages of PMTCT services for Primary, Secondary, and Tertiary facilities and their implementation.</p> <p>Take an increasingly active leadership role in the planning, coordination, and monitoring of PMTCT service implementation, specifically at the State and Local levels.</p> <p>Review, harmonize, and streamline the National PMTCT registers to improve supervision and monitoring of PMTCT sites.</p>	<p>Assign a Lead IP to each state which will assist the SACA, SASCP, and other relevant institutions in the planning, coordination, monitoring, and scale-up of the state's PMTCT program through training, direct mentorship, and material, technical, and/or financial support.</p> <p>Provide material and technical support for the review of National PMTCT registers.</p>	<p>Provide leadership and guidance in the development of State-specific PMTCT implementation plans. Development of these plans will also be supported materially.</p>	<p>Provide technical support in the development of State-specific PMTCT implementation plans.</p>	

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Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
4. Communication Intervention: At least 80% of the general population and MARPs adopt appropriate HIV and AIDS related behavior.	<p>Lead a coordinated prevention Situation Assessment, which will include a review of available programmatic and epidemiologic data, to inform program planning and targeting of interventions.</p> <p>Lead the development of locally-specific mass media messages designed to increase comprehensive knowledge of HIV.</p> <p>Lead the development of protocols and tools for the implementation of the minimum prevention package for</p>	<p>Provide material, organizational, and technical support for the prevention Situation Assessment.</p> <p>Provide technical support and guidance in the development of mass media messages.</p> <p>Increase financial and technical support for MARPs-specific programming, including peer-network-based BCC programs and targeted HTC as an entry point for broader prevention services.</p> <p>Conduct size estimation</p>	<p>Lead the development and implementation of locally-specific prevention plans through established LACAs.</p> <p>Provide financial support for the dissemination of mass media messaging and pursue Public-Private Partnerships to this end.</p> <p>Lead the monitoring and oversight of facility and community-based prevention programs (including the provision of minimum prevention packages) through established State and</p>	<p>Support the development of locally-specific prevention plans by providing technical support (through direct mentorship and training) and guidance to SACAs in their capacity of monitoring, oversight, and mentoring of LACAs.</p> <p>Provide technical support to Nigerian community organizations for the implementation of youth-focused, community-based prevention programs.</p> <p>Provide technical</p>	<p>UN provides TA for the implementation of BCC plans and HIV/AIDS prevention services at the federal and state levels; and strengthens coordination and monitoring of BCC activities.</p> <p>DFID provides resources for the development of appropriate HIV/AIDS prevention interventions and messages, including specific messages for MARPs; supports operations research on youth HIV/AIDS issues; provide TA to MOE in select states to implement Family Life education in schools.</p>

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Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>MARPs.</p> <p>Lead the development of standards and guidelines for youth-focused, community-based prevention programs. Provide material support for the dissemination of training tools for the implementation of these standards and protocols.</p>	<p>exercises to inform a more detailed picture of HIV epidemiology among MARPs in Nigeria.</p> <p>Provide material and technical support for the development of protocols and tools for the implementation of the minimum package for MARPs.</p> <p>Provide material and technical support for the development of standards and guidelines for youth-focused, community-based prevention programs; provide technical support for the implementation of</p>	<p>Local institutions (e.g. SACAs and LACAs).</p>	<p>support (through direct mentorship) for the monitoring and oversight of facility and community-based prevention programs through State and Local institutions.</p>	<p>GTZ assists with the operationalization of the national BCC strategy in 2-3 focus states; contributes to peer education; and supports MARPs intervention programs.</p>

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Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		these standards and protocols.			
5. Condom Promotion: At least 80% of sexually active males and females in Nigeria use condoms correctly and consistently	<p>Lead a coordinated prevention Situation Assessment, which will include a review of available programmatic and epidemiologic data, to inform program planning and targeting of interventions.</p> <p>Lead the development of locally-specific mass media messages designed to increase condom use and uptake of Family planning in general.</p> <p>Develop standards and guidelines for the</p>	<p>Provide material, organizational, and technical support for the prevention Situation Assessment.</p> <p>Provide technical support and guidance in the development of mass media messages.</p> <p>Provide material and technical support for the development of standards and guidelines for condom provision and education in health facilities.</p>	<p>Lead the development and implementation of locally-specific prevention plans through established LACAs.</p> <p>Procure male and female condoms and lubricants as necessary to supply programs. (Also supported by DFID.)</p> <p>Provide financial support for the dissemination of mass media messaging and pursue Public-Private Partnerships to this</p>	<p>Support the development of locally-specific prevention plans by providing technical support (through direct mentorship and training) and guidance to SACAs in their capacity of monitoring, oversight, and mentoring of LACAs.</p>	<p>UN: Support launch and dissemination of the national condom strategy at the state and national levels; derive costed state plans for condom procurement, promotion, coordination and monitoring; build capacity for social marketing of condoms.</p> <p>DFID to procure 1 billion condoms over five years; produce and air public messages on condoms and ensure greater access, particularly in rural areas; implement peer</p>

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Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	provision of condoms at Primary, Secondary, and Tertiary facilities. Corresponding guidelines on condom education at these points of service will also be developed. Implementation of routine condom distribution at these facilities will be performed in out-years.	Procure condoms and lubricants as necessary to supply programs.	end.		education programs with emphasis on condom use amongst KTG.
6. Integration of HIV prevention into SRH and other relevant health programs: HIV prevention services integrated into at least 80% of SRH and other relevant health programs by 2015.	Lead the development of minimum Comprehensive Prevention Packages and their integration with SRH programs at the State and Local level. Produce relevant training documents and lead the implementation of these packages at the	Provide technical and material support for the development of minimum Comprehensive Prevention Packages and their integration with SRH programs at the State and Local level. Provide material and technical support in the form of training and	Lead a review of mCPP implementation in health facilities and integration with SRH and develop strategic implementation plans to address gaps in integration based on review findings.	Provide technical and material support for the mCPP and integration review and the subsequent development of ameliorative plans.	UN to support the adaptation, revision and production of integrated training materials.  DFID to provide TA for integration of HIV prevention programs into SRH services; conduct operations

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>Primary, Secondary, and Tertiary levels.</p> <p>Coordinate trainings for CHEWs for deployment to PHCs as a part of the decentralization of HIV services.</p>	<p>direct mentorship for their implementation in Primary, Secondary, and Tertiary facilities.</p> <p>Provide technical and material support to assist NPHCDA to scale-up the training of CHEWs and to incorporate comprehensive HIV prevention into training curricula.</p>			<p>research for increased access to IDUs; support implementation of the PHDP manual at the community level.</p> <p>GTZ to support TA for SRH and HIV integration in 2-3 partner states.</p>
<p>7. Prevention with positives: At least 80% of people living with HIV and AIDS have access to positive health, dignity and prevention (PHDP) intervention by 2015.</p>	<p>Lead the development and implementation of PHDP training manuals for HCW and CCW to facilitate the integration of PHDP services in facility- and community-based care programs. Materials will have a clear focus on</p>	<p>Provide financial, material, and technical support for the development and implementation of PHDP training manuals for HCW and Community Care workers.</p>	<p>Coordinate ongoing PHDP training for HCW and CCW.</p> <p>Perform a review of PHDP service provision, especially as regards links between</p>	<p>Provide technical and organizational support for PHDP trainings.</p> <p>Provide technical and organizational support for PHDP service review.</p>	<p>DFID to support the implementation of the PHDP manual at the Community level.</p>

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Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>ensuring the provision of a minimum package of PHDP services in both the facility and community environments.</p> <p>Lead the development of policies and guidelines for the utilization of PLHIV as lay counselors for PHDP service provision.</p> <p>Finalize guidance on the implementation of community-based PHDP programs.</p>	<p>Provide material and technical support for the development of policies and guidelines for the utilization of PLHIV as lay counselors for PHDP service provision.</p> <p>Provide material and technical support for the finalization of guidance on the implementation of community-based PHDP programs.</p>	<p>community- and facility-based services.</p> <p>Coordinate trainings for PLHIV as lay counselors.</p>	<p>Provide technical and organizational support for lay counselor trainings.</p>	
8.Prevention of Biomedical transmission: Ensure access to safe blood products and safe	Coordinate and provide financial support for injection safety training of HCW at newly	Provide technical, material, and organizational support for injection safety	Coordinate and provide financial support for injection safety training of HCW at newly	Provide technical, material, and organizational support for injection safety	UN to review, adapt, and disseminate existing policies and protocols on Universal

Goal Name: Prevention of new Infections					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
<p>medical injections and enhance workplace safety for healthcare workers.</p>	<p>activated PHCs.</p> <p>Lead the review, dissemination and implementation of existing policies and protocols on Universal Access, blood and injection safety, and PEP at all levels.</p>	<p>training of HCW at newly activated PHCs.</p> <p>Provide technical support for the review, dissemination and implementation of existing policies and protocols on Universal Access, blood and injection safety, and PEP at all levels.</p>	<p>activated PHCs.</p> <p>Monitor and oversee the implementation of policies and protocols on Universal Access, blood and injection safety, and PEP at all levels.</p>	<p>training of HCW at newly activated PHCs.</p> <p>Provide technical support through direct mentorship at the Federal and State level for monitoring and oversight of the implementation of policies and protocols on Universal Access, blood and injection safety, and PEP at all levels.</p>	<p>Access and blood and injection safety at the state level; strengthen monitoring of universal access, blood/injection safety program.</p> <p>GTZ to build capacity of service providers in 2-3 states.</p>

*Treatment*

The primary objectives of the treatment goal are to improve access to ART services, to scale up treatment in a sustainable way, and to maintain adherence, quality, and retention in care services. To achieve the ambitious goals of the PF, the USG will emphasize the rationalization of IPs and the decentralization of services in order to maximize the efficiency of the Government of Nigeria. Currently in some states, two or more ART partners are supporting treatment sites, leading to overlapping and competing support to state health authorities. Choosing a lead IP for each state will reduce redundancies while helping to transition services to a more local level, which will help with program sustainability.

As part of the rationalization plan, the USG, GON, and lead IPs will collaborate to create a supportable minimum ART package. The USG and GON will determine the appropriate clinical services that will be supported at each level of the health system, and develop protocols and policies for minimum standard packages of ART services for each level. Limiting USG support to standard packages of patient clinical ART services will help improve equity across sites, while addressing specific local needs as identified by IPs working in the area.

PEPFAR will continue to benefit from pooled procurement, and expand the program to other commodities for further cost savings. The USG will also intensify the level of TA that is provided directly to GON to improve GON's distribution system, which will eventually serve as the primary system for distributing essential medicines to the majority of health care sites in Nigeria.

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
1. At least 80% of eligible adults and children are receiving ART by 2015 (eligibility in persons 5 years and up is a CD4 of <350)	Provision and upgrade of 30% of physical infrastructure and construction of new facilities.	Provide ARVs to 350,000 (39% of objective) eligible PLHIV, with emphasis on reaching key populations.	Provide ARVs and related commodities to 80% of eligible PLHIV. (With support from GFATM.)	Provide buffer stock of ARVs and related commodities. Provide 2 <sup>nd</sup> line ARVs.	GF, UN, WB, CHAI, bilateral to advocate for policy and legislative changes for increased resource mobilization
	Support the decentralization of clinical HIV services by disseminating Standards, Policies, and Guidelines for the provision of these services and co-organizing trainings.	Begin rationalization of ART IPs by choosing lead IPs for each state and define capacity building and support roles for Lead IPs. This process will include the rationalization of PEPFAR lab facilities.	Decentralize ART services to 80% of PHCs.	Provide technical expertise and guidance for monitoring and oversight of clinical HIV services provision.	Provide TA to GON to identify gaps and support the review of ART National guidelines
	Lead the development of a minimum package of clinical HIV services to be provided at standard classes of	Provide material and financial support and technical expertise to aid the development of Standards, Policies, and	Integrate 80% of HIV services into PHC services and implement efficiencies resulting from increased integration.	Provide technical expertise and guidance to support the review of national standards, policies, and guidelines for clinical HIV services provision.	Improve staffing of health facilities to 80% by building the critical mass of HCWs through training, supportive supervision, and mentorship.
			Take a leading role in monitoring and oversight of the provision of clinical HIV	Provide technical support for training	GF to support FMOH by providing 10% of

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>clinical facilities.</p> <p>Lead the development of tools for the implementation of this minimum package; disseminate these tools and co-organize necessary trainings for their implementation.</p> <p>Provide financial support for the procurement of clinical commodities.</p> <p>Recruit and train HCWs on ART provision, including principles of pharmacovigilance and counseling techniques</p>	<p>Guidelines for the decentralization of clinical HIV services and co-organize trainings with GoN and other stakeholders.</p> <p>Provide material and financial support and technical expertise to aid the development of a minimum package of clinical HIV services to be provided at standard classes of clinical facilities.</p> <p>Provide technical expertise and guidance in developing tools for the minimum package and co-organize trainings for their implementation.</p>	<p>services.</p> <p>Lead the review of national standards, policies, and guidelines for clinical HIV services provision.</p> <p>Recruit and train HCWs on ART provision, including principles of pharmacovigilance and counseling techniques to improve adherence.</p> <p>Review and update treatment training manuals and standardize ART training.</p>	<p>HCWs on ART provision.</p> <p>Provide technical support for the development of a network of quality lab systems and accredited laboratories based on established standards.</p>	<p>objective to eligible PLHIV.</p>

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>to improve adherence.</p> <p>Lead the development of standards for the accreditation of laboratories as part of a broader effort to develop a cogent Laboratory Quality Management System.</p>	<p>Provide technical and material support for training HCWs on ART provision.</p> <p>Perform an assessment of ART services in private facilities, including the demand for and availability of quality ARVs in private pharmacies.</p> <p>Provide technical support for the development of standards for the accreditation laboratories.</p>	<p>Provide material and organizational support to lead the development of a network of quality lab systems and accredited laboratories based on established standards.</p>		
2. At least 80% of PLHIV are receiving	Provide commodities and equipment	Provide financial, material, and technical	Provide commodities and equipment	Provide technical support through direct	TA and funding support to FMOH in Develop

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015 (baseline: 54% on ART receiving OI prophylaxis)	<p>contributions to support integrated malaria diagnosis program training and implementation.</p> <p>Provide equipment and commodities support to integrated lab infrastructure to increase access to diagnostic capabilities.</p>	<p>support—including training, equipment, and commodities—for an integrated PEPFAR/PMI malaria diagnosis program at the PHC level.</p> <p>Begin the integration of existing PEPFAR labs with collocated GoN labs to improve linkages to OIs and other diseases and improve access to laboratory capacity and increase synergies between GoN and PEPFAR resources.</p> <p>Improve the skill-sets of State and LGA lab scientists through direct mentorship and</p>	<p>contributions to support integrated malaria diagnosis program training and implementation.</p> <p>Provide equipment and commodities support to integrated lab infrastructure to increase access to diagnostic capabilities.</p> <p>Procure all lab-related commodities necessary for OI management.</p> <p>Coordinate training and CE for State and LGA lab scientists.</p>	<p>mentorship to State officers on the management and oversight of OI and related programs.</p> <p>Provide technical support for training and CE for State and LGA lab scientists.</p>	<p>and maintain a system and structures for effective OIs management including local manufacture of OI medications.</p>

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		training.	Pursue the development of local capacity for the manufacture of OI commodities.		
3. All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015 (baseline: 23 of 37 states with functional and gender inclusive TBHIV TWG)	<p>Provide direct support for the supply of PPE commodities for TB/HIV activities.</p> <p>Develop TBIC plans</p> <p>Procure Kits for HIV screening</p> <p>Strengthen referral system</p> <p>Procurement of CPT</p>	<p>TBHIV site expansion to 356 (1031 cumulative) sites</p> <p>Strengthen referral system</p> <p>Mentoring of Zaria TB training school to provide Sondalo training in the sub region</p> <p>TBIC control program in USG sites (200)</p>	<p>Functional referral system</p> <p>X-Ray facilities in ALL major or referral TBHIV sites</p> <p>Training and monitoring of FM</p>	<p>TBHIV site expansion to 1000 (2031 cumulative) sites</p> <p>TBIC control program in ALL USG sites (2031)</p> <p>Supplementary Procurement of CPT (see ART)</p> <p>Supplementary Procurement of IPT (270,000)</p>	<p>Expand TBHIV WG to the remaining 14 states</p> <p>Strengthen referral system</p> <p>Implement TBIC at TBHIV sites (60)</p> <p>Support Quarterly meetings of TWG in 19 states</p> <p>HCT in all DOTS centers</p>

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	and IPT			Training of staff 1000 staff (cumulative 3137 staff)	TBHIV site expansion to 150 sites
	Coordinating bodies	Enhance Community TB DOTs			
	Training and capacity building	Support Quarterly meetings of TWG in 17 states		Support Quarterly meetings of TWG in 17 states	Training of staff on TBHIV
	Communities, PLHIV, and PATB involvement	Supplementary Procurement of CPT (see ART)		2nd National MDR-TB Survey 2014 (\$1.5m, cumulative \$2.9m)	Support the development of SOPs for HIV AIDs service delivery
	Linkages/integration of pharmacy and DOTS Services	Supplementary Procurement of IPT (2,500)		Upgrading of treatment centre wards for MDR TB treatment (6)	Supplementary Procurement of CPT and IPT (IPT for 30,000 PLHIV)
	Monitoring and Evaluation system	Training of staff (345 staff, cumulative 2137) on TBHIV		Specimen transportation logistics (approx \$250,000)	
	2 MDR-TB Treatment				Upgrading of treatment

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	wards per geo-political zone advocated	1st national MDR-TB Survey (\$1.4m)		MDR-TB Treatment Adherence support (\$1,875,000 for 2yr of 500pt)	centre wards for MDR TB treatment (1)
	Provision of guidelines for Fluorescent Microscopy	Upgrading of treatment centre wards for MDR TB treatment (1)		Lab Reagent for culture and DST for cumulative 20,000 MDR-TB suspect (An increase of 1000 each year)	Specimen transportation logistics (approx \$50,000)
	Training, production and distribution of TB panel slides	Specimen transportation logistics (approx \$50,000)		USAID TB FUNDING: HSS, DOTS Expansion, PSM, CTBC, Operational Research, Dev. Of New TB, TBHIV Tools , MDR-TB mgt, Quality TB diagnosis (\$9.6m) in 2012	Lab Reagent for culture and DST for 458 MDR-TB suspects
	Development of quality and safe management system for TB –HIV laboratories	MDR-TB Treatment Adherence support (\$750,000 for 1yr of 200pt) 1st 2yrs only			No provision for FM
		Lab Reagent for culture and DST for 500 MDR-			Maintenance and support for 6 TB zonal reference laboratories
					Expand TBHIV WG to the 36 states + FCT

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		<p>TB suspects per quarter</p> <p>USAID TB FUNDING: HSS, DOTS Expansion, PSM, CTBC, Operational Research, Dev. Of New TB, TBHIV Tools (\$5.045m)</p> <p>Provision of FM microscopes, training and reagents for 200 sites</p> <p>Training, production and distribution of TB panel slides in 45 sites</p> <p>Development of quality and safe management system for 20</p>		<p>Provision of FM microscopes, training and reagents for 650 sites</p> <p>Training, production and distribution of TB panel slides in all USG supported sites</p> <p>Development of quality and safe management system for 200 peripheral and 10 reference TB –HIV laboratories</p> <p>Procurement and supply of safety equipment in 350 laboratories</p>	<p>Functional referral system</p> <p>Implement TBIC at TBHIV sites (100)</p> <p>Support Quarterly meetings of TWG in 19states</p> <p>TBHIV site expansion to 1650 sites</p> <p>Training of staff (748 staff) on TBHIV</p> <p>Upgrading of treatment centre wards for MDR</p>

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		peripheral and 3 reference TB –HIV laboratories  Procurement and supply of safety equipment in 40 laboratories  Maintenance and support for 3 TB reference laboratories		Maintenance and support for 3 TB reference laboratories	TB treatment (6)  Specimen transportation logistics (approx \$250,000)  Lab Reagent for culture and DST for cumulative 26,659 MDR-TB suspect  No provision for FM  Maintenance and support for 6 TB zonal reference laboratories
4. All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015	To increase TB patients tested for HIV from 62% to 85%	2,500 PLHIV patients placed on IPT  Place PLHIV-TB on CPT	85% TB patients tested for HIV	270,000 PLHIV patients placed on IPT  PLHIV-TB placed on CPT	15,000 patients placed on IPT

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Goal Name: Treatment of HIV/AIDS and Related Conditions					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
(baseline: % of Tb patients screened for HIV: 62%)	85% of TBHIV to have CPT  85% of TBHIV to have ART	(see ART)  Place PLHIV-TB on ART (see ART)	85% of TBHIV have CPT  85% of TBHIV are on ART	(see ART)  PLHIV-TB placed on ART (see ART)	
5. All PLHIV have access to quality TB screening and those suspected to have TB, to receive comprehensive TB services. (baseline: 87% of PLHIV screened for Tb; 100% PLWHIV Tb cases referred for treatment: 100%)	Intensified TB case finding in ART sites  X-Ray facilities in major or referral TBHIV sites	Provide support to develop referral systems  Capacity building for TBHIV collaborative activities  Free X-Ray services for ALL PLHIV in USG supported ART sites		Free X-Ray services for ALL PLHIV in USG supported ART/ TBHIV sites	Subsidize X-ray services and transport for PLWHAs being worked-up for IPT (15000 PLHIV)

*Care and Support*

In order to promote a sustainable National response for care and support for children and families made vulnerable by HIV/AIDS, the USG will support initial assessments and mapping, which will be a component of Social Welfare System Strengthening. The USG will also support the Human Resource Assessment and Child Protection Mapping, which will commence in 2011. These assessments will be de-centralized, focusing on target states, and will help foster state-ownership of the system strengthening strategy. USG will also support a partner organization that will work with state governments to develop Action Plans and monitor results. USG will also support development of a national parasocial worker training program, which will be institutionalized in University structures. The USG will respond to additional strengthening activities after the initial assessments, and seek to transition ownership to federal and state Ministry of Women's Affairs and Social Development, and any other relevant ministries identified during the process.

Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
1. To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015	<p>Coordinate trainings for CHEWs for deployment to PHCs as a part of the decentralization of HIV services.</p> <p>Support the decentralization of clinical HIV services by disseminating Standards, Policies, and Guidelines for the provision of these services and co-organizing trainings.</p> <p>Lead the development of a minimum package of clinical HIV services to be provided at</p>	<p>Provide technical and material support to assist NPHCDA to scale-up the training of CHEWs and to incorporate HIV care and support into training curricula.</p> <p>Provide material and financial support and technical expertise to aid the development of Standards, Policies, and Guidelines for the decentralization of clinical HIV services and co-organize trainings with GoN and other stakeholders.</p>	<p>Lead the review of national standards, policies, and guidelines for clinical HIV services provision.</p> <p>Take a leading role in monitoring and oversight of the provision of clinical HIV services.</p> <p>Coordinate trainings for CHEWs on HIV care and support for deployment to PHCs as a part of the decentralization of HIV services.</p>	<p>Provide technical expertise and guidance to support the review of national standards, policies, and guidelines for clinical HIV services provision.</p> <p>Provide technical support for trainings of CHEWs.</p> <p>Provide technical support C&amp;S program integration assessment.</p> <p>Provide technical support to Nigerian</p>	<ul style="list-style-type: none"> <li>GF- Support Rd 5</li> </ul> <p>Provide TA for the review of National guidelines, policies and SOPs, especially with regards to Pediatrics.</p> <p>Support NACA to Conduct a Situation Analysis on Care and Support in Nigeria</p> <p>Support the development of National Policy on Care and Support</p>

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>standard classes of clinical facilities.</p> <p>Lead the development of tools for the implementation of this minimum package; disseminate these tools and co-organize necessary trainings for their implementation.</p> <p>NACA, FMOH and FMOWASD to operationalize guidelines for the provision of integrated health services.</p> <p>NACA, FMOH, FMWASD will coordinate an assessment of best</p>	<p>Provide material and financial support and technical expertise to aid the development of a minimum package of clinical HIV services to be provided at standard classes of clinical facilities.</p> <p>Provide technical expertise and guidance in developing tools for the minimum package and co-organize trainings for their implementation.</p> <p>Provide technical and material support for the assessment of best practices for linking care programs and the</p>	<p>Perform assessment of Community-, Home-, and Facility-based care program integration for the purpose of revising policies and guidelines and targeting future investments.</p> <p>Provide technical and material support to Nigerian community organizations to increase their ability to provide high-quality comprehensive care and support services.</p>	<p>community organizations to increase their ability to provide high-quality comprehensive care and support services.</p>	<p>Develop, produce and disseminate HIV/AIDS (IMAI) community education materials</p> <p>Facilitate the establishment of Technical Working Groups (TWGs) on care and support at national and States levels</p> <p>Support capacity building on implementation of continuum of care for PLHA,OVC and PABAs</p> <p>Train trainers for HIV/AIDS community awareness, education</p>

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>practices for strengthening linkages between facility- and community/home-based care services. Findings from this assessment will be adapted into national policies and guidelines on the management of Community-, Home-, and Facility-based care programs. Implementation of these policies and guidelines will occur in out-years.</p>	<p>development of national policies and guidelines based on assessment findings.</p> <p>Provide technical (direct mentorship, training, etc.) and material (commodities, equipment, etc.) support to Nigerian community organizations to increase their ability to provide high-quality comprehensive care and support services.</p> <p>Provide technical support to FMOH in the development of pre-ART, Support Group, Stigma mitigation</p>			and treatment literacy

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		<p>Community Care Worker policies and guidelines.</p> <p>Provide technical support to NACA to map the need for Care and Support services and assist in the development of strategic plans based on this information.</p>			
<p>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 (baseline: TBD)</p>	<p>Incorporate IGA services into the National Standards of Practice (SOP) for OVC. (FMWASD)</p> <p>Provide support to link OVC service providers with microfinance organizations.</p>	<p>Provide technical and financial support to partner organizations on improving referral to and provision of skill acquisition programs, improving client referrals to microfinance opportunities, the provision of business start-up materials, and</p>	<p>FMWASD to strengthen linkages with SMEDAN, NAPEP and NDE</p>	<p>Provide technical and material support for market analysis and market-based trainings</p>	<p>UNICEF to support FMWASD in development of OVC Service Mapping tools.</p>

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	(FMWASD)  Lead OVC Service Mapping (FMWASD)	the reduction of barriers to quality education for children.			
3. To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2015		Support NACA to pass and implement the Bill on Stigma and Discrimination.			
4. To improve effective referral and linkages within and between relevant health care facilities and community-based care services by 80% by 2015	NACA, FMOH and FMWASD to continue to strengthen service networks with effective linkages between facility-, community-, and home-based care programs.	Provide TA to FMWASD, FMOH, NACA, CBOs/FBOs and partner organizations to improve linkages between care and support services in homes, communities, and clinical care facilities	NACA, FMOH and FMWASD to continue to strengthen service networks with effective linkages between facility-, community-, and home-based care programs	Provide TA to FMWASD, FMOH, NACA, CBOs/FBOs and partner organizations to improve linkages between care and support services in homes, communities, and clinical care facilities	Provide TA to strengthen service networks with effective linkages between facility-, community-, and home-based care programs.
5. To create an enabling	Federal and State governments to	USG partnership with UNICEF to conduct	Federal and State governments to	USG partnership with UNICEF to conduct	UNICEF to provide technical support to

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
<p>environment for the legal protection of widows and OVC by 2015</p> <p>(NDHS 2008: Birth registration is 30% and basic needs are met for 65% of OVC and 69% of non-OVC – OVC definition is not comprehensive and focuses on children of sick caregivers)</p>	<p>collaborate with USG and UNICEF on Child Protection Mapping; 4 state-level work plans created by the end of 2012.</p> <p>FMWASD to adapt, simplify, produce and disseminate child-friendly version of the Child’s Rights Act (CRA)</p> <p>FMWASD to advocate at state level on passing and implementing the CRA</p> <p>FMWASD to strengthen linkages for referral with FIDA, NCRA and</p>	<p>Child Protection Mapping in 4 states by end of 2012. This will include assessment of legal framework and policies.</p> <p>USG to support Social Welfare Human Resources Gap Assessment (2011) and provide financial and technical support to strengthen, including education and training programs.</p> <p>USG to provide financial and technical support for national parasocial worker training institutionalized in university structures</p>	<p>collaborate with USG and UNICEF on Child Protection Mapping; 15+ state-level work plans created by the end of 2015.</p> <p>Federal and State governments to lead development and implementation of legal framework and additional policies as needed.</p> <p>Federal and State governments to support strengthening Social Welfare Workforce and oversee Social Welfare System development.</p>	<p>Child Protection Mapping in 15+ states by end of 2015.</p> <p>USG and UNICEF to continue Child Protection Mapping; financial support to maintain through 2015. Partner organization to monitor plans independently. Federal and State Governments to lead response and development.</p> <p>Seek to support the formation and development of a National Child Protection Network (funding issue)</p>	<p>Child Protection System Mapping</p> <p>UNICEF to conduct police training and sensitization</p> <p>UNICEF to mobilize stakeholders for the formation of Child Protection Networks (8 CPNs established as of Nov 2010)</p> <p>UNICEF to strengthen systems and access to birth registration</p> <p>UNICEF to expand Child Protection Networks</p>

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>NAPTIP</p> <p>FMWASD to lead process in development and launch of National database that will include information to advocate and provide protection to OVC.</p>	<p>(ongoing through 2013+).</p> <p>USG and UNICEF to provide TA and financial support to USG partner organization to become expert in Child Protection Mapping and support state-level governments work plans and monitor state-level progress.</p> <p>Provide financial support to partner organization to support FMWASD to pass and implement the Child Right's Act (CRA) in all 36 states and FCT (CRA has not yet passed in 12 states; additional 2</p>	<p>Federal and State governments to support continued Social Work and Parasocial Work training to staff (i.e. Social Welfare Officers, etc)</p> <p>CRA passed in additional states; progress on implementation as demonstrated in improved child wellbeing and protection.</p> <p>FMWASD and/or other line Ministries to collect data on and monitor</p>	<p>Seek to improve collaboration and strategic planning with other multilateral and bilateral child protection experts/agencies</p> <p>Seek to increase support for strengthening National adoption policies and systems</p>	<p>across the country</p>

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		<p>states are awaiting governor signatures)</p> <p>Provide TA to partner organizations and other projects to incorporate CRA into capacity building activities for CBOs/FBOs, human resource trainings and other programming.</p> <p>Advocate for the FMWASD to strengthen linkages with FIDA, NCRA and NAPTIP</p> <p>USG to provide financial support to State and LGA level governments to train Social Workers and provide</p>	<p>provision of legal assistance on child-related issues</p> <p>FMWASD and other line Ministries to improve access to legal services</p> <p>FMWASD and other line Ministries to form/strengthen partnerships with law enforcement agencies</p> <p>FMWASD to oversee Child Protection Networks (state and National levels)</p> <p>FMWASD to seek to increase support for</p>		

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		<p>infrastructure required to effectively monitor and report on OVC (2011-2012).</p> <p>Provide TA and financial support to partner organizations to link children and caregivers to appropriate legal services.</p> <p>Provide TA and financial support to partner organizations to establish community-based child protection networks/committees, etc., or the like</p> <p>Provide TA to partner organizations to</p>	<p>strengthening adoption policies and systems</p> <p>National Birth Registration to increase from 30% baseline.</p>		

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		provide birth registration to unregistered children			
<p>6. To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% of most vulnerable OVC by 2015</p> <p>National Situation Analysis conducted in 2008 indicates there are 17.5 million OVC in Nigeria. Although 'most vulnerable' is not defined, 30% of 17.5 million is 5.2 million by 2015. Donor contribution by end of 2011 is just under 300,000 (USG =</p>	<p>FMWASD to lead development of National OVC Training Manuals, updated National Plan of Action for OVC and updated OVC Standards of Practice (2010-2011)</p> <p>FMWASD to advocate for increased OVC funding from the Ministry of Finance</p> <p>FMWASD to advocate for budgeting for OVC that reflects National OVC needs</p>	<p>USG to provide financial support to partner organization to support FMWASD in development of National OVC Training Manuals.</p> <p>USG and UNICEF to provide financial and technical support for Social Welfare System strengthening (HR Gap Assessment and Child Protection Mapping). These assessments will provide baselines of the social welfare workforce. Projects will then work to strengthen the</p>	<p>Federal and State Ministries to support increased number of trained Social Workers.</p> <p>Federal and State Ministries to strengthen coordination and management of Social Welfare System, which will contribute to increased assistance to children and families. Federal and State Ministries to strengthen data and information system.</p> <p>FMWASD to collaborate</p>	<p>Seek to strengthen integration of OVC service provision with PMTCT, TB, malaria, sanitation and sexual prevention programs</p> <p>Seek to strengthen and build capacity of Social Welfare and Child Protection Systems at the community, LGA, state and federal levels. Provide TA for quality improvement. (funding issue)</p> <p>Seek to strengthen social work training</p>	<p>Global Fund to support OVC services for just under 9,000 OVC.</p> <p>UNICEF to support development of new National OVC documents.</p> <p>UNICEF to support FMWASD in development of OVC Service Mapping tools</p> <p>UNICEF to provide TA and financial assistance to support the FMWASD in conducting</p>

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
<p>just over 280,000; GF = just under 9,000). This means by the end of 2011 donors will be contributing nearly 100% of OVC services, which equate to less than 6% of the national 2015 goal.</p>	<p>FMWASD to identify and work with Federal Ministry of Information and Communication, NOA, NCC, banking and petroleum sectors for mobilize for corporate social responsibility for OVC</p> <p>FMWASD to coordinate with ALGON for increased support and coordination for OVC at LGA level</p> <p>FMWASD, State MWASD and LGA officers to advocate to religious leaders for community care for</p>	<p>workforce and system, including data and information system.</p> <p>USG to support advocacy for State-level funding for Social Welfare System.</p> <p>Provide TA and financial support to partner organizations for the training of caregivers on the care and support for OVC</p> <p>Provide TA and financial support to partner organizations for training and capacity building of CBOs/FBOs in line with National</p>	<p>with appropriate Ministries to expand education, agriculture and health opportunities for OVC</p> <p>FMWASD to support social welfare and childr protection system development</p> <p>FMWASD to maintain comprehensive database and monitoring of the National situation on OVC; provide data and reports to stakeholders</p> <p>FMWASD to seek to increase support from</p>	<p>programs and professional opportunities for social workers (funding issue)</p> <p>Seek to strengthen and para social worker training</p> <p>Seek to implement incentive structures and policies that will improve retention of social workers and para social workers</p> <p>Seek to maintain support for the provision of OVC services (&gt; 2010 levels, apprx \$44.8 million</p>	<p>a Social Welfare System/Child Protection and Human Resource Gap Analysis</p>

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>OVC</p> <p>FMWASD to coordinate partnerships with relevant Ministries (Agriculture, Health, Education, Information, UBEC, NDE, NAPEP, etc) that will strengthen services for children and caregivers</p> <p>FMWASD to design and disseminate National OVC Service Manuals</p> <p>FMWASD to develop revised Standards of Practice for OVC</p> <p>FMWASD to review the</p>	<p>Standards and Guidelines</p> <p>Provide TA and financial support to partner organizations to support FMWASD and other Social Work stakeholders in the development of Nationally recognized training for social and parasocial workers on OVC</p> <p>Provide TA to partner organizations on the Child Status Index (CSI) and National OVC Vulnerability Index (OVI). Ensure partner organizations are using</p>	<p>private sector</p> <p>FMWASD to review and develop National M&amp;E plan as necessary</p> <p>FMWASD to conduct a new Situation Assessment on OVC (due in 2013)</p> <p>FMWASD to oversee National, State and LGA coordination mechanisms for OVC</p>	<p>USD)</p> <p>Seek to support a costing assessment of OVC 6+1 services (funding issue)</p>	

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	2006-2010 National OVC Plan of Action	National M&E tools.			
	FMWASD to develop and disseminate the 2011-2015 National OVC Plan of Action	Provide financial support to partner organizations for the provision of OVC 6+1 services to at least 285,256 OVC			
	FMWASD to work with State MWASD on the development of State Plans of Action for OVC	Provide TA to FMWASD and partner organizations on improving quality of service delivery			
	FMWASD to implement and monitor effectiveness of the National M&E Plan for OVC	Provide TA and financial support to FMWASD, other relevant line Ministries and partner organizations to strengthen public-			
	FMWASD to design and coordinate with other				

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>National Stakeholders to conduct a Social Welfare System and Human Resource Gap analysis for OVC</p> <p>FMWASD to oversee National, State and LGA coordination mechanisms for OVC</p>	<p>private partnerships</p> <p>Provide TA to FMWASD and other interested agencies for OVC integration into Global Fund proposals</p> <p>Provide TA for the evaluation of the National OVC Plan of Action and formation of the 2011-2015 National OVC Plan of Action</p> <p>Provide necessary support to State Ministries and partner organizations for the development of State Plans of Action for OVC</p>			

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		<p>Provide TA and financial assistance to support the FMWASD in conducting a Social Welfare System and Human Resource Gap Analysis</p> <p>Strengthen the mandate of the FMWASD, and State MWASD and align necessary staff to execute</p> <p>Strengthen FMWASD's management, supervision and performance management system</p>			

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Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		Strengthen capacity in the FMWASD to plan, mobilize and manage resources			
7. To strengthen the capacity of 30% of older OVC's (especially girls') households to mitigate the impact of HIV/AIDS by 2015	FMWASD to provide training on OVC	<p>Encourage partner organizations to provide services to most vulnerable OVC (eligible through use of the CSI)</p> <p>Provide TA and financial support to partner organizations for provision and referrals to Income Generating Activities (IGA)</p> <p>Provide TA and financial support to partner organizations to</p>	<p>FMWASD to strengthen opportunities in trade schools and skill acquisition institutions</p> <p>FMWASD to advocate for universal education; eliminate barriers to basic education</p>	<p>Seek to support analysis of market-based opportunities for employment and developing quality market-based skill development trainings</p> <p>Seek to implement evidence-based education interventions across a wider population</p> <p>Seek to develop an OVC exit strategy aimed to adequately prepare</p>	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		<p>provide education to eligible children and/or reduce barriers to quality education Provide TA and financial support to partner organizations for the provision of psychosocial support</p> <p>Provide TA and financial support to partner organizations for the provision of life skills and sexual reproductive health education</p>		<p>children for graduation from OVC programs</p> <p>Seek to strengthen integration of life skills and sexual reproduction education into school curriculum/programs</p> <p>Seek to support analysis and response to gender-issues</p>	
8. To establish functional gender-responsive OVC coordinating mechanism at all levels by 2015 <i>(baseline: TBD)</i>	<p>FMWASD to facilitate National Technical Coordination Group meetings</p> <p>FMWASD to</p>	<p>Provided TA to FMWASD and partner organizations on gender-sensitive OVC service delivery</p>	<p>FMWASD to establish effective coordination mechanisms across community, LGA, state and federal levels. Ensure such mechanisms collect, analyze and</p>	<p>Provided TA to FMWASD and partner organizations on gender-sensitive OVC service delivery</p> <p>Provide TA and financial support for continued</p>	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Care and Support					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	incorporate gender-sensitive programming in to National Guidelines and Standards  FMWASD to convene National Steering Committee meetings	Provide TA for National OVC priorities and activities through participation in National Technical Coordination Group meetings  Advocate for State MWASD to form State and local Technical Working Group Meetings for OVC	disseminate information.	capacity building for State MWASD and LGA and community coordinating persons (funding issue)	

*Policy Advocacy*

Activities under the Policy, Advocacy, Human Rights and Legal Issues thematic area are “geographically focused” at all levels of government (federal, state, and LGA ). National level activities will include the development and dissemination of national guidelines, policies, procedures and laws towards the protection of rights for PLWHIV and PABA as well as the empowerment of these and other groups made vulnerable by HIV/AIDS. National-level policymaking and legislative bodies will also be responsible for financial management and planning of nationally supported efforts. This thematic area particularly supports the NHSDP leadership and governance strategic goal’s strategic objectives of providing clear policy directions for health development, facilitating legislation and a regulatory framework for health development and strengthening accountability, transparency and responsiveness of the national health system. State and LGA activities are to be focused on further distribution of guidelines and direct implementation (the formulation and enforcement of as well as adherence to laws and policy specific to the protection of PLWHIV and PABA) as well as the tracking, monitoring and reporting of progress towards programmatic and financial commitments and goals. State and LGA-level reporting of financial and programmatic progress will be directed to the National-level.

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Policy Advocacy and HR					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
1. Protection of the rights of and empower of PLHIV (baseline: TBD)	<p>Policy formulation specific to the protection of rights of and empowerment of PLHIV</p> <p>Enactment of relevant stigma and discrimination laws at federal and state levels</p> <p>Ensure the establishment of institutions and coordinating bodies at all government levels</p>	<p>Provide technical assistance for development of social welfare bills</p> <p>Increased advocacy for protection rights of MARPs at all levels</p> <p>Provide technical support to state and local level coordinating institutions (SACAs, LACAs, LGAs, watchdog groups, FBOs, and religious leaders) to operationalize national anti-stigma legislation</p>	<p>Review the functioning and scale of existing institutions and coordinating bodies</p> <p>Review existing laws based on identified gaps; if no gaps, ensure continued implementation of laws</p> <p>Review existing policies specific to the protection of the rights of and empowerment of PLHIV</p>	<p>Review and continued support for implementation of social protection laws</p> <p>Provide support for the review and implementation (through a comprehensive assessment) of existing laws.</p> <p>Continuation of supportive role to state and local level institutions.</p> <p>Provide TA to the GON review of existing institutions and coordinating</p>	<p>The UN will conduct formative research on issues of stigma and discrimination related to HIV/AIDS</p> <p>The UN will support development and broadcast of Public service announcements on stigma and discrimination related issues</p> <p>The UN will conduct capacity building for programmers to address identified issues on HIV/AIDS related stigma and discrimination</p>

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Policy Advocacy and HR					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
				bodies.	
2. Ensure equitable increase in participation of PLHIV in decision making processes at all levels. (baseline: TBD)	Formulation of policies to encourage greater involvement of PLHIV (GIPA), civil society (CSO, NGO and FBO) and the private sector in decision making processes at all government levels.	Provide TA to both to Government and other stakeholders for greater involvement of PLHIV (GIPA), civil society (CSO, NGO and FBO) and the private sector in decision making processes at all government levels.	Review and strengthen formulated policies to ensure GIPA – identify potential gaps	Provide technical assistance in assessment of policies promoting increased participation of PLHIV	
3. Protect women, children and other socially vulnerable and marginalized groups from HIV Infections (baseline: TBD)	Pass related bills at National and state level (i.e. Health Bill; Child Rights Act)  Ensure Implementation of laws	Support GON and CSOs to increase awareness of relevant laws  Strengthen CSOs involvement for advocacy and watchdog functions	Review and strengthen formulated policies	Provide TA to the GON in the review of existing laws.	
4. Advocate for the progressive increase in	Increased funding for HIV/AIDS activities at	Empower CSOs, FBOs and religious leaders	Sustain increased funding for HIV/AIDS	Continued empowerment of	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Policy Advocacy and HR					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
government's funding of HIV/AIDS response at all levels to at least 50% by 2015 (baseline: 7%)	<p>all levels of government.</p> <p>Institutionalization of public health expenditure review and national health accounts (and sub-national).</p> <p>Review and update the National Health Financing policy</p>	<p>with advocacy skills to advocate for increased health funding.</p> <p>Provide TA on review of National Health Financing policy as well as other public health expenditure and public health accounts.</p> <p>Build the HR capacity of finance&amp; program managers in the FMOH and allied ministries health care financing.</p>	<p>activities at all levels of government.</p>	<p>CSOs, FBOs and religious leaders to advocate for increased funding.</p> <p>Continued information flow to mass media regarding funding and gaps (training journalists, providing outcomes of costing studies.</p> <p>Continued support for capacity building of finance&amp; program managers in health care financing.</p> <p>Targeted interventions to legislatures at all</p>	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Policy Advocacy and HR					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
				levels of government on increased appropriation to health sector.	
5. Ensure compliance with existing guidelines on ethical standards on HIV/AIDS issues (baseline: TBD)	<p>To ensure dissemination of guidelines to all stakeholders.</p> <p>To ensure strict compliance with the guidelines at all levels.</p>	<p>Support GON in the dissemination of national HIV AIDS guidelines to all levels of government.</p> <p>Ensure all USG supported activities are in compliance with national HIV AIDS guidelines.</p>	<p>Review and adaptation of national guidelines to reflect new state of the art response to addressing new epidemics.</p>	<p>Support the GON to review and adaptation of national guidelines to reflect new state of the art response to addressing new epidemics.</p>	

*Institutional Architecture and Resourcing*

Increased coordination, particularly at the local and state levels, is necessary for an efficient and sustainable scale-up of services. Although some partners currently share tools and resources, additional opportunities to strengthen coordination abound. Partners should seek economies of scale and opportunities for leveraging resources, including joint training, supervision or monitoring. USG and GON commit to supporting functional SACAs and LACAs to coordinate and monitor activities at the state or local level. USG and GON also commit to holding regular donor meetings to align the response at the different levels. Strengthening coordination at all levels will lead to program enhancements at all levels, for all programs. Although HIV activities will receive a direct benefit, other health programs will benefit as well from the infrastructure and processes established.

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
<p>1. All States should have functional SACAs, and 50% of LGAs should have functional LACAs to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS (baseline: 33% of states have SACA as an agency; 19% of LGAs have functional LACAs)</p>	<p>Lead an initial needs assessment of states lacking functional SACAs to determine investments to their establishment.</p> <p>Coordinate the development of policies &amp; legislation to establish SACAs and LACAs</p> <p>Provide material, financial, and advocacy support for the establishment of SACAs and LACAs in remaining states. (To be performed progressively over the first two years.) (May be supported by GFATM.)</p>	<p>Provide material, technical, and organizational support for the needs assessment.</p> <p>Assign lead IPs in each state to support the strengthening of SACAs in organization, coordination, monitoring, and oversight roles through direct mentorship and training in program management, financial management, program planning, and monitoring and evaluation.</p>	<p>Provide funds and legislation to ensure sustainability of these agencies</p>	<p>Support the strengthening of SACAs and LACAs in organization, coordination, monitoring, and oversight roles through direct mentorship and training in program management, financial management, program planning, and monitoring and evaluation.</p>	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
2.Strengthened coordination mechanisms of development partners at all levels (national, state, and local government levels) to harmonize support to the national response. (baseline: TBD)	<p>Convene and lead regular donor coordination forums at the National level.</p> <p>Convene and lead regular implementer coordination forums at the State level in states with operational SACAs.</p>	<p>Provide material and organizational support for regular donor coordination meetings at the National level.</p> <p>Provide material, financial, and organizational support for implementer coordination forums in states with operational SACAs.</p> <p>Build the capacity of SACAs to organize and coordinate diverse implementers through direct mentorship and training.</p> <p>Develop and begin</p>	<p>Convene and lead regular donor coordination forums at the National level.</p> <p>Convene and lead regular implementer coordination forums at the State level in all states.</p> <p>Strengthen the coordination of federal, state and local government management and resources.</p>	<p>Provide organizational support for regular donor coordination meetings at the National level.</p> <p>Provide organizational support for implementer coordination forums at the State level.</p> <p>Strengthen regional structures by empowering national coordinating bodies to perform coordination and technical assistance at the State level.</p> <p>Provide technical assistance to national</p>	<p>Provide material and organizational support for regular donor coordination meetings at the National level.</p> <p>Provide organizational support for implementer coordination forums at the State level.</p>

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		implementation of a PEPFAR rationalization strategy to improve coordination with other actors.		coordinating bodies.	
3.Strengthened coordination mechanism of CSOs at all levels. (baseline: TBD)	<p>Ensure harmonization of CSOs activities at all levels of government</p> <p>Provide framework for the establishment of regional networks of CSO</p> <p>Set up mechanism for out-sourcing of community-based service delivery to CSOs</p>	<p>Financial and technical support to CCM secretariat and training in management and planning.</p> <p>Provide TA for mapping of CSOs.</p> <p>Training in advocacy skills (leadership, governance, financial management), grants, policy development) for CSO umbrella groups to coordinate more effectively.</p>	<p>Continue to strengthen efforts to establish regional CSO networks</p> <p>Out-sourcing of service delivery to CSOs</p>	<p>Evaluation of CCM activities and continued financial and management support. Conduct assessment and identify and strengthen gaps</p> <p>Provide TA &amp; Capacity building in advocacy skills, problem identification and reporting. Conduct assessment, identify and strengthen gaps</p> <p>Provide TA &amp; HR</p>	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		Provide TA on out-sourcing of community services		Capacity building on service delivery	
4. Ensure that at least 80% of sites which provide HIV/AIDS services have adequate number of appropriately skilled and gender responsive personnel. (baseline: TBD)	<p>Include Human Resource Managers in planning units of Federal and State institutions involved in overseeing and managing facilities providing HIV/AIDS services.</p> <p>Coordinate the development of policies &amp; legislation on HRM (Recruitments, retention &amp; task shifting)</p> <p>Establish national and</p>	<p>Support training for Human Resource Managers in Federal and State institutions.</p> <p>Engage schools of Health Technology and Teaching Hospitals to support CHO programs and provide support to improve teaching curricula, as material and technical support departments of public health.</p> <p>Provide technical support through</p>	<p>Update and review policies &amp; legislation on recruitment, retention, and task shifting</p> <p>Ensure continuous utilization &amp; update of HRIS</p> <p>Coordinate operational research on health workforce</p> <p>Institutionalize twinning and voluntarism</p>	<p>Conduct an assessment of HRM capacity and identify gaps to be addressed in joint USG/GoN interventions.</p> <p>Review and assess activities of HRIS at regional centers and schools of public health.</p> <p>Provide technical support for operational research on health workforce</p>	

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Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>state level HRIS</p> <p>Fund and strengthen collaboration with regulatory, professional bodies &amp; training institutions</p> <p>Create policies on twinning and voluntarism</p>	<p>training and direct mentorship to build skills for policy and curriculum development, including support for task shifting policies.</p> <p>Provide technical and material support for the implementation of revised policies, recruitment, and HCW retention</p> <p>Provide technical and material support for the development of HRIS and the establishment of regional centers of excellence.</p>		<p>Review and assess of twinning activities to catalogue best practices and revise joint implementation plans.</p>	

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Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		Provide technical and financial support on twinning and voluntarism			
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. (baseline: TBD)	<p>Develop a detailed MoU delineating roles for coordinated procurement of critical commodities with USG and other stakeholders.</p> <p>Provide support for a unified distribution platform by investing in CMS warehousing infrastructure and equipment.</p> <p>Coordinate the development of policies &amp; guidelines on logistic systems.</p>	<p>Develop a detailed MoU delineating roles for coordinated procurement of critical commodities with GoN and other stakeholders.</p> <p>Begin the unification of PEPFAR distribution systems by expanding pooled procurement.</p> <p>Provide technical support to GoN logistics system through training and direct mentorship of logistics and procurement units.</p>	<p>Oversee a unified central distribution system for HIV-related commodities which can be successfully leveraged by other health sectors.</p> <p>Review and update policies &amp; guidelines on logistic systems</p> <p>Establish budget for procurement, warehousing/distribution and LMIS of commodities at federal and states levels.</p>	<p>Provide direct operational and technical support to maintain a functioning, unified central distribution system for HIV-related commodities and have begun substantial integration of this system to include critical health commodities not related to ART.</p> <p>Provide technical support to GoN logistics system through direct mentorship of logistics</p>	

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Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
				<p>and procurement units.</p> <p>Provide technical support on review of logistics policies and guidelines on.</p> <p>Conduct assessment to identify remaining gaps in logistics systems.</p>	
<p>6.Increased GON (federal, state and local) financing of the national HIV/AIDS response from 7% to 50 % (baseline: 7% in 2008, 15% in 2007)</p>	<p>Progressively increase annual financial support to HIV/AIDS activities in federal, state, and local governments.</p> <p>Oversee incremental improvements in health budget execution— specifically in the area of commodities</p>	<p>Build capacity of CSOs advocate to GON to increase funding for HIV/AIDS activities at all levels and advocate for efficient execution of commodities budgets.</p> <p>Build capacity of CSOs to request and analyze information on health</p>	<p>Progressively increase funding allocations at federal, state and LGAs levels.</p> <p>Achieve overall health budget execution rates of at least 90%.</p> <p>Review and support</p>	<p>Provide technical support to GON and CSOs on financial planning and management.</p> <p>Provide technical support to implement cost reduction strategies emphasizing programmatic</p>	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>procurements—with at least 75% execution in the first year.</p> <p>Establish policies, guidelines, national strategic plans, and enact legislation on national and state health financing for Health and HIV/AIDS programs.</p> <p>Strengthen and expand National and Community based Health Insurance schemes.</p>	<p>budget execution and use this information to advocate for improved financial performance.</p> <p>Provide technical support for review of health financing policy, development of strategic plans, policy, and legislation.</p> <p>Provide technical support for review and scale up of Health Insurance schemes.</p>	<p>policies and legislation on health financing.</p>	<p>efficiencies.</p> <p>Provide material and technical support for the review of health financing policy; sensitize policy makers on the National Health Law.</p> <p>Provide technical support for review and continued scale up of Health Insurance schemes.</p>	
7. Improved effectiveness of HIV/AIDS resource tracking and	Lead the development of standardized protocols and systems for financial	Provide material and financial support for the development of financial management	Coordinate annual expenditure reviews of the HIV/AIDS response using available data	Participate transparently in annual expenditure reviews and provide	

Nigeria-U.S. Partnership Framework on HIV/AIDS Implementation Plan (2010-2015)

Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
enhanced efficiency of fund management for HIV/AIDS programs (baseline: TBD)	<p>management in State and Local institutions.</p> <p>Provide financial and material support for HIV/AIDS related expenditure studies.</p> <p>Coordinate National and State working groups on the establishment of National and State health accounts.</p>	<p>systems and protocols.</p> <p>Build the capacity of Federal, State, and Local institutions' staff to maintain detailed, transparent, efficient financial management systems through training and direct mentorship.</p> <p>Conduct costing studies of PEPFAR-supported HIV services to determine unit and marginal costs.</p> <p>Provide financial, material, organizational, and technical support for HIV/AIDS related</p>	<p>from Federal, State, and Local levels.</p> <p>Provide mentorship and oversight of financial management at the facility level through State and Local institutions.</p> <p>Provide financial, material, and organizational support for HIV/AIDS related expenditure studies.</p>	<p>organizational support for these reviews.</p> <p>Assist in site-level financial oversight through direct mentorship of State and Local institutions.</p> <p>Provide technical support for HIV/AIDS related expenditure studies.</p>	

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Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		expenditure studies.			
8. Adequate financial resources mobilized in support of the implementation of the national HIV/AIDS response (baseline: TBD)	Increased HIV/AIDS budgeting through PPP and collaboration among stakeholders.	Provide TA on PPPs on resource mobilization for HIV/AIDS intervention.	Make evaluation of HIV/AIDS resources mobilized and improve on strategies for increased resource generation.	Provide TA on evaluation of HIV/AIDS resources.	
9. Strengthen and support Health care waste management practices	Review polices and legislation, coordinate implementation of national HCWM plan, fund HCWM at national and state levels	TA for polices, guidelines, and SOPs. Support implementation of HCWM plan.	Continued support and implementation of HCWM plan.	Provide TA for review and support of HCWM plan.	
10. Laboratory Policy and Infrastructural development for HIV/AIDS and Human Resource management	Lead the development of minimum lab services packages for Primary, Secondary, and Tertiary facilities.  Implement the national	Support equipment forecasting and quantification exercises for PHCs and other levels of care, as well as an assessment of lab capacities to determine	Review all laboratory policies and strategic plans.	Provide TA in the review of policies and strategic plans.	

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Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	medical laboratory policy, develop the national strategic plan, establish zonal and national public health laboratories, develop policy for laboratory equipment selection, harmonization, validation, procurement and service contract agreement.	<p>priority funding needs.</p> <p>Provide technical and material support for the development of minimum lab services packages for Primary, Secondary, and Tertiary facilities.</p>			
11. Strengthen National response to enhance Orphans and Vulnerable Children.	Implement appropriate machineries for ownership and sustainability	<p>Provide technical and material support for the following activities:</p> <ul style="list-style-type: none"> <li>-Assessing and strengthening the national Social Welfare System (at community, local, state and federal levels),</li> <li>-Developing and institutionalizing OVC training for para social</li> </ul>	Assessment of machineries Increase funding and ensure ownership and sustainability.	Provision of TA to support assessment and sustainability.	

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Goal Name: Institutional Architecture and Resourcing					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		<p>workers,</p> <ul style="list-style-type: none"> <li>-Strengthening professional associations and opportunities for social workers,</li> <li>-Forming active community Child Protection Committees and a National Child Protection Network,</li> <li>-Building the capacity of the Ministry of Women’s Affairs and Social Development (FMWASD), and</li> <li>-Ensuring proper development of National Standards, Guidance and Plans of Action.</li> </ul>			

### *Monitoring and Evaluation*

As the focus of PEPFAR shifts to more sustainable, country-led initiatives, PEPFAR Nigeria seeks to support the Federal Government of Nigeria in the establishment of a unified and harmonized national M&E system—the third of the Three Ones principles. The National Strategic Framework II and the Partnership Framework include the goal 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. The national M&E system is designed to support continued improvements of the national HIV response by providing timely information on the nature of the epidemic, behaviors and access to and quality of services by the general population and key target groups including women, children and most-at-risk groups.

Output level programmatic data on prevention, care and treatment activities is generated by service delivery points through the national health management information system (HMIS). The USG is working closely with the GON and other donors to strengthen the national HMIS, harmonize national HIV indicators of the Nigerian HIV/AIDS National Response Information System (NNRIMS) and integrate the NNRIMS in the Federal Ministry of Health comprehensive Health Management Information system HMIS.

Both sentinel surveillance and population-based sources of prevalence data are used to track outcome level indicators and trends. These include the Antenatal Care survey the National AIDS and Reproductive Health Survey and the Demographic and Health Survey—last conducted in 2008 and planned for 2013. The Integrated Biological and Behavioral Surveillance Survey provides outcome information on most-at-risk groups. These large scale field surveys are planned and scheduled over a five year time span.

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
1. 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	<p>Lead the development of policy and operational frameworks for establishing functional M&amp;E structures at all levels.</p> <p>Develop and implement a policy on manpower development and retention strategy.</p> <p>Standardize the planning and reporting calendar for HIV/AIDS interventions in the country, along with routine development of guidance documents.</p>	<p>Assign Lead IPs in each state to work with State and Local Government institutions to oversee reporting to the National M&amp;E system.</p> <p>Improve the capacity of Federal, State, and Local institutions' staff to operate a unified M&amp;E system through training and direct mentorship in M&amp;E and Data Management.</p>	<p>Oversee the continued implementation of M&amp;E structures, including recommended staffing profiles.</p>	<p>Provide guidance and technical support on routine monitoring and reporting oversight through direct mentorship at the Federal and State levels.</p> <p>Provide technical and material support for the review of documents and tools.</p>	
2. To improve coordination, partnership and	<p>Complete the mapping of healthcare facilities</p>	<p>Provide material, financial, and technical support for the</p>	<p>Provide financial, material, and organizational support</p>	<p>Provide technical, and organizational support for State and LGA</p>	<p>Provide technical and material support for cost-effectiveness, PHE,</p>

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
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>in Nigeria.</p> <p>Begin implementation of regular M&amp;E coordination meetings at the State and Local levels; establish and strengthen permanent coordinating structures (e.g. M&amp;E TWGs) at LGA/State/Federal levels.</p> <p>Coordinate biennial reviews of the national response among relevant national stakeholders and institutions. (i.e. NPHCDA, NACA, WHO, FMOH, UNAIDS, etc.)</p>	<p>mapping of healthcare facilities in Nigeria.</p> <p>Provide material, technical, and organizational support for State and LGA coordination meetings and National biennial reviews.</p> <p>Provide material, organizational, and technical support for the publication and dissemination of regular National program data reports.</p> <p>Provide material and technical support for the review of national</p>	<p>for regular M&amp;E coordination meetings and permanent coordination structures.</p> <p>Coordinate biennial reviews of the national response among relevant stakeholders.</p> <p>Coordinate the publication and dissemination of regular National program data reports.</p> <p>Perform a review of national reporting guidelines to maintain up-to-date reporting structures in light of changing programmatic</p>	<p>coordination meetings and National biennial reviews.</p> <p>Provide technical support for the publication and dissemination of regular National program data reports.</p> <p>Provide technical support for the review of national reporting guidelines to maintain up-to-date reporting structures in light of changing programmatic data needs.</p>	<p>mapping/GIS &amp; Modeling/forecasting studies</p>

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	<p>Coordinate the publication and dissemination of regular National program data reports.</p> <p>Review and implement enhanced minimum standards for routine program monitoring activities.</p> <p>Coordinate the development of an integrated client/patient Unique Identifier system.</p>	<p>policies and guidelines.</p> <p>Support the implementation of unique ID system for clients accessing HIV care and treatment services.</p>	<p>data needs.</p>		
3.To periodically determine the drivers, incidence and prevalence	Provide material and financial support for population-based surveys focused on HIV-	Provide material, financial, organizational, and technical support for	Assume a leadership role for the design, planning, and financing of population-based	Provide technical and organizational support to research-oriented Nigerian institutions to	Provide technical and material support for the standardization and institutionalization of

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
<p>rates of the epidemic at national and states' level at evidence-based intervals, and use the information to continuously enhance national response</p>	<p>related issues such as incidence, prevalence, epidemic drivers, etc.</p> <p>Develop a national data repository.</p> <p>Lead the development of policies and guidelines for the conduct of research on HIV-related issues, including human subject protections and institutional review boards.</p>	<p>population-based surveys focused on HIV-related issues such as incidence, prevalence, epidemic drivers, etc.</p> <p>Provide technical and material support for the development of research guidelines and engage Nigerian organizations in the conduct of HIV-related studies and surveys to provide opportunities for direct mentorship.</p> <p>Provide material and technical support for the development of a national data repository.</p>	<p>surveys and studies for HIV-related issues.</p> <p>Assume a leadership role in the identification of priority research questions and the development of a national research agenda for HIV.</p> <p>Coordinate an evaluation of the National M&amp;E plan over the period of the NSF II.</p> <p>Maintain the national data repository.</p>	<p>carry out population-based surveys and studies for HIV-related issues.</p> <p>Provide technical support and guidance in the development of a national research agenda for HIV.</p> <p>Provide technical and material support for the evaluation of the National M&amp;E plan.</p>	<p>data dissemination processes at sub-national levels.</p>

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
4. To continuously improve data quality and supportive supervision at all levels by 2015	<p>Lead the development of protocols, platforms, and systems for monitoring and supervisory activities and the creation of a coordinated system for support and supervision of all ART sites.</p> <p>Lead the development of protocols for routine DQA to ensure the accuracy of clinical data. Begin the implementation of routine DQA at all ART sites by incorporating it into the national M&amp;E system.</p>	<p>Provide material, financial, and technical support to develop protocols, platforms, and systems for monitoring and supervisory activities. Provide technical support in terms of planning, training, and provision of these protocols and tools to create a coordinated system for support and supervision of all ART sites.</p> <p>Provide material, financial, and technical support to develop protocols for routine DQA. Provide technical support in terms of planning, training, and</p>	<p>Lead a standardized, coordinated system of support and supervision for all ART sites based on a decentralized, cascading oversight model.</p> <p>Perform routine DQA of ART sites as a part of the National M&amp;E system to ensure the accuracy of clinical data.</p>	<p>Provide technical support and guidance for the coordinated support and supervision of ART sites.</p> <p>Provide technical support and guidance for routine DQA activities and data interpretation and use.</p>	

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
		provision of these protocols to support implementation of routine DQA.			
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	<p>Coordinate the development policies and protocols for the implementation of M&amp;E systems described in the National HIV M&amp;E plan.</p> <p>Coordinate the dissemination of these policies and protocols and begin their implementation at National and sub-National levels.</p>	<p>Build the management capacity of Federal, State, and Local M&amp;E officers through direct mentorship and training.</p> <p>Provide material and technical support for the development of M&amp;E policies and protocols and support their implementation through targeted trainings.</p>	Provide continuous oversight and guidance on the implementation of the National HIV M&E plan at the service-delivery level through appropriate Federal, State, and Local institutions.	Provide direct oversight support to Federal institutions through direct mentorship, and to State and Local institutions through the engagement of Lead IPs.	
6. To strengthen and regularly update an integrated, optimally aligned, cost-	Provide material and financial support to facilitate the implementation of DHIS	Transition all PEPFAR-supported facilities to DHIS II.	Provide the necessary personnel and funding to maintain the PMM	Provide technical support—in the form of training and direct mentorship—to	

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
<p>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.</p>	<p>II in all facilities providing HIV services, including sponsoring host services for the DHIS II web-based platform.</p> <p>Adopt and enforce standards for facility-based HMIS systems designed to ensure interoperability across platforms.</p> <p>Establish a national Technical Review Group on National HIV/AIDS databases.</p> <p>Develop a cogent</p>	<p>Provide material and technical support in the form of equipment and trainings to facilitate the implementation of DHIS II in all facilities providing HIV services.</p> <p>Provide technical support for the development of HMIS standards.</p> <p>Conduct a stakeholder analysis to determine the organizational capacity of GoN and other stakeholder institutions to implement HMIS systems. This analysis</p>	<p>system.</p> <p>Provide the necessary material and financial support to maintain the National Technical Review Group and disseminate the recommendations of this group on future HMIS systems development to relevant stakeholders.</p> <p>Assume a leadership role in adapting the recommendations of the National Technical Review Group into strategic HMIS development plans.</p>	<p>maintain the PMM system.</p> <p>Provide technical support—in the form of direct mentorship and training—to maintain the National Technical Review Group and provide technical and material support in adapting their recommendations in strategic HMIS development plans.</p>	

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Goal Name: Monitoring and Evaluation					
Objectives	GON Year One	USG Year One	GON Year Five	USG Year Five	Other Partners
	framework for development of a robust PMM system.	<p>will yield specific timelines and activities to be implemented to support a national HMIS system.</p> <p>Provide technical and material support for the development a PMM framework.</p>			

## **Monitoring the Partnership Framework Implementation Plan**

Key performance indicators used to track the implementation of the Partnership Framework were derived from the National Strategic Framework 2010-2015. USG plans to support GON in convening semi-annual data review and mid and end term assessments of National Strategic Framework II implementation. These exercises will provide opportunities for ongoing monitoring of the national HIV response accomplishments as well as identification of gaps and challenges by all stakeholders, including UN agencies, World Bank, DFID and PEPFAR. NACA will also provide leadership and coordination of all key donors and stakeholders in implementing a midterm review and end of program evaluation of the NSP.

In the PFIP monitoring table below, national targets were agreed upon by the GON and USG. Targets will be used to measure performance and progression towards five-year objectives based on critical assumptions. Available baselines were established during the PEPFAR SAPR cycle and will be assessed twice a year for the APR and SAPR. For indicators that have yet to be determined, targeted baseline assessments are planned for 2011 using a combination of COP and PFIP funds. Data will be gathered through surveillance efforts (TB), facility and population-based surveys (particularly for service delivery numbers), and program evaluation (logistics, reaching vulnerable populations).

The USG and GON, with assistance from the private sector and other partners, plan to pilot a custom system to improve data management and analysis. The system will facilitate data sharing among the USG, GON and other organizations, allowing for better coordination in monitoring and reporting.

The regionalization strategy planned for laboratory services and PMTCT, will also facilitate better monitoring. Lead IPs for each state will be tasked with monitoring the program in their respective states, leading to a more specific assessment of the response in each state.

One important assumption in the tables below that the GON will gradually increase HIV financing from 7% (NASA, 2010) of the national response in 2008 to 50% of the cost of Universal Access by 2015. Sustained GFATM, World Bank and USG support was also factored, including GFATM Round 9 and USG Partnership Framework plus-up funding for PMTCT and health systems strengthening respectively. PFIP performance monitoring targets also assume GON procurement all first line ARVs by 2015.

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2009		2015		2010	
	GON	USG (SAPR 10)	GON	USG	GON	USG
<b>Thematic Area 1. Behavior Change and Prevention of New HIV infections</b>						
<b>Goal: To reduce the incidence of HIV and AIDS</b>						
<b>Objective 1: At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015 (Baseline 14%)</b>						
<b>INDICATORS</b>						
Number of individuals who received counseling and testing services for HIV and received their test results	1,749,521	608,768	42,107,966	18,284,261	3,136,090	2,032,728
<b>Objective 2. At least 80% of all pregnant women have access to quality HIV testing and counseling by 2015 (Baseline 11%)</b>						
<b>INDICATORS</b>						
Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	804,113	328,701	5,113,830	1,917,686	1,886,058	1,026,116
<b>Objective 3. At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015 (Baseline 8%)</b>						
<b>INDICATORS</b>						
Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission according to national guidelines	24,485	22,763	197,900	95,884	86,000	51,306
<b>Objective 4. At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015 (Baseline 24%)</b>						
<b>INDICATORS</b>						
Number of HIV-exposed infants that received ARV prophylaxis	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 5. At least 80% of all HIV exposed infants have access to early infant diagnosis services (Baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of HIV-exposed infants that received Early Infant Diagnosis services according to national guidelines	TBD	9,949	TBD	TBD	TBD	TBD
<b>Objective 6. At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015</b>						
<b>INDICATORS</b>						

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Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2009		2015		2010	
	GON	USG (SAPR 10)	GON	USG	GON	USG
Number of ( <i>persons in</i> ) the general population reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	TBD	480,271	TBD	TBD	TBD	841,763
% of persons being able to cite 3 major ways of preventing HIV and 2 common misconception by sex, age, and location	24.2%	N/A	80.0%	N/A	40.0%	N/A
<b>Objective 7. At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015.(Baseline: Males 54%; Females 35%)</b>						
<b>INDICATORS</b>						
Percent of sexually active males and females who used a male or female condom with non-regular partner in the last 12 months	48%	N/A	80%	N/A	60%	N/A
<b>Objective 8. Reproductive health services integrated into HIV prevention programs at all levels by 2015. (Baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of HIV prevention sites with integrated RHS services	TBD	TBD	50%	TBD		TBD
<b>Objective 9. 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.</b>						
<b>INDICATORS</b>						
Number of units of blood collected and screened for all the four TTI (HBV, HCV, HIV, Syphilis)	32%	55,968	TBD	TBD	TBD	TBD

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2009		2015		2010	
	GON	USG (SAPR)	GON	USG	GON	USG
<b>Thematic Area 2. Treatment of HIV/AIDS and Related Health Condition</b>						
<b>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</b>						
<b>Objective 1. At least 80% of eligible adults (women and men) and 100% of children (boys and girls) are receiving ART by 2015 (eligibility in persons 5 years and up is a CD4 of &lt;350) (baseline: adults 32% and children: 5%)</b>						
<b>INDICATORS</b>						
Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	302,973	306,945	1,464,978	563,679	629,980	350,000
<b>Objective 2. At least 80% of PLWHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015 (Baseline: 54% on ART receiving OI prophylaxis)</b>						
<b>INDICATORS</b>						
Number of HIV-positive persons receiving cotrimoxazole prophylaxis	TBD	319,585	1,464,978	563,679	629,980	350,000
Number of HIV-positive adults and children receiving a minimum of one clinical service	TBD	477,178	1,956,307	976,901	743,852	596,907
<b>Objective 3. To establish and strengthen TB and HIV/AIDS collaboration in all States and LGAs by 2015 (Baseline: 23 of 37 States)</b>						
<b>INDICATORS</b>						
Number of LGAs with functional and gender inclusive TB/HIV technical working group	TBD	TBD	TBD	TBD	TBD	TBD
Number of States with functional and gender inclusive TB/HIV technical working group	23	N/A	36	N/A	36	N/A
<b>Objective 4. All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015 (Baseline: 62% of TB patients screened for HIV)</b>						
<b>INDICATORS</b>						
Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	TBD	244,068	1,956,307	1,118,440	559,759	537,216

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2009		2015		2010	
	GON	USG (SAPR)	GON	USG	GON	USG
Number of individuals who received counseling and testing for HIV and received their test results at a TB service outlet (including suspects)	235,036	102,747	376,360	268,721	273,991	70,073
Number of TB/HIV patients receiving ART	60,595	61,389	208,568	112,736	89,868	70,000
<b>Objective 5. All PLHIV have access to quality comprehensive TB services by 2015 (Baseline: 87% of PLHIV screened for TB; 100% PLWHIV TB cases referred for treatment)</b>						
<b>INDICATORS</b>						
Number of PLHIV receiving IPT	TBD	319,585	1,464,978	563,679	629,980	350,000
Number of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	60,595	35,456	208,568	112,736	89,868	70,000

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2009		2015		2010	
	GON	USG (SAPR)	GON	USG	GON	USG (SAPR)
<b>Thematic Area 3: Care and Support of People Infected and Affected by HIV/AIDS</b>						
<b>Goal: Promote the survival and improve the quality of life of PLWHIV and people affected by HIV/AIDS (PABA) especially OVC.</b>						
<b>Objective 1. To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLWHIV by 2015 (Baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of adults and children (affected or infected) provided with a minimum of one care service	1,808,027	846,457	5,868,920	2,930,702	2,231,555	1,790,721
Number of PLHIV adults and children receiving minimum package of care and support services as defined in national	602,676	477,178	1,956,307	976,901	743,852	596,907

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2009		2015		2010	
	GON	USG (SAPR)	GON		GON	USG (SAPR)
guidelines						
<b>Objective 2. To link at least 50% of PLWHIV and PABA especially females (women and girls), marginalized and people with special needs to IGAs and poverty alleviation programs by 2015. (baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of PLHIV and PABA especially women, marginalized groups and people with special needs graduating from skill acquisition programs	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 3. To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2015 (baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of health facilities with effective referral and linkages with community based care programs for PLHIV and PABA.	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 4. To improve effective referral and linkages within and between relevant health care facilities and communities based care services by 80% by 2015 (Baseline: TBD).</b>						
<b>INDICATORS</b>						
Number of health facilities with effective referral and linkages with community based care programs for PLHIV and PABA.	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 5: To create an enabling environment for the legal protection of OVC by 2015 (Baseline: TBD)</b>						
<b>INDICATORS</b>						
Development of OVC legal framework, and other policy documents	TBD	TBD	TBD	TBD	TBD	TBD
Number of OVC provided with legal protection according to national guideline	TBD	TBD	TBD	TBD	TBD	TBD

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2009		2015		2010	
	GON	USG (SAPR)	GON		GON	USG (SAPR)
<b>Objective 6. To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% of most vulnerable OVC by 2015 (Baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of OVC who have access to integrated comprehensive care and support services as defined by the national guidelines	TBD	147,162	9,199,693	783,838	2,497,950	486,702
<b>Objective 7. To strengthen the capacity of 30% of older OVC (especially girls headed households) to mitigate the impact of HIV/AIDS by 2015 (Baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of older OVC trained in IGA activities	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 8. To establish functional gender-responsive OVC coordinating mechanism at all levels by 2015 (baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of LGAs with functional and gender-responsive OVC Coordinating forum	TBD	TBD	TBD	TBD	TBD	TBD
Number of States with functional and gender-responsive OVC coordinating forum	TBD	TBD	TBD	TBD	TBD	TBD

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2010		2015		2011	
	GON	USG	GON	USG	GON	USG
<b>Thematic Area 4. Institutional Arrangements, Infrastructure Requirements, and Human and Financial Resource Issues</b>						
<b>Goal: Strengthen structures and systems for the coordination of a sustainable and gender-sensitive multi-sectoral HIV/AIDS response in Nigeria</b>						
<b>Objective 1: NACA, SACAs and LACAs capacity to effectively coordinate sustainable and gender-sensitive multisectoral HIV/AIDS at National, State and LGA respectively strengthened (Baseline: 33% of States have SACA as an agency; 19% of LGAs have functional LACAs)</b>						

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2010		2015		2011	
	GON	USG	GON	USG	GON	USG
<b>INDICATORS</b>						
*1.1 Number of States with functional SACAs	TBD	TBD	TBD	TBD	TBD	TBD
*1.2 Number of LGAs with functional LACAs	TBD	TBD	TBD	TBD	TBD	TBD
#1.3 Number of SACAs that received at least 80% of government budgeted funds for HIV annually.	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 2: Strengthened coordination mechanisms of development partners at all levels (national, state and local government levels) to harmonize support to the national response.(Baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of international development partners submitting report to NACA at least annually	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 3: Strengthened coordination mechanisms of CSO at all levels – state, and local government. (Baseline: TBD)</b>						
<b>INDICATORS</b>						
*3.1 Number of States with functional CiSHAN	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 4: Ensure that at least 80% of sites which provide HIV/AIDS services have adequate number of appropriately skilled and gender-responsive personnel. (Baseline: TBD)</b>						
<b>INDICATORS</b>						
4.3 Number of health care workers who successfully completed an in-service training program	TBD	TBD	TBD	TBD	TBD	TBD
<b>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. (Baseline: TBD)</b>						
<b>INDICATORS</b>						
# of health facilities reporting ARV, OI drugs or test kits stock-out annually	TBD	TBD	TBD	TBD	TBD	TBD
Value of HIV commodities losses experienced during the reporting period (\$)	TBD	TBD	TBD	TBD	TBD	TBD

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2010		2015		2011	
	GON	USG	GON	USG	GON	USG
<b>Objective 6: Increased GON (federal, state and local) financing of the national HIV/AIDS response from 7% to 50% by 2015 (baseline: 7% in 2010)</b>						
<b>INDICATORS</b>						
#4.2 Value of contribution to total HIV/AIDS spending (US Dollars)	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 7: Adequate financial resources mobilized in support of the implementation of the National HIV/AIDS response (Baseline: TBD)</b>						
<b>INDICATORS</b>						
Percent partners' contribution to the national strategic plan	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 8: To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs</b>						
<b>INDICATORS</b>						
% of HIV/AIDS-related funds that is expended in program management	TBD	TBD	TBD	TBD	TBD	TBD

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1 TARGET	
	2010		2015		2011	
	GON	USG	GON	USG	GON	USG
<b>Thematic Area 5. Policy, Advocacy, Legal Issues, and Human Rights.</b>						
<b>Goal: 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.</b>						
<b>Objective 1: Protection of the rights and empowerment of PLWHIV (baseline: TBD)</b>						
<b>INDICATORS</b>						
Number of line ministries and large enterprises/companies that have HIV/AIDS workplace policy and programs	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 2: Ensure equitable increase in participation of PLWHIV in decision making processes at all levels. (baseline: TBD)</b>						
<b>INDICATORS</b>						

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1 TARGET	
	2010		2015		2011	
	GON	USG	GON	USG	GON	USG
#2.1 Number of HIV/AIDS decision making bodies with PLHIV representation	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 3: Protect women, children and other socially vulnerable and marginalised groups from HIV Infections (baseline: TBD)</b>						
<b>INDICATORS</b>						
% decrease in HIV new infections among women and children	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 4: Advocate for progressive increase in government's funding for HIV/AIDS response through political commitment at all levels to at least 50% by 2015 (baseline: 7%)</b>						
<b>INDICATORS</b>						
#4.2 Value of contribution to total HIV/AIDS spending (US Dollars)	TBD	TBD	TBD	TBD	TBD	TBD
<b>Objective 5: Ensure compliance with existing guidelines on ethical standards on HIV/AIDS issues (Baseline: TBD)</b>						
<b>INDICATORS</b>						
#5.1 Number of facilities and community based organization reached with ethical standards guidance	TBD	TBD	TBD	TBD	TBD	TBD

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2010		2015		2011	
	GO N	USG	GON	USG	G O N	US G
<b>Thematic Area 6. Monitoring and Evaluation, Research, and Knowledge Management</b>						
<b>Goal: 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</b>						
<b>Objective 1. To enhance the leadership and managerial competencies and effectiveness of Federal/State/LGA's authorities for the delivery of the One national M&amp;E system by 2015</b>						
<b>INDICATORS</b>						

Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2010		2015		2011	
	GO N	USG	GON	USG	G O N	US G
*1.1 Number states with costed M&E plans						
*1.2 Number of individuals provided with M&E training at all levels						
*1.3 Number states provided with technical assistance to build M&E systems						
*1.4 Number of organizations provided with institutional capacity in leadership and management competencies						
<b>Objective 2: To improve coordination, and cost-effectiveness of data collection, analysis and use of program data and information to inform programme planning and decision-making by HIV/AIDS implementing stakeholders at all levels of HIV/AIDS response by 2015</b>						
<b>INDICATORS</b>						
*2.1 Number of States with functional M&E technical working group that meets monthly						
*2.2 Number of States that reports timely through the national reporting platform						
<b>Objective 3. To improve HIV evaluation, research and learning agenda, and use the information to continuously enhance national response</b>						
<b>INDICATORS</b>						
*3.1 Number of individuals trained on research methodology						
*3.2 Number of research proposal written and approved within the reporting period						
*3.3 Number of research conducted and result disseminated						
<b>Objective 4. To continuously improve data quality and supportive supervision at all levels by 2015</b>						
<b>INDICATORS</b>						
*4.1 Number of Joint Data Quality Assessments (JDQAs) conducted						
* 4.2 Number of sites supervisory visits conducted during the reporting period						
<b>Objective 5. To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&amp;E plan through a systems management approach</b>						
<b>INDICATORS</b>						
<b>Objective 6. To strengthen and regularly update an integrated, 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.</b>						

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Objectives/Indicators	BASELINE		5-YEAR TARGET		YEAR 1	
	2010		2015		2011	
	GO N	USG	GON	USG	G O N	US G
<b>INDICATORS</b>						
*6.1 Number of individual trained on the use of national M&E tools						
*6.2 Number of facilities using the national reporting systems						