



NATIONAL AGENCY FOR THE CONTROL OF AIDS

2011 ANNUAL REPORT

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FOREWORD

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CCE	Country Coordinating Entity
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CRIS	Country Response Information System
CSO	Civil Society Organization
DRG	Debt Relief Gains
FHI	Family Health International
FLHE	Family Life HIV/AIDS Education
FME	Federal Ministry of Education
FMoH	Federal Ministry of Health
GDP	Gross Domestic Product
GF	Global Fund
GIPA	Greater Involvement of Persons Living with HIV/AIDS
GTT	Global Task Theme
GoN	Government of Nigeria
HIV	Human Immunodeficiency Virus
HCT	HIV Counseling & Testing
IBBSS	Integrated Bio-Behavioural Surveillance Survey
ICAP	International Centre for AIDS Care and Treatment Programs
IDUs	Injecting Drug Users
JMTR	Joint Midterm Review
LGA	Local Government Area

M&E	Monitoring and Evaluation
MSM	Men Having Sex with Men
MTCT	Mother to Child Transmission
NACA	National Agency for the Control of AIDS
NAPP	National Priority Action Plan
NARHS	National AIDS and Reproductive Health Survey
NARN	National AIDS Research Network
NASA	National AIDS Spending Assessment
NASCP	National AIDS and STI Control Programme
NAWOCA	National Coalition of Women against AIDS
NBTS	National Blood Transfusion Service
NCPI	National Composite Policy Index
NDN	Nigeria Diversity Network
NFACA	National Faith-based Advisory Council on AIDS
NEPWAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
NIBUCCA	Nigerian Business Coalition against AIDS
NLNG	Nigeria Liquefied Natural Gas Project
NNRIMS	Nigeria National Response Information Management System
NPC	National Population Commission
NSF	National Strategic Framework
NTBLCP	National TB and Leprosy Control Programme
NTWG	National Monitoring and Evaluation Technical Working Group
NYNETHA	Nigerian Youth Network on HIV/AIDS
OVC	Orphans and Vulnerable Children

PLHIV	People Living with HIV
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
SACA	State Action Committee on AIDS
SAPC	State AIDS Programme Coordinator
SFH	Society for Family Health
SPDC	Shell Petroleum Development Company
SSP	State Strategic Plan
STI	Sexually Transmitted Infections
TB	Tuberculosis
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on AIDS

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CHAPTER 1

INTRODUCTION

The first case of AIDS in Nigeria was reported in 1986. Since 1991 the country has undertaken regular HIV sero-prevalence surveys among pregnant women age 15- 49 years attending antenatal clinics to monitor the trend of the HIV epidemic. Sentinel survey data showed that the HIV prevalence increased from 1.2% in 1991 to 5.8% in 2001. After 2003 the prevalence declined to 4.4% in 2005 before slightly increasing to 4.6% in 2008. Results from the latest round of sentinel survey shows that the national prevalence is 4.1% in 2010. (FMOH, 2010). Analysis of the HIV prevalence trend in Nigeria indicates that the epidemic has halted and is showing signs of stabilizing at 4% from 2005 till date.

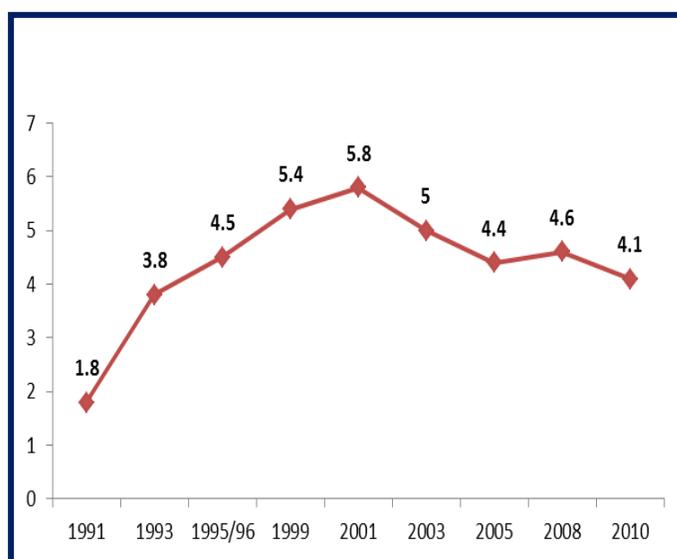


Figure 1- National median HIV prevalence trend 1991-2010

The leading route of HIV transmission in Nigeria is heterosexual intercourse, accounting for over 80 percent of infections. Mother-to-child transmission and transfusion of infected blood and blood products are generally estimated as ranking next as common routes of infection; arguably, each of these two are believed to account for almost ten percent of infections. However, other modes of transmission such as intravenous drug use and same sex intercourse are slowly growing in importance.

Key drivers of the HIV epidemic in Nigeria include: low personal risk perception, multiple concurrent sexual partnerships, intense transactional and inter-generational sex, ineffective and inefficient services for sexually transmitted infections (STIs), and inadequate access to and poor quality of healthcare services. Entrenched gender inequalities and inequities, chronic and debilitating poverty, and persistence of HIV/AIDS related stigma and discrimination also significantly contribute to the continuing spread of the infection

The HIV epidemiological picture shows considerable diversity across Nigeria's geographic landscape, both in terms of the level of infection and the trend. The 2010 national survey, for example, shows that the HIV sero-prevalence ranges from 1.0 percent in Kebbi State to 12.7 percent in Benue State. Six states have shown a consistent downward trend between 2005 and 2010 while eight states have shown a consistent rise. Trend analysis of HIV prevalence among youth age 15-24 (a proxy for new infections) has shown a consistent decline from 2001 to 2010 (i.e. from 6 % (2001), through 5.3 % (2003), 4.3 % (2005), 4.2 % (2008) and to 4.1% (2010). Based on the 2010 data, it is estimated that 3.1 million people are living with HIV. The estimated number of new HIV infections, however dropped from 250,000 in 2005 to 215,130 in 2010. Globally, Nigeria has one of the highest rates of orphans and vulnerable children due to HIV/AIDS which is estimated at 2,229,883 as at 2010.

The National Agency for the Control of AIDS (NACA) commissioned HIV sexual mode of transmission study of 2008 showed that 62% of new infections occurred among persons perceived as practicing "low risk sex" in the general population including married sexual partners. The rest (38%) of the new infections is attributable to persons practicing "high risk sex" including injecting drug users (IDUs), female sex workers (FSWs), and men who have sex with men (MSM) and their partners who constitute about 3.5% of the adult population.

The national response to HIV in Nigeria is multisectoral in nature and coordinated by NACA. In 2009 NACA led other stakeholders to review the National HIV Strategic

Framework 2005-2009. Lessons learned from the review were used to develop a new National Strategic Framework and HIV National strategic Plan 2010 – 2015.

The NSP 2010-2015 is the third in a series of national HIV/AIDS strategic plans which started with the HIV/AIDS Emergency Action Plan (HEAP) 2001-2004. Gains from the Emergency Plan informed the development of the second HIV/AIDS strategic plan, the National Strategic Framework (NSF) 2005-2009, which ushered in a period of significant scale-up of HIV/AIDS services especially access to HIV treatment.

This NSP 2010-2015 is six years long and is coterminous with two important international commitments that Nigeria has signed on especially the Millennium Development Goals and the Universal Access (UA) to HIV/AIDS prevention and care and treatment services. The overarching priority of the NSP 2010-2015 is to reposition HIV prevention as the centerpiece of the national HIV/AIDS response.

The key HIV/AIDS thematic areas of the NSP 2010-2015 correspond to the thematic areas identified by the National HIV/AIDS Policy 2010-2015. Gender issues related to the various thematic areas are addressed under the specific thematic activities as well as in the indicators. The thematic areas are:

1. Promotion of Behavior Change and Prevention of New HIV Infections
2. Treatment of HIV/AIDS and Related Health Conditions
3. Care and Support of PLHIV, PABA, and OVC
4. Policy, Advocacy, Human Rights, and Legal Issues
5. Institutional Architecture, Systems, Coordination, and Resourcing
6. Monitoring and Evaluation Systems comprising M&E, Research, and Knowledge Management



CHAPTER 2

2.0 Overview of National Agency for the Control of AIDS (NACA)

The National Agency for the Control of AIDS was first established as the National Action Committee on AIDS (NACA) in the year 2000 to serve as a multisectoral coordination platform for the fight against HIV/AIDS in Nigeria. In May 2007, the committee was transformed into an agency by an Enabling Act.

2.1 Vision of NACA

To be a cutting edge organization in the coordination, policy research, monitoring and facilitating of HIV&AIDS interventions in Africa.

2.2 Mission of NACA

To continuously undertake and facilitate the coordination of programmes to contain the HIV/AIDS pandemic in Nigeria through planning, M & E, advocacy and resource mobilization.

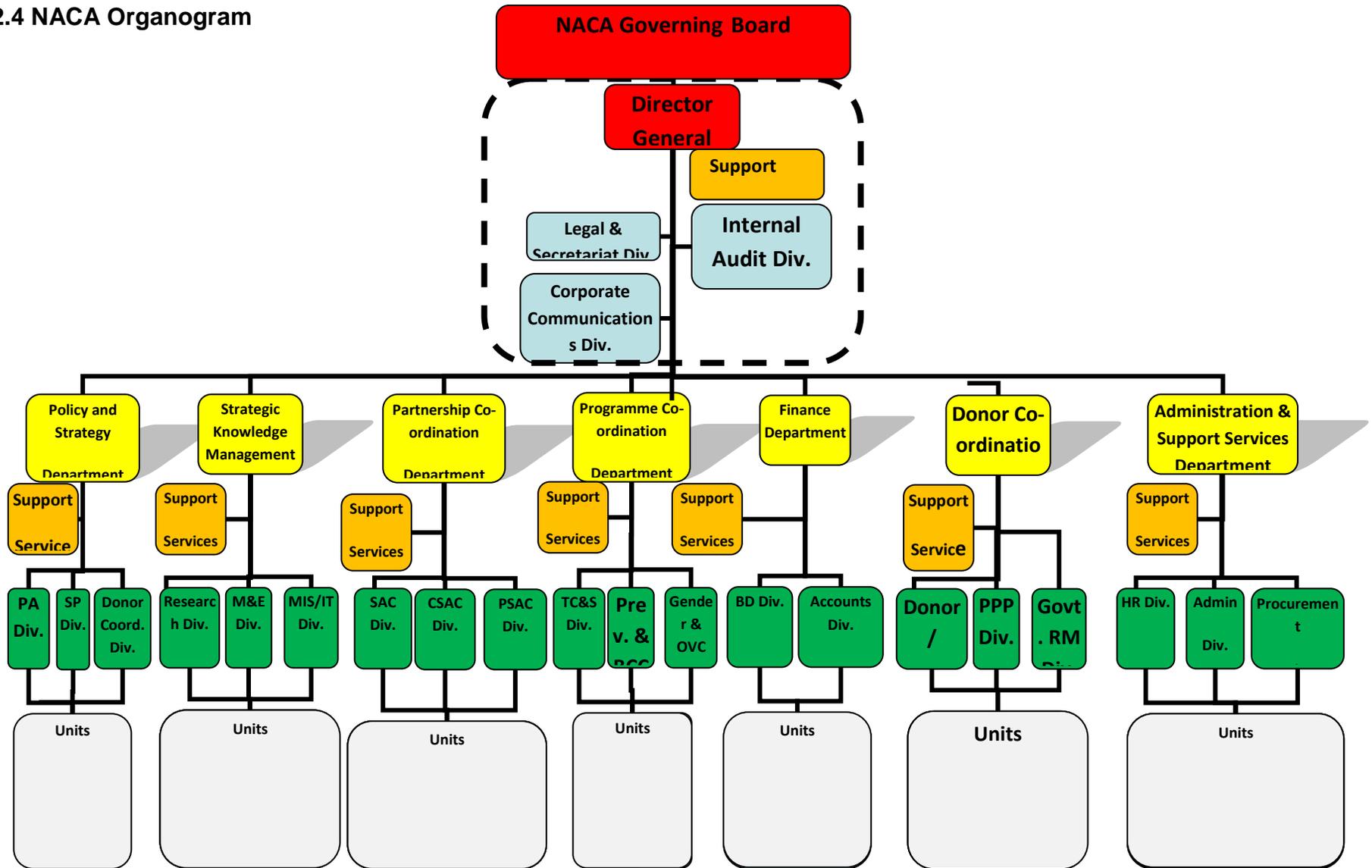
2.3 Mandate of NACA

- Coordinate and plan identified multi sectoral HIV&AIDS activities of the National Response;
- Facilitate the engagement of all tiers of government on issues of HIV&AIDS;
- Advocate for the mainstreaming of HIV&AIDS interventions into all sectors of the society;
- Develop and periodically update the Strategic Plan of the National Response Programme;
- Provide leadership in the formulation of policies and sector-specific guidelines on HIV&AIDS;

- Establish mechanisms to support HIV&AIDS research in the country;
- Mobilize resources (local and foreign) and coordinate its equitable application for HIV&AIDS activities;
- Develop its own capacity and facilitate the development of other stakeholders' capacity;
- Provide linkages with the global community on HIV&AIDS; and
- Monitor and evaluate all HIV&AIDS activities.



2.4 NACA Organogram



2.5 NACA Top Management as at December 2011

S/No	Name	Department/Unit	Designation
1.	Professor John Idoko	Office of the DG	Director General
2.	Hajiya Maimuna Mohammed	Partnership Coordination	Director
3.	Mr Patrick Abah	Administration & Supply	Director
4.	Dr. Kayode Ogungbemi	Strategic Knowledge Management	Director
5.	Mr Alex Ogundipe	Policy & Strategy	Director
6.	Dr. Akudo Ikpeazu	Program Coordination	Director
7.	Mr Nsikak Ebong	Finance & Accounts	Director
8.	Dr. Emmanuel Alhassan	Resource Mobilization	Director
9.	Dr. Ibrahim Atta	Policy & Strategy	Deputy Director
10.	Dr. Greg Ashefor	Strategic Knowledge Management	Deputy Director
11.	Mr James Ofodi	Internal Audit	Deputy Director
12.	Dr. Kenneth Kalu	Finance & Accounts	Deputy Director
13.	Mr Sam Archibong	Communications	Deputy Director

2.7 NACA Staff profile as at December 2011

S/No	Category	Number
1.	Senior staff	71
2.	Junior staff	25
Total number of staff		96

2.7 Priorities of NACA, 2011



PRIORITY 1: *Coordinate and advocate for expansion of prevention strategies in the National Response including promoting behavioral change among high risk population groups*

Through its coordination efforts, NACA and its partners will promote behavioral change among high risk population groups ensuring that between 2009 and 2013, stakeholders:

- Focus on states and local government areas with rising prevalence
- Seek out and work with communities of most at risk persons (MARPs)
- Focus resources on reduction of mother-to-child transmission of infection by 2015



PRIORITY 2: *Through its coordination efforts, NACA will contribute to the overall improvement of access to HIV/AIDS services by ensuring that between 2009 and 2013 stakeholders:*

- Integrate entry-point services like counseling and testing into delivery of reproductive health services, diagnosis and treatment of Malaria and Tuberculosis
- Establish strong referral linkages, integrate and decentralize services between all levels of health care



PRIORITY 3: *NACA will mainstream gender issues in the national response, leading by example in:*

- Integrating gender parameters into core coordination efforts including monitoring, evaluation and research activities
- Promoting gender mainstreaming among programme partners and stakeholders at federal, state and community levels

- Facilitating women empowerment and male involvement at planning, implementation and evaluation levels



PRIORITY 4: *NACA intends to strengthen monitoring, evaluation and coordination of services at all levels as it:*

- Provides and maintains M&E infrastructure and capacity at all levels of the National Response.
- Strengthens and facilitates a national clearing house system for storage and dissemination of gender disaggregated information on the National response.



PRIORITY 5: *NACA will strengthen the research component of the national response by:*

- Developing a platform for data collection and Knowledge Management based on identified national priorities
- Supporting capacity development for collecting and conducting priority research including vaccine development and operations research.



CHAPTER 3

NACA Operations

3.1 Departments, their mandates and achievements

3.1.1 Department of Administration and Supply

Mandates:

- Responsible for the general administrative matters of the Agency,
- Providing administrative advice to the leadership of the Agency ,
- Coordinating the Human resources administration,
- Relating the Agency to general administrative matter from the Public Services of the Federation,
- Planning and managing the work plan budget of the department,
- Coordinate capacity building activities of human resources for the agency
- Coordinating Performance management system for NACA Staff including staff requirements and maintaining harmonious staff relations,

Achievements:

- Developed 2011 training plan for staff of the agency
- Coordinated local and international training/capacity building for all categories of staff of the agency in various areas related to their core competence as departments.
- Hosted four Quarterly statutory Board meetings and four quarterly committee meetings of the Board Finance Committee, Establishment and General Purpose Committee respectively.
- The Department also coordinated 52 weekly Top Management Meetings.

- In a bid to strengthen human resource capacity of the agency the department recruited 28 new staff for the agency. These staff cut across both senior and middle management Cadre.
- Supervised critical capacity assessments of NACA secretariat took place. These assessments have led some implementing Partners to provide long-term systemic competence building resulting in improvements in leadership, management, reporting and inter-sectoral collaboration.

3.1.2 Department: Program Coordination

Mandate:

- Support the formulation of the proposals for the Partnerships support and coordination,
- Assist in updating the data base of the relevant stakeholders,
- Participate in the preparation of draft partnership coordination and support Strategy document and imitating the process of updating same
- Identify and articulate possible collaborative activates with relevant stakeholders
- Assist in the coordination of the implementation of partnership support and coordination guidelines and strategies
- Advise on issues relating to partnership coordination and support, and coordination guidelines

Achievements:

- Disseminated the National HIV/AIDS Prevention Plan (NPP) 2010- 2012 to specific stakeholders in all the 36 states of the Federation
- Conducted the Zonal disseminations of, and capacity building of states on the NPP (2010 – 2012) workshop where participants were able to understand the HIV epidemic within their states, understand the National Prevention Plan (NPP), its relevance to their state response and developed their state prevention plans in line with the NPP.

- Conducted two quarterly meetings on NPTWG where HIV/AIDS prevention in Nigeria was updated, improve implementation strategies for the national HIV/AIDS prevention, review of status of work by the various sub committees and planning of next steps
- Led the World Bank technical support mission on supporting effective and efficient HIV prevention efforts in Nigeria by developing the process of HIV prevention policy briefs for every State in Nigeria (starting with high priority States, and States that have completed their Epidemiology Response Policy Synthesis (ERPS) studies),
- Facilitated the training of 240 teachers (ten from each of 24 Girls Secondary/ High Schools/Colleges) on the Family Life HIV/AIDs Education (FLHE), supported e-FLHE implementation in each of the schools, and at the end of the trainings the following were given to the schools 24 Acer Laptops & Mouse, 24 Projectors, e – FLHE CD, e- FLHE DVD, 3 Banners, 240 Complete Sexuality Manuals, 240 Teachers FLHE Manual, 240 Students FLHE Manuals.
- Revived the National Gender Technical Committee Meeting.
- Commenced activities towards the implementation of HPDP II in 13 MDAs.
- Planning and conduct of the 2011 World AIDS Day, culminating in the launch of the Women for Change and Development Initiative- Integrated Health Programme (W4CDI-IHP) by the First Lady Dame (Dr.) Patience Jonathan. Over 3000 copies of each of the following documents were distributed: W4CDI-iHP Plan of Action, five-year Strategic Plan and Programme Implementation framework (2011-2015) for Women, Girls, Gender Equality and HIV, Scale-up Plan for prevention of Mother to Child Transmission (PMTCT) of HIV.

3.1.3 Department: Strategic Knowledge Management

Mandate:

- Development of the requisite infrastructure for the monitoring and evaluation in Nigeria,

- Development of the required human resources capacity across the national response
- Harmonization of indicator and standardization of the data tools and information and strengthening of second generation surveillance and HIV /AIDS operational research,
- Development and maintenance of the central database for strategic information on the national response
- Defining clear roles and responsibilities in monitoring and evaluation across different levels and sectors of the systems
- Facilitate and oversee efficient data transmission and feedback flow,
- Coordinating the use of HIV data in the national databank and or generated in country,
- Tracking progress in the implementation of the National HIV/AIDS response
- Using information to improve programme policies, service delivery including funding for M & E.
- Facilitate and coordinate the conduct of priority research in the national response
- Establish a functional and responsive IT/MIS to facilitate and promote the mandate of NACA.

Achievements

- Coordinated the review and development of a new national M&E plan also known as the NNRIMS Operational Plan (NOP) 2.
- Led and coordinated the revision of NNRIMS tracking tools for ART, PMTCT and HCT.
- Supported the conduct of state monthly M&E meetings in 12 states including FCT
- Chairing the National M&E Technical Working Group (NTWG) for four quarterly meetings.
- Printing and distribution of NNRIMS tracking tools for ART, PMTCT and HCT
- Supported two health and non health sector validation workshops to validate and build consensus on national response data

- In collaboration with other GF PRs and SRs conducted bi-annual data verification exercise for GF sites under the HIV component of the GF project
- In collaboration with other GF PRS and SRs conducted bi-annual data verification exercise for PHCs under the HSS component of the GF project.
- Coordinated and led the conduct of the first ever Joint Annual Review of the national response to review implementation of the NSP 2010 -2015 for the period January 2010-June 2011.
- Development of performance framework for the second round of the World Bank HPDP including target setting.
- Development of quarterly and annual reporting tools for the World Bank HPDP at both the national and state level respectively.
- Provide support and guidance to a World Bank Technical Mission on supporting effective and efficient HIV prevention efforts in Nigeria
- Coordinated and participated in two trainings on impact evaluation in collaboration with the World Bank Technical Mission organized for national level participants as well as participants from selected states.
- Organized a training workshop on research ethics for NACA staff preparatory to establish a Research ethics committee at NACA.
- Coordinated the conduct of special studies some of which include
 - ✓ National AIDS Spending Assessment (2009/2010)- to track resourcing and expenditure on HIV/AIDS in the country from all sources for the period 2009-2010
 - ✓ Evaluation of out of pocket expenditure on HIV/AIDS- the goal of this study was to estimate spending by households on HIV/AIDS
 - ✓ Study to assess government expenditure on human resources – to identify the proportion of government spending on human resources that is attributed to HIV/AIDS services.
 - ✓ Evaluation of the HIV workplace programme in small and medium scale enterprises (SMEs). – the goal of the evaluation was to assess the intended and unintended changes in the operations of SMEs benefitting from GF support.

3.1.4 Department: Partnership Coordination & Support

Mandate:

- Provide Leadership in partnership support and coordination of the national response,
- Promoting advocacy on HIV/AIDS issues in Government, Civil Society (CSOs) and Private Sector,
- Support civil society , private sector organizations and umbrella organizations through various funding mechanism
- Develop Partnerships support documents,
- Coordinate HIV/AIDS Forum
- Continuous engagement with Government organs, civil society and the private sector to ensure that HIV/AIDS is mainstreamed into their various programmes/ activities
- Coordinates programme activities by states,
- Provide technical assistance to states on programme planning and implementation
- Facilitate mobilization of resources for CSOs
- Facilitate and coordinate the PPP forum on HIV/AIDS
- Identify and classify sectoral stakeholders and determine sector based interaction opportunities, options and priorities ,
- Facilitate support to manage the process of engagement, develop TORs, work plan, budgets and allocate resources available through the organization.

Achievements

- Coordinated the finalization of documents, plans, guidelines and manuals for the World Bank HPDP 2 project.
- Coordinated the official launch and take off of the HPDP 2
- Reviewed training manual for the various components of the HPDP 2 and areas of modification, inclusion suggested and trainers trained at state level.
- Demonstrated the use of management components in daily activities for SACAs and LACAs on co-ordination and stakeholders engagement

- Through continued advocacy spearheaded by the department NACA was able to garner the necessary political support of concerned state governments and state owned institutions resulting in more states being transformed to agencies.
- Promoted activities that helped improve communication and coordination between national and states agencies in the multisectoral response to HIV/AIDS
- Improved coordination and harmonization of the activities and resources of donor agencies in the states in line with the NSP.
- Improved engagement with local governments particularly in the increased functionality of Local Government Action Committees on AIDS (LACAs).
- Identified activities carried out by the states in achieving the provision of a complete prevention package at the community level, identified challenges encountered, and the way forward.
- Developed a model for improved coordination of HIV activities at the State level.
- Identified a harmonized strategy on the way forward in decentralizing the National response on HIV/AIDS.
- Conducted quarterly supervisory visit to states for verification of data reported by the SACAs in the Implementation progress reports, ensure adherence of SACAs to agreed standards, structures and guideline in activities geared towards achieving the HIV/AIDS national response
- Developed a manual for the effective operation and management of SACA.
- The World Bank HPDP HAF Manual at all levels was reviewed and appropriate revision made.
- Provision of financial support in cash and in kind for 100 PLHIV.
- Coordinated NACA's participation at the 2011 International Conference on AIDS and STIs in Africa which held in Addis Ababa, Ethiopia.

3.1.5 Department: Resource Mobilization

Mandate:

- Project the financing gaps for the National HIV Response

- Develop, coordinate and support the implementation of NACA resource mobilization strategy
- Mobilize resources from FGN, bilateral and multilateral donors, philanthropic foundations, business sector & other sources
- Manage donor relationships & lead fund-raising nationally
- Support SACAs, LACAs, etc. in their fund-raising efforts; develop & promote innovative funding / implementation arrangements
- Provide leadership in the preparation of proposals for donor funding across all NACA programmes
- Lead & conduct market research to identify resource mobilization opportunities stakeholders' opinions /practices
- Maintain updated information on current & potential sources of funding
- Track resource allocated throughout the implementation / reporting cycle
- Ensure brief narrative reports to enable learning & information sharing in the organization
- Support maintenance & updating of website by providing relevant data and information

Achievements

- Equipping the National HIV/AIDS Call Centre through the following:
 - ✓ Installation of E1, hardware and support infrastructure completed.
 - ✓ Robust user friendly software procured.
 - ✓ Furniture and hardware procured and installed.
 - ✓ Globacom, MTN, Etisalat, Visafone committed to provide E1 line to extend toll free service to their subscribers.
 - ✓ Nigerian Communications Commission has approved an *Off-Net Short Code* for seamless integration of all networks in the call centre.
- Commenced activities aimed at developing a Resource Mobilization Strategy and these activities include:
 - ✓ Secured commitment of ENR to support the process.

- ✓ Developed TOR for both International and National Consultants.
- ✓ Consultant's selection process completed.
- Activities of Youth Friendly Centres (YFCs)
 - ✓ Increased service provision and utilization at existing YFCs.
 - ✓ Secured commitment from Ecobank to build at least two new YFCs.

3.1.6 Department: Finance

Mandate:

- Financial management of the agency (WB, GF, FGN) staff.
- Preparation of payment vouchers for salaries.
- Preparation of payment vouchers for other payments.
- Disbursement of funds to beneficiaries.
- Carrying out payment for the activities done by every department within and outside the city.
- Preparation and payment of VAT and WHT to the relevant authorities.
- Preparation of bank reconciliation.
- Preparation of financial report (quarterly, biannual or annual).
- Financial monitoring to state, line ministries, MDG's etc.
- Preparation of payment schedule.
- Liaison with other government agencies and parastatal and financial institutions on financial matters.

Achievements

- Trained 15 staff of Accounts department on Flexible Accounting Software, SAP and Microsoft Excel respectively
- Training/Workshop for 36 SR staff.
- Quarterly monitoring of activities of 12 GF SR's

- Quarterly meetings on Financial evaluation of SR'S

3.1.7 Department: Policy & Strategy

Mandate

Achievements:

- Coordinate operational planning of NACA and the various states
- Commenced process for developing NACA World Bank HPDP 2 plan, State HPDP plans and sectoral HPDP plans
- Capacity building on work plan development for state project teams for 37 states was conducted.
- Draft 2012 work plan for 28 states has been processed and ready for funding.
- Development and printing templates for sectoral bi-annual work plan performance.

3.1.7 Office of the Director-General

Mandate

- To ensure that the organization manages day to day operation to the highest possible standards and efficiency in line with the FGN Laws, Regulations and Directives,
- To act as the Principal Accounting officer and Authority to sign cheques and enter contracts and legal agreements on behalf of the organization in accordance with the Agency Act and Federal Laws and Regulations.
- To inspire and motivate the personnel of the Agency to work as a Team in order to achieve the agreed objectives and performance targets.

- To ensure adequate and effective organizational policies and procedures are in place and regularly reviewed and updated Agency to cover staff welfare, human resources management, support functions and office procedures,
- ensure compliance with development /donor policies and procedures and sign off project agreements, documents, aides memoir for World Bank, GFATM and other Donor projects,
- To act as the Secretary to the Board and keep the board informed on all critical issues in line with the Agency Act,
- To ensure all Agency accounts and Funds are both internally and externally audited in line with Federal Government guidelines,
- To ensure the Agency has an effective communication strategy, plan and programmes.

Key activities in 2011

- **Attendance at the 2011 UN High level meeting on HIV**

In June 2011 the Director General of the National Agency for the Control of AIDS, NACA, Prof John Idoko, accompanied the President and Commander-in-chief of the Nigerian Armed forces Dr Goodluck Jonathan to attend a three-day UN High level meeting on HIV held in New York.

Prof Idoko presented a paper, titled “The Nigerian national response to HIV” to delegates and heads of states of member nations in attendance at the meeting. He highlighted the efforts, achievements and challenges of the national multi-sectoral HIV response in Nigeria being lead by NACA.

Dr. Goodluck Jonathan who was accompanied by his wife, Dame (Dr.) Patience Jonathan also delivered a paper titled “Impact of HIV and AIDS epidemic on international peace and security”. President Goodluck Jonathan stated that Nigeria is determined to provide new impetus to the HIV/AIDS response by integrating the health sector into her human development agenda. In the light of this he stated that the Government is committed to increase domestic funding for HIV/AIDS from the present 7 per cent to 50 per cent from now till 2015.

The President further affirmed that the Nigerian government will increase investment in procurement and supply chain management systems to ensure availability of quality HIV/AIDS commodities at all levels of care”.

He added: “We are targeting the elimination of Mother-to-Child Transmission of HIV by 2015. The Executive arm of Government will also work with the National Assembly to ensure allocation of at least 15 per cent of the federal budget for the health sector,



as agreed in the Abuja Declaration. He concluded

President Goodluck Jonathan at the UN High Level Meeting on HIV/AIDS in New York in June 2011

by stating that it is hoped that the collective effort of Government and her partners would greatly contribute to achieving the joint targets of the MDGs and the elimination of new HIV infections.”

Earlier on the President had joined other world leaders and the UN Executive Director Michel Sidibe, Bill Clinton and UN Secretary General Ban Ki-Moon to launch the Global Plan for the elimination of new HIV infections among children and keeping their mothers alive.

- **Organization of African First Ladies against HIV/AIDS(OAFLA) Meeting**

The 11th General Assembly of African First Ladies against HIV/AIDS (OAFLA) held in Addis Ababa, Ethiopia in February 2012. The First Lady of the Federal Republic of Nigeria, Dame (Dr.) Patience Jonathan attended the three day meeting that brings First Ladies of African countries to discuss issues of HIV/AIDS as it affects particularly women and children. Established in 2009, OAFLA through its network of advocacy was established to create awareness to contain the spread of HIV/AIDS and bringing women’s issues to

the forefront of the continent's development agendas.

In her speech to the General Assembly, the First Lady, Dame (Dr.) Patience Jonathan, assured the international community, particularly the African continent, of the determination of the Federal Government to sustain the prevention of mother-to-child transmission of HIV/AIDS in Nigeria. In her speech she acknowledged HIV/AIDS as one of the serious challenges facing the African continent. She assured other First Ladies that Nigeria will continue to do her best to reduce the impact of HIV/AIDS on the people of Nigeria while reducing the spread of new infections. She further assured that she will continue to do her best to promote the objectives of OAFLA in combating HIV/AIDS for the benefit of the people of Africa as a whole. A major high point of the meeting was a presentation of a short documentary on the efforts by government, her not for profit non-governmental organization (NGO), the A. Aruera Reach out Foundation and the Women for Change and Development Initiative, and other agencies to combat HIV/AIDS in the country.

The First Lady was accompanied to the OAFLA General Assembly by the NACA DG, Professor John Idoko and the NACA Director Strategic Knowledge Management, Dr. Kayode Ogungbemi.

- **National Faith Advisory committee**

In May 2011 NACA Director General, Professor John Idoko met with members of the National Faith Based Advisory Committee on AIDS (NFACA) led by the committee co-chairs, Dr. Sheikh Ahmed Lemu and His Eminence Sunday Ola Makinde in a bid to strengthen the alliance with Faith Based Organizations (FBOs) in the response to HIV/AIDS in the country.

In his welcome address, the NACA DG stated that even though the prevalence rate has dropped in some states, more work needs to be done including focusing on decentralization of services to ensure greater coverage particularly the rural areas, integrate HIV treatment into maternal health, reduce the spread of new infections

and collection of quality data to effectively monitor and evaluate the response to the epidemic and mobilize more resources.

In their remarks, Committee Co-chairs, Dr Sheikh Ahmed Lemu and His Eminence Archbishop S.O Makinde stated that the committee was impressed with the strides made so far by NACA. However they acknowledged there were still some challenges. His Eminence Archbishop S.O Makinde expressed unhappiness with the slow rate of treatment and asked that access to treatment be scaled up. Dr Sheikh Ahmed Lemu opined that the major cause of the spread of HIV is the laxity in morals among Nigerians. He suggested that the teaching of religious studies be made compulsory in schools. This, he said, will bring about a revolution in the way morality is being handled.

Representatives of Development partners also attended the event and reaffirmed their commitment to contributing to improving the response to the epidemic in the country. It was stated that studies have shown that more new infections are recorded among people perceived to be practicing low risk heterosexual sex and as such is a major source of concern that FBOs have the comparative advantage to help address.

The advisory committee recommended that Prevention of Mother to Child Transmission (PMTCT) interventions and access be scaled up significantly while ensuring that antenatal services be made free at all levels. They also suggested that religious leaders be trained in order to ensure that quality HIV/AIDS information is disseminated to their followers on issues relating to HIV/AIDS. They, in addition, advised that the government increase its funding to NACA in order to ensure that more people in need have access to quality treatment.

3.2 Selected key activities and achievements of NACA

3.2.1 Supporting Effective and efficient HIV prevention efforts

Prevention of new infection remains a key priority for the national response while also ensuring universal access to treatment and care for those in need. This is clearly articulated in the National strategic Plan 2010-2015. National response stakeholders are in agreement of the need to ensure that HIV response efforts are implemented in an efficient and effective manner.

In this regard, in 2010 the World Bank through its Global HIV/AIDS Program (GHAP) agreed to work with NACA to provide technical support to help ensure a more efficient and effective HIV response. The technical support is in the form of an integrated set of 6 tasks, built around the central theme of being crystal clear about what to achieve, supporting efforts to define how to achieve it, and leading a program of work to ensure that it is possible to look back periodically, as the NSP 2010-2015 is being implemented, and determine the extent to which the country has been successful in achieving its HIV response goals.

The six tasks are as outlined below

- Task 1.** Create an inventory of available HIV-related epidemic, policy and response data, as well as relevant household and population data, and document the quality of such data
- Task 2.** Produce policy briefs for HIV prevention prioritization for each of the 36 States +FCT.
- Task 3.** Developing a Strategy, Study Designs and Cost Estimates for Most-At-Risk-Population Surveillance,
- Task 4.** Model the impact of the HIV prevention interventions outlined in the NSP on the number of new HIV infections in Nigeria, and their cost effectiveness
- Task 5.** Develop and Impact evaluation strategy and implementation of an HIV prevention program science approach in some States
- Task 6.** Conduct impact evaluation of the community response to HIV/AIDS in Nigeria.

Already task 1 and 6 have been completed and the processes for the remaining tasks are ongoing and expected to be completed in 2012.

3.2.2 Support for e – FLHE

The Family Life, HIV& AIDS Education (FLHE) curriculum is a planned process of Education that fosters the acquisition of factual information, formation of positive attitudes, beliefs and values as well as development of skills to cope with the biological, psychological, socio-cultural and spiritual aspect of human living. FLHE curriculum is the curricular based approach to the fight against HIV and AIDS.

The National Agency for the Control of AIDS (NACA) in its bid to support girls education and also empower colleges, organized a comprehensive 10 day capacity building

exercise (FLHE training) for 240 teachers from 24 Girls Secondary Schools. This exercise took place in the six geo-political zones of the federation was rolled out in the Southern and Northern Zones of the federation

In each of the 24 states, 4 (four) Girls Secondary Schools were nominated in the states to be beneficiaries of this exercise. In each school/ college, 10 experienced student friendly teachers (2 teachers each of Social Studies, Basic Science, Health Education, Home Economics and English Language) were selected to step down the training at the class room level. This summed up to a total of Two hundred forty teachers; with 10 teachers taken from each state.

At the end of the 10 days training which was residential and intensive, NACA presented some materials to each of the schools namely:

- 24 Acer Laptops & 24 Mouse (1 per school)
- 24 Projectors (1 per school)
- e – FLHE CD : FLHE curriculum on CD with visuals and animation to enhance learning.
- e- FLHE DVD

- 3 Banners
- 240 Complete Sexuality Manuals (1 per teacher)
- 240 Teachers FLHE Manual (1 per teacher)
- 240 Students FLHE Manuals (1 per teacher)

These items were to facilitate the implementation of the FLHE curriculum in the schools.



The wife of the Senate President-Mrs. Helen Mark, the First Lady-Dame (Dr.) Patience Jonathan and other dignitaries at the 2011 World AIDS day event

3.2.3 2011 World AIDS Day

Nigeria is committed to ensuring that 80% of pregnant women are reached with PMTCT services by 2015. A demonstration of this commitment was The 2011 World AIDS Day which had as its main theme/focus – the elimination of mother to child transmission (emctct). The

nation's strong commitment was further highlighted by a series of activities organized by NACA and actively supported by the First Lady Dame (Dr.) Patience Goodluck Jonathan to celebrate the occasion.

Four major events commemorated the 2011 WAD celebration and these were:

1. A Pre-National Presentation Dinner for Editors and Media Executives.

As a precursor to the National Presentation/ WAD 2011 main event, Her Excellency, Dame (Dr.) Patience Goodluck Jonathan hosted editors and media executives from all over the Federation to a dinner on the 29th of November, 2011 at the Presidential Villa, Abuja.

The objective of this interaction was to build a strong alliance and partnership with the media for a sustainable media response in the promotion of maternal and child

health (MNCH) and PMTCT in Nigeria. This is due to the recognition of the media as a vital agency and catalyst for public education, social mobilization and change.

Thus the advocacy dinner was an opportunity to call on all editors and media executives to effectively reach Nigerians with development information. This information would contribute to providing solutions to the social and health problems and needs of the nation. It was therefore requested that MNCH and PMTCT to be given significance in the media by:

- Increase media action and partnership for MNCH and PMTCT and to ensure that the people are served better
- Playing a leading role by media actors in the campaign to promote MNCH and PMTCT
- Increased commitment from the media as demonstrated in the number of editorials, stories, programmes and features devoted to MNCH, HIV & AIDS and PMTCT
- Continued awareness about maternal and child health issues, HIV/AIDS in general and PMTCT specifically
- Mainstreaming HIV and AIDS into radio and television programming by including topics on HIV & AIDS and PMTCT in regular health programs.

The expected outcome of this interaction is a strong alliance with the media united by commitment to save lives and promote accelerated access to and utilization of MNCH and PMTCT services in Nigeria towards achieving Millennium Development Goals 4, 5 & 6.

2. A Pre-National Presentation Dinner for Federal Legislators.

In recognition of the crucial role of legislators in drafting, reviewing and enacting legislation to facilitate the resolution of social and health problems and needs, the second advocacy dinner was held with the Federal Legislators of the Federal Republic of Nigeria. This dinner was held in the State House Banquet Hall, Abuja on the 30th of November, 2011 with about one hundred and fifty attendees.

The objective of the dinner was to consolidate on the partnership with the Federal Legislators and mobilize support for sustainable legislative backing and enabling environment for HIV response; especially in promoting PMTCT and Maternal and Child Health in Nigeria.

Discussions at the dinner acknowledged that the complex and very real problem of maternal and child mortality cannot be solved without an enabling environment reflected in adequate resources, appropriate policies and HIV-specific legislation. Consequently legislation in a number of sectors is required to effectively respond to the challenges of maternal and child health as well as the HIV & AIDS epidemic. Thus stakeholders at the dinner with the Federal Legislators advocated that the issues of Maternal and Child Health and PMTCT be given significance in the legislative agenda. It requested that legislators-

- Play a leading role in the campaign to promote access to maternal and child health services and PMTCT
- Provide leadership through the appropriation of resources to maternal and child health and HIV & AIDS issues
- Take the issues of MNCH and PMTCT as priority concerns in their legislative agenda
- Increase commitment in developing legislation to protect the rights of women and children and people living with HIV&AIDS and other groups that are more at risk of infection or affected by the impacts of the disease
- Enact legislation to eliminate all forms of discrimination against people living with HIV & AIDS and members of vulnerable groups
- Review and reform of legal frameworks to eliminate barriers to HIV prevention.

The expected outcome of this interaction is a strong commitment by legislators to save lives and promote accelerated access to and utilization of MNCH and PMTCT services in Nigeria towards achieving Millennium Development Goals 4, 5 & 6

3. The National Presentation of the Women for Change and Development Initiative; Integrated Health Programme (W4CDI-IHP).

The National Presentation of the W4CDI-IHP with the theme: Healthy Family, Healthy Nation and the focus on e-MTCT was the high point of the WAD 2011. This event took place on the 1st of December, 2011 in the Banquet Hall of the State House, Abuja. More than 3,900 persons were in attendance including Wives of state Governors, Ministers, National Council of Women Society, Women Wing of Christian Association of Nigeria (WOWI-CAN), Market Women Association, Market Men Association, National Union of Road Transport Workers (NURTW), Federation of Muslim Women Association of Nigeria (FOMWAN), Jama'atul Nasril Islam (JNI), Network of People Living with HIV & AIDS in Nigeria (NEPWHAN) and civil society.

One major highpoint of the occasion was the presentation of a speech by Mrs. Rabi Daniel: a HIV positive mother who had given birth to a HIV negative baby- a beneficiary of PMTCT interventions. The First Lady of the Federal Republic of Nigeria on WDCI-IHP then presented and launched the three national documents which are to be used to guide the nationwide implementation of the W4CDI-IHP. The documents presented are:

1. Women for Change and Development Initiative; Integrated Health Programme (W4CDI-IHP): Plan of Action
2. Five-year Strategic Plan and Programme Implementation Framework (2011-2015) for Women, Girls, Gender Equality and HIV
3. Scale-up Plan for Prevention of Mother to Child Transmission (PMTCT) of HIV:
Towards Elimination of Mother to Child Transmission of HIV in Nigeria
4. A Town Hall meeting with the Nyanya Community, Abuja.

After the National Presentation in the State House, the final major event for the WAD 2011 was a Town Hall Meeting by the First Lady of the Federal Republic of Nigeria, with the people of Nyanya Community. The meeting which centered on PMTCT was held in the premises of Nyanya General Hospital and had over 600 persons in attendance. Participants included antenatal clinic attendees and other community

members including the Chief of Nyanya community: Chief Danladi Iya as well as the members of his ruling council. The climax of the town hall meeting was the speech on WDCI-IHP and the presentation of gifts to the community people by the First Lady of the Federal Republic of Nigeria. Her gesture was followed by warm responses by the community people represented by Mrs. Tamaku Ibrahim and a vote of thanks by the Chief Danladi Iya.

3.2.4 National M&E Plan 2011 -2016

Monitoring and evaluation (M&E) is a key component of the multisectoral response to HIV/AIDS in Nigeria. In line with the '3 ones' principle Nigeria launched her M&E framework known as the Nigeria National Response Information Management System (NNRIMS) in 2004. The first national M&E plan or NNRIMS Operational Plan (NOP) 2007-2010 was established to monitor implementation of the progress of the National HIV strategic Plan 2005 -2009. At the expiration of the NOP 1 in 2010, there was a need to develop a new national M&E plan to monitor the implementation of the new National Strategic Plan 2010 -2015.

NACA led stakeholders in a collaborative and participatory process to review the national M&E system and develop a new national M&E plan (NOP 2011- 2016) that is linked to the NSP 2010-2015. The process included harmonization and standardization of national indicators and M&E tools, setting of targets for agreed 70 core national indicators and costing of the plan. Importantly, the revision process also provided an opportunity to address some of the weaknesses and gaps in operationalization of an effective M&E system in Nigeria.

3.2.5 National AIDS Spending Assessment 2011

The National HIV and AIDS Spending Assessment (NASA) approach to resource tracking is a comprehensive and systematic methodology used to determine the flow of resources intended to combat HIV and AIDS. The tool tracks actual expenditure (public, private and international) both in health and non-health sectors (social mitigation, education, labour, and justice) that comprises the National Response to HIV and AIDS.

The need to track HIV expenditure stems from the fact that decisions regarding allocations for HIV and AIDS related activities must be based on the true effect of previous expenditure patterns on face of the epidemic in the various States in the country.

NASA provides information that will contribute to a better understanding of a country's financial absorptive capacity, equity and the efficiency and effectiveness of the resource allocation process.

In addition to establishing a finance tracking system of HIV and AIDS activities, NASA facilitates a standardized approach to reporting of indicators that monitor the progress towards the achievement of the targets of the *Declaration of Commitment* adopted by the United National General Assembly Special Session on HIV and AIDS (UNGASS).

The overall objective of NASA is to strengthen national assessments of AIDS-related spending in Nigeria in support of the coordination, harmonization and alignment of HIV and AIDS resource use. The first ever NASA was conducted in 2009 and it tracked HIV spending for the period 2007/2008. In 2011 NACA conducted the second NASA which assessed expenditure for the period 2009/2010. Findings of the NASA 2009/2010 are expected to be released in early 2012.

3.2.6 National Joint Annual Review 2011

In the year under review NACA and key stakeholders conducted the first ever national joint annual review of the national response. The goal of the NATJAR was to measure progress made towards achieving the targets set in the NSP from January 2010 to June 2011. The review was specifically designed to assess NSP implementation achievements, challenges and make priority recommendations for 2012.

Findings from the review showed that the country has made significant progress in all six NSP thematic areas and that the treatment and care area had witnessed the most progress. Gaps and challenges reported by the review include limited progress

with PMTCT, weak HIV/TB collaboration, absence of national guidelines on care & support for PABA/PLHA, weak logistics and supply system for commodities.

Priorities identified for the 2012 include: rapid scale up of PMTCT access should be a major priority for the country, development of integrated biennial operational plan/work plan, promote and strengthen gender and age defined ART interventions targeted at addressing the disparity in male: female ratio and paediatric access to ART services, scale up TB services through ongoing decentralization and service integration to provide “one stop shops” for DOTS and ART refills in each LGA and strengthening of central medical stores.

3.2.7 Launch and commencement of HPDP2

In 2010 Nigeria signed a US\$ 225 million Second HIV/AIDS Program Development Project (HPDP-2). The HPDP 2 will assist Nigeria to build on the achievements recorded through the World Bank-funded HIV/AIDS Program Development Project (HPDP-1) at all levels of the country’s administration and in all sectors.

The main goal of the HPDP2 is to reduce the risk of HIV infections by scaling up prevention interventions and to increase access to and utilization of HIV counseling, testing, care and support services. Similarly the project will utilize existing institutional structures in the national AIDS response to directly address key emerging sector issues that have been identified by Government in partnership with a range of stakeholders.

The HPDP2 became effective in February 25, 2011 and a six month operational plan was approved in September 29, 2011. HPDP 2 will support the implementation of the HIV National Strategic Plan (NSP) 2010-2015 and contribute to the achievement of the Millennium Development Goals (MDG), but in particular to goal 6 which aims to halt and reverse the spread of HIV/AIDS by 2015. The project is also aligned with the UN Declaration of Commitment on HIV/AIDS.

The National Agency for the Control of AIDS (NACA) signed the credit at the federal level, while 36 states and FCT signed independent credit agreements at the state level. The HPDP 2 is divided into three components similar to Project 1 and these are:

1. Expanding Public Sector Response
2. Expanding Civil and Private Sector Engagement and Response through the HIV/AIDS Fund (HAF)
3. Strengthening mechanisms for project coordination and management

3.2.8 National HIV/AIDS Call Centre

The National Call Centre on HIV/AIDS & related diseases is a multi-stakeholder Public-Private Partnership project between NACA on the one hand and key private sector partners. Telecommunications giants, Airtel and Etisalat have deployed E1 lines with the capacity of 30 voice and 2 data lines each. The E1 facility is valued at about N1.5 million each. Skye Bank provided furniture to the tune of N19 million while Access Bank supported IT hardware and installation to the tune of N29 million. The Nigerian Communications Commission (NCC) provided an Off-Net Short (6222) to enable every net access to the call centre while HOPE Worldwide Nigeria is the Implementing Partner. Globacom, MTN and Visafone have also expressed readiness to partner in the project which will be officially launched by the First Lady of the Federal Republic of Nigeria, Dame (Dr.) Patience Goodluck Jonathan in April 2012.

3.2.9 Youth Friendly Centre

The National Agency for the Control of AIDS (NACA) in collaboration with some of her partners developed a Youth Friendly Centre (YFC) model for institutions of higher learning. The YFCs are designed to engage students in recreational activities; while providing a setting for dissemination of information on HIV/AIDS in a non-threatening manner and provide a unique opportunity for students to go for HIV counseling and testing in a 'friendly' environment. Each YFC has a games area, TV viewing room, internet cafe, mini library, and two counseling rooms.

In 2011 NACA in collaboration with MTN Foundation equipped a YFC at the Olabisi Onabanjo University, Ago-Iwoye, Ogun State. The YFC which is valued at about N35 million Naira is ready for commissioning. A similar YFC supported by Ecobank PLC at the Bayero University Kano is ready for commissioning bringing the total number of YFCs in the country to eleven in number.

3.2.10 Implementation of SAP accounting software

The SAP project in NACA started after the adoption of the recommendations in the Fiduciary Risk Assessment (FRA) Report in 2010 which assessed the current status of Financial Management in NACA and associated risks. A key recommendation of the FRA is the implementation of an automated Financial and Accounting Software-hence the choice of SAP. The SAP project was officially kicked-off on September 6, 2011.

The expected benefits are as follows:

- Reporting of expenditure is timely and accurate
- Budget a reliable guide to expenditure
- Procurement in line with principles of value for money and transparency
- Audited annual financial statements are submitted by NACA within the required period

A lot of progress has been made so far in the following areas:

- Setup of a project management office with professional staff to manage the implementation.
- The development of accounting policy & procedures manual and a robust chart of accounts to support general accounting, grant management as well as the proposed joint financing arrangement put forward by all NACA stakeholders.
- The Implementation of the finance and controlling modules with associated sub-modules including
 - a. Fixed Asset (work in progress)
 - b. Accounts Payable
 - c. Bank
 - d. Budgeting (work in progress)
 - e. General Ledger
 - f. Reports

- Monthly reconciliation of all books of accounts (bank, cashbook, vendors, GLs/control accounts, suspense accounts, etc.)
- Streamlining of accounting processes within the Finance and Accounts Department to allow for transparency, efficiency and effectiveness in operations
- Proper documentation of accounting activities within the Finance and Accounts Department
- A business continuity & disaster recovery solution is being implemented to ensure high availability of the deployed SAP system to SAP users within Finance and Accounts Department.

Presently, the accounts for Global Fund has been completed on SAP and is in full operation while work is in progress to complete accounts for other funding sources such as World Bank, Government of Nigeria, and others.

The SAP accounting software went live in December 2011 and today is being used to capture transactions real time, generate financial statements and also used in the decision-making process by NACA management. SAP has other modules such as Procurement, Project System, and Human Resource which are expected to be implemented in the future.

3.2.11 NACA Engagement with the media

In 2011 through its Corporate Communications Unit, NACA engaged meaningfully and actively with the media in many ways and some of which included:

- Placement of daily HIV jingles on Radio Nigeria Network News
- Production and Airing of a weekly Programme 'HIV and You' Weekly on NTA Network
- Placement of a weekly HIV/AIDS Cartoon Strip on the back page of Sunday Punch newspapers

- Sponsored Media Tours by the press to Benue, Plateau and Oyo states respectively.
- Hosting of Health Correspondent's Dinner
- Training of the health correspondents on HIV/AIDS awareness and other related information
- Contribution to the successful reporting of Integrated Health Programme of the First Lady
- Successful Media Campaign of World AIDS Day 2011
- HIV/AIDS awareness creation during The National Sport Festival
- Sponsored the participation of health correspondents to the International AIDS Society Conference Rome, Italy.
- Sponsored the participation of health correspondents to the 16th International Conference on AIDS and STIs in Africa (ICASA 2011) in Addis Ababa, Ethiopia.

3.2.12 2011 ICASA

The 16th International Conference on AIDS & STIs in Africa (ICASA) held in Addis Ababa Ethiopia from 4th -8th December 2011. The biennial conference which attracts delegates from around the world had as its 2011 theme – “Own, scale up and sustain”. Activities at the conference witnessed more than 400 presentations in 150 plenary, parallel, skill building, non abstract driven and special sessions, all of which provided current information on HIV and STIs research from around the world.

With support from NACA a team consisting of representatives of SACA, some federal legislators, civil society, PLHIV and selected NACA staff, attended the 2011



Some NACA supported delegates to the last ICASA Conference in Addis Ababa, Ethiopia in December 2011

ICASA. The NACA DG chaired a couple of oral abstract and special technical sessions with some NACA staff making oral abstract presentations as well as being involved in other activities of the conference.



CHAPTER 4

Manpower Planning, Recruitment & Career Development

4.1 Staff Recruitment

In 2011 NACA recruited 34 new staff to fill existing vacant positions and to strengthen her organizational ability to be able to achieve her vision, mission and reach set targets.

4.2 Staff Motivation

NACA recognizes the value well motivated and competent staffs bring to bear on the quest of an organization to reach her goals and objectives. NACA therefore provides a competitive and attractive package that comprises three broad categories namely, basic pay, allowances (regular and non-regular) and benefits in kind. The social benefits which are the bedrock of incentive system include: leave (annual, sick, maternity, casual or compassionate, etc.), medical insurance and a pension plan. Other benefits and allowances include leave (including annual, maternal and compassionate leave), educational subsidy, and special skill, communication, vacation benefit, etc. Since NACA is a knowledge-based organization, staffs are also allowed to go on study leave depending on the relevance of the course to the agency. Professionals (staff carrying out the core mandates of NACA) are also entitled to sabbatical leave and leave of absence depending on the staffing condition prevailing at the time of request.

4.3 Pensions and Insurance

In line with the Pension Reforms Act of 2004 of the Federal Republic of Nigeria, NACA commenced the contributory pension scheme for all permanent and pensionable staff of the organization. To ensure compliance with the Act and to ensure that post retirement welfare of her staff is taken care of, NACA has registered with the National Pension Commission (PenCom). Similarly a workshop was organized to sensitize staff on the new pension scheme and its benefits. Also in line with provisions of the Act that requires

pension funds to be privately managed by licensed Pension Fund Administrators (PFAs), NACA directed staff to open retirement savings account (RSA) with PFAs of their choice. Thus far all permanent and pensionable staff in the employment of NACA have opened RSAs with approved licensed PFA of their choice.

4.4 National Health Insurance Scheme (NHIS)

The Formal Sector Social Health Insurance Programme under the National Health Insurance Scheme ((NHIS) is a social health security system in which the health care of employees in the Formal Sector is paid for from funds created by pooling the contributions of employees and employers. As stipulated by the appropriate regulatory body contributions are earnings-related. The employer pays 10% while the employee pays 5%, representing 15% of the employee's basic salary. The contributions are to be used to procure healthcare benefits for the employee, his/her spouse and four (4) biological children below the age of 18 years.

In her bid to ensure that the staff benefit from the programme NACA has registered under the NHIS and appointed a health maintenance organization (HMO) for the organization. Workshops were held for staff to introduce NHIS and sensitize them on the benefits and the process for participation in the programme. Following the workshop staff were requested to select health care facilities of their choice covered by the appointed HMO. After accurate documentation the staff and his/her eligible biological children were issued with identity cards by the HMO. Contributions by enrolled staff are deducted from staff monthly salary in the proportion stipulated by the appropriate regulatory body for the programme.

4.5 Training & Career Development

The National Agency for the Control of AIDS is committed to improving the capacity of her human resources to continue meet the challenges and needs of a dynamic HIV response in Nigeria. Capacity building efforts are designed to enhance the competencies and skills of all NACA staff. Annually NACA conducts a training needs assessment which informs a staff training and capacity building plan for the

organization.. Staffs are then trained using a variety of short courses, workshops, seminars both locally and internationally.

In addition staff are encouraged to pursue the acquisition of higher degrees and other relevant qualification which will contribute to enhancing their skills. In 2011, 90% of staff benefitted from various training and capacity building activities cutting across program management, strategic planning, monitoring and evaluation, finance, human resource management procurement and leadership.



CHAPTER 5

Finance

5.1 Summary of 2011 Appropriation and Expenditure

	DISBURSED	EXPENDITURE	VARIANCE
PERSONNEL	265,292,631.52	265,292,631.52	0
OVERHEAD	287,576,023.56	287,576,023.56	0
CAPITAL	267,650,000.00	267,650,000.00	0
TOTAL	820,518,655.08	820,518,655.08	0

5.2 Other Resources

5.2.1 Global Fund for AIDS, Tuberculosis and Malaria (GFATM) Grant

Summary of disbursement and expenditure in 2011

	ROUND8	ROUND9	SSF (Single Stream Fund) US\$
Disbursed	0.00	0.00	34,714,759.00
Expenditure	0.00	0.00	\$17,307,211.63
Variance			17,407,547.37

5.2.2 World Bank HPDP Project

Summary of disbursement and expenditure in 2011

	DISBURSMENT (Q2 & Q3 2011)	EXPENDITURE (Q2 2011)	EXPENDITURE (Q3 2011)	Total Expenditure	Variance
Amount (US\$)	1,585,655.48	352,959	586,863	939,821.78	645,833.70



CHAPTER 6

National Response Statistics

6.1 Data on Universal Access Indicators

Target No	TARGET	INDICATOR	2011
1.	Reduce Sexual transmission of HIV by 50% by 2015 – Sex workers	Percentage of sex workers reached with HIV prevention programmes	18.2% IBBSS 2010
		Percentage of sex workers reporting the use of a condom with their most recent client	88.6%(Male & female sex workers)
		Percentage of sex workers who have received an HIV test in the past 12 months and know their results	41.8% (All) 17.5% (Male Sex Workers) 44.8% (Female Sex Workers)
		Percentage of sex workers who are living with HIV	24.5%(Male & Female Sex Workers) 18.6% (Male sex workers) 25.2% (Female Sex Workers) (IBBSS 2007)
	Indicators for Men who have sex with men	Percentage of men who have sex with men reached with HIV prevention programmes	17.99% (IBBSS 2010)
		Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	50.97% (IBBSS 2010)
		Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	24.92% (IBBSS 2010)
		Percentage of men who have sex with men who test positive for HIV	17.2% (IBBSS 2010)
	Testing and Counselling	Percentage of Health facilities that provide HIV testing and counseling services	5.97%
		Number of women and men aged 15 and older who received testing and counseling in the past 12months and know their results	2056578
Number of pregnant women aged 15 and older who received HIV testing and counseling in the past 12months and know their results		1036289	

2.	Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	Not available
		Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	52.5% (IBBSS 2010)
		Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	70.89% (IBBSS 2010)
		Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	19.42% (IBBSS 2010)
		Percentage of people who inject drugs who are living with HIV	4.2% (IBBSS, 2010)
3.	Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS related maternal deaths	Percentage of HIV-positive pregnant women who receive anti-retrovirals to reduce the risk of mother-to-child transmission	15.9% (FMOH 2011)
		Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	4.08% (FMOH 2011)
		Percentage of pregnant women who were tested for HIV and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status	16.9% (FMOH)
		Percentage of pregnant women attending ANC whose male partner was tested for HIV in the past 12months	5.45%(FMOH 2011)
		Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	10.38% (FMOH)
		Percentage of infants born to HIV-infected women receiving ARV for prophylaxis for the prevention of mother-to-child transmission (PMTCT) in the first 6weeks.	2.3%
		Percentage of infants born to HIV infected women who are provided with antiretrovirals(either mother or infant) to reduce the risk of HIV transmission during the breast feeding period	6.84%
		Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	5.07%
		Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women at DPT3 visit (Number of infants assessed for and whose infant feeding practices were recorded)	8401
		Number of health facilities providing PMTCT services	
4.	Have 15 million people living with HIV on antiretroviral treatment by 2015	Percentage of eligible adults and children currently receiving antiretroviral therapy	29.8% (FMOH 2011)
		Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	73.4% (FMOH 2011)
		Number of health facilities that offer ART (i.e. prescribe and/or provide clinical follow-up)	491(FMOH 2011)
		Percentage of health facilities dispensing ARVs that have experienced a stock-out of at least one required ARV in the last 12months	22.2%(FMOH 2011)

		Percentage of adults and children enrolled in HIV care and eligible for co-trimoxazole (CTX) prophylaxis (according to national guidelines) currently receiving CTX prophylaxis	59.8%(FMOH 2011)
5	Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	16.49%
		Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT)	0.53%
		Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit.	20.6%

6.2 Data on UNGASS indicators

Target No	TARGET	INDICATOR	2007	2010	2011
1	Reduce Sexual transmission of HIV by 50% by 2015 – General Population	Percentage of people aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	22.5% (NARHS 2005)	24.2% (NARHS 2007)	24.2% (NARHS 2007)
		Percentage of young women and men who have had sexual intercourse before the age of 15	9.8% (NARHS 2005)	11.9% (NARHS 2007)	11.9% (NARHS 2007)
		Percentage of women and men aged 15–49 who have had more than one sexual partner in the last 12 months	10.4% (NARHS 2005)	11.4% (NARHS 2007)	11.4% (NARHS 2007)
		Percentage of women and men aged 15–49 who have had more than one sexual partner in the last 12 months reporting the use of a condom during their last sexual intercourse	56.1% (NARHS 2005)	52.5% (NARHS 2007)	52.5% (NARHS 2007)
		Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	8.6% (NARHS 2005)	11.7% (NARHS 2007)	11.7% (NARHS 2007)
		Percentage of young people aged 15-24 who are living with HIV	4.3% (ANC,2005)	4.2% (ANC,2008)	4.2% (ANC,2010)
		Reduce Sexual transmission of HIV by 50% by 2015 – Sex workers	Percentage of sex workers reached with HIV prevention programmes	34.3% IBBSS 2007	34.3% IBBSS 2010
Percentage of sex workers reporting the use of a condom with their most recent client	91.97% IBBSS 2007		98% (Female sex worker only)	88.6%(Male & female sex workers)	
Percentage of sex workers who have received an HIV test in the past 12 months and know their results	38.2% (Female Sex Workers Only) (IBBSS 2007)		38.2% (Female Sex Workers Only) (IBBSS 2007)	41.8% (All) 17.5% (Male Sex Workers) 44.8% (Female	

					Sex Workers)
		Percentage of sex workers who are living with HIV	32.7% (Female Sex workers only) (IBBSS 2007)	32.7% (Female Sex workers only) (IBBSS 2007)	24.5%(Male & Female Sex Workers) 18.6% (Male sex workers) 25.2% (Female Sex Workers) (IBBSS 2007)
Reduce Sexual transmission of HIV by 50% by 2015 – Men who have sex with men		Percentage of men who have sex with men reached with HIV prevention programmes	54.38% (IBBSS 2007)	54.38% (IBBSS 2007)	17.99% (IBBSS 2010)
		Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	52.79% (IBBSS 2007)	52.79% (IBBSS 2007)	50.97% (IBBSS 2010)
		Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	30.15% (IBBSS 2007)	30.15% (IBBSS 2007)	24.92% (IBBSS 2010)
2.	Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	Not available	Not available	Not available
		Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	66.1% (IBBSS 2007)	66.1% (IBBSS 2007)	52.5% (IBBSS 2010)
		Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	89.2% (IBBSS 2007)	89.2% (IBBSS 2007)	70.89% (IBBSS 2010)
		Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	23.19% (IBBSS 2007)	23.19% (IBBSS 2007)	19.42% (IBBSS 2010)

			(IBBSS 2007)	(IBBSS 2007)	(IBBSS 2010)
		Percentage of people who inject drugs who are living with HIV	5.6%	5.6%	4.2%
			(IBBSS 2007)	(IBBSS 2007)	(IBBSS, 2010)
3.	Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS related maternal deaths	Percentage of HIV-positive pregnant women who receive anti-retrovirals to reduce the risk of mother-to-child transmission	5.25% (NNRIMS Data Base)	21.6% (FMOH 2009)	15.9% (FMOH 2011)
		Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Not Available	Not Available	4.0% (FMOH 2011)
		Mother-to-child transmission of HIV (modelled)	Not Available	29.1% (2010 Spectrum Modelling)	24.5% (2011 Spectrum Modelling)
4.	Have 15 million people living with HIV on antiretroviral treatment by 2015	Percentage of eligible adults and children currently receiving antiretroviral therapy	16.67% (NNRIMS Data Base)	34.4% (FMOH 2009)	29.8% (FMOH 2011)
		Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	94.56% (ICAP Prog records)	70% (FMOH 2009)	73.4% (FMOH 2011)
5	Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	55.95% (NTBLCP Programme Data)	69.1% (FMOH 2009)	16.49% (FMOH 2011)
6	Reach a significant level of annual global expenditure (US\$22-24 billion) in low- and middle-income countries	Domestic and international AIDS spending by categories and financing sources	US\$42,275,977.57 (NASA)	US\$394,963,881 (NASA 2008)	US\$497,817,471 (NASA 2010)
7	Critical Enablers and Synergies with Development Sectors	National Commitments and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)			

	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months			17.5% (NDHS 2008)
	Current school attendance among orphans and non-orphans aged 10-14*	Orphans: 75%, Non-Orphans: 87% (CRS 2006 OVC Situation Analysis)	OVC: 83.9% Non-OVC: 71.7% (NDHS 2008)	OVC: 83.9% Non-OVC: 71.7% (NDHS 2008)
	Proportion of the poorest households who received external economic support in the last 3 months	Not available	Not Available	Not Available

6.3: Other Key National Statistics for 2011

KNOWLEDGE INDICATORS

S/ N	Indicator	Total number of Males 2011	Total number of Females 2011	Q1 data	Q2 data	Q3 data	Q4 data	Total number of Persons 2011	Partners that provided data
1.	Number of persons trained to provide HIV/AIDS peer education	8,824	11,461	6,801	3,160	4,965	5,359	20,285	NYSC, Heartland alliance, NELA, SFH, Deloitte ENCAP, FHI, CISHAN, HWWN, CIHP, Action AID Nigeria, Population council
2.	Number of school implementing FLHE curriculum			2,337	890	4,628	1,981	9,836	FMoE, Action AID Nigeria, NMOD-USDOD
3.	Number of teachers trained to teach FLHE in schools	11,828	7,673	398	4,628	5,230	9,245	19,501	FME
4	Number of schools that provide life-			86	890	0	6364	7,340	FME & NYSC

	skills based HIV education in the last academic year								
5.	Number of students/ pupils reached with FLHE	490,464	402,973	0	88,464	250973	554,000	893,437	FME
6.	Number of out of school youth reach with prevention education	337,504	276,012	92,966	195,187	312933	12,430	613,516	CISHAN, HWWN, Deloitte ENCAP & NYSC

SEXUAL BEHAVIOR INDICATORS

S/ N	Indicator	Total number of Males 2011	Total number of Females 2011	Q1 data	Q2 data	Q3 data	Q4 data	Total number of Persons 2011	Partners that provided data
1.	Number of MARPs (female sex workers) reached with individual and/ or small group level MPP intervention.		17,717	6,876	4,826	3,687	2,328	17,717	USG,SF H& CIHP
2.	Number of MARPs (armed forces) reached with individual and/ or small group level MPP intervention	8,680	3,894	2,135	3,951	4402	2,086	12,574	USG
3.	Number of MARPs (transport workers) reached with individual and/ or small group level MPP intervention	43,152	4,986	13,223	11,852	20,182	2,881	48,138	USG
4.	Number of MARPs (IDUs) reached with individual and/ or small group level MPP intervention			6,876	4,826	3,687	2,328	17,158	USG & SFH
5.	Number of MARPs (MSMs) reached with individual and/ or small group level MPP intervention	15,042		3,830	3,964	4,545	2,703	15,042	USG& SFH

6.	Number of high risk groups (female sex workers) reached with HIV/AIDS prevention programs.							0	
7.	Number of high risk groups (armed forces) reached with HIV/AIDS prevention programs			4,080	3,561	211	332	8184	NMoD-USDOD & Deloitte ENCAP
8.	Number of high risk groups (transport workers) reached with HIV/AIDS prevention programs.	2168	203	0	0	1591	780	2371	Deloitte ENCAP
	Total number of MARPS reached with individual and /or small group level MPP intervention	82,310	28,319	27,892	27,548	37,993	17,196	110,629	All above

INDICATORS ON CONDOM DISTRIBUTION AND USE

S/N	Indicator	Total number of Males 2011	Total number of Females 2011	Q1 data	Q2 data	Q3 data	Q4data	Total number of Persons	Partners that provided data
1.	Total number of condoms (male) distributed in the country.	996,449	787,066	343953	574559	445638	419365	1,783,515	Heartland Alliance, SFH, CIHP, Action AID, NMOD-USDOD & Population council
2.	Total number of condoms (female) distributed in the country.			0	4000	0	2557	6,557	SFH & NMOD-USDOD

INDICATORS ON OVC

S/N	Indicator	Total number of Males 2011	Total number of Females 2011	Q1 data	Q2 data	Q3 data	Q4 data	Total number of Persons	Partners that provided data
1.	Number of orphans and vulnerable children (OVC) receiving services	233,989	233,306	86660	113418	141247	125970	467,295	CISHAN,USG, ARFH, HWWN
2.	Number of OVC who have improved quality of life per a standardized instrument as related to the service areas e.g. one score improvement on child status								
3.	Number of orphans and vulnerable children whose households received free basic external support in caring for the child								

PALLIATIVE CARE INDICATORS

S/N	Indicator	Number of Males	Number of Females	Q1 data	Q2 data	Q3 data	Q4 data	Total number of Persons	Partners that provided data
1.	Number of HIV/Positive people receiving Home based care	16,007	44,895	12,991	12,666	22,617	12,628	60,902	CISHAN, NELA, USG & CIHP
2.	Number of People Living with HIV reached with a minimum package of Prevention with positive			80,311	78,894	123,832	71,089	354,126	USG, NMoD-USDOD, CIHP& FHI
3	Number of people living with HIV/AIDS receiving Adherence support			44268	76536	47037	85533	253,374	AIDS Relief, CIHP, Nephwan, NMOD-USDOD

WORKPLACE PROGRAM INDICATORS

S/ N	Indicator	Number of Males	Number of Females	Q1 data	Q2 data	Q3 data	Q4 data	Total number of institution s 2011	Partners that provided data
1.	Number of enterprises implementing an HIV/AIDS workplace program, (prevention /care and support treatment) according to minimum package			249	249	249	249	249	FMoL & NIBUCCA
2.	Number of MDAs that have HIV/AIDS workplace			25	25	25	25	25	FMoL
3.	Number of MDAs that have HIV/AIDS policy and programs			4	4	4	4	4	FMoL

INSTITUTIONAL ARCHITECTURE AND COORDINATION

S/No	INDICATOR	Achievements in 2011
1.	Number of SACAs that are agencies	30
2.	Number of Donors	6
3.	Number of Implementing partners	59
4.	Number of network organizations	7
5.	Number of Civil society organizations implementing HIV programmes	2649



CHAPTER 7

National HIV Resource Material

7.1 List of Key Reports and Strategic documents

S/No	Document	Year	Publisher
1.	Report of the National Joint Annual Review of the National Response 2011	2011	NACA
2.	Nigeria National Response Information Management System (NNRIMS) Operational Plan 2011-2016	2011	NACA
3.	National AIDS Spending Assessment (NASA) 2011	2011	NACA
4.	NACA Commissioned research studies in 2011		
	<ul style="list-style-type: none"> Evaluation of Community response to HIV/AIDS in Nigeria 	2011	NACA
	<ul style="list-style-type: none"> Evaluation of the GF HIV workplace program in small and medium scale enterprises (SMEs) 	2011	NACA
	<ul style="list-style-type: none"> Study of out of pocket expenditure on HIV/AIDS in Nigeria 	2011	NACA
	<ul style="list-style-type: none"> HIV Mainstreaming in the public sector response in Nigeria 	2011	NACA
	<ul style="list-style-type: none"> Assessment of Government expenditure on human Resources in Nigeria 	2011	NACA
5.	National Survey on the impact of Toll – Free Telephone services on HIV/AIDS Counseling	2010	NACA
6.	National HIV/AIDS Prevention Plan 2010-2012	2010	NACA
7.	National Guidelines for PMTCT	2010	FMOH
8.	National Guidelines for HIV/AIDS Treatment and Care in Adolescents and	2010	FMOH

	Adults		
9.	National Guidelines for Pediatric HIV/AIDS Treatment and Care	2010	FMOH
10.	National Protocols for HIV Counseling and Testing at PHC level	2010	FMOH
11.	Report on the status of Nigeria National HIV Monitoring & Evaluation system (Assessment using 12 components system strengthening Tool	2010	NACA
12.	Women, Girls, Gender Equality and HIV (5 year Strategic Plan) 2011-2015	2010	NACA
13.	National HIV Strategic Plan 2010-2015	2010	NACA
14.	Nigeria HIV/AIDS Integrated Biological and Behavioral Surveillance Survey (IBBSS) 2010 Report	2010	FMOH
15.	National HIV/Syphilis Sero-prevalence Sentinel Survey 2010	2010	FMOH
16.	National Research Agenda on HIV/AIDS in Nigeria	2010	NACA
17.	National HIV/AIDs Behaviour change communication strategy 2009-2014	2009	NACA
18.	National AIDS Spending Assessment (NASA) 2009	2009	NACA
19.	Operational Manual for mainstreaming HIV/AIDS into sector plans and budgets	2009	NACA
20.	National HIV/AIDS Policy	2009	NACA
21.	National HIV/AIDS Policy Review Report	2009	NACA
22.	NIGERIA DEMOGRAPHIC HEALTH SURVEY (NDHS)	2008	National Population Commission
23.	National HIV/Syphilis Sero-prevalence Sentinel Survey 2008 Report	2008	FMOH
24.	Nigeria HIV/AIDS Programme sustainability assessment Report 2008	2008	NACA
25.	Nigeria HIV/AIDS Integrated Biological and Behavioral Surveillance Survey (IBBSS) 2007	2007	FMOH
26.	Nigeria National Response Information Management System (NNRIMS) Operational Plan 2007-2010	2007	NACA
27.	2007 Nigeria UNGASS Country Report	2007	NACA
28.	Monitoring and evaluation training manual ON NNRIMS	2006	NACA

29.	2005 Nigeria UNGASS Country Report	2005	NACA
30.	National HIV/Syphilis Sero-prevalence Sentinel Survey 2005 Report	2005	FMOH
31.	A training manual on HIV/AIDS Project Management	2005	NACA
32.	National HIV/Syphilis Sero-prevalence Sentinel Survey 2003 Report	2003	FMOH
33.	NIGERIA DEMOGRAPHIC HEALTH SURVEY (NDHS)	2003	National Population Commission

7.2 List of National Response Key Donors and IPS

S/No	Donors	S/No	Ministries, Department & Agencies
1.	UNAIDS	1.	Federal Ministry of Health
2.	USAID	2.	Federal Ministry of Education
3.	WORLD BANK	3.	Federal Ministry of Women Affairs
4.	DFID	4.	Federal Ministry of Youth Development
5.	USDOD	5.	Federal Ministry of Labor
6.	CDC	6.	Ministry of Defense
7.	CIDA	7.	Armed Forces Program on AIDS Control
8.	UNDP	8.	Nigeria Institute for Medical Research (NIMR)
9.	Clinton Foundation	8.	Federal Ministry of Information
S/No	Implementing Partners	9.	Nigeria Prisons
1.	FHI 360		
2.	APIN		
3.	ICAP	S/No	Civil Society Umbrella Organizations
4.	CHIP	1.	CISHAN
5.	ICAP	2.	NEPWHAN
6.	ENR	3.	NYNETHA
7.	SFH		
8.	ACTIONAID		
9.	IHVN		
10.	ARFH		
11.	Measure Evaluation		
12.	Management Science for Health		

7.3 Key HIV Activities for 2012

S/No	Activity	Timeline
1.	National Mapping and size estimations for MARPs	Quarter 1 – Quarter 2 2012
	National HIV Vaccine Development Plan Workshop	April 2012
2.	Official launch and takeoff of the National HIV/AIDS & Related diseases Call Center	April 2012
3.	Conduct of National AIDS and Reproductive Health Survey (NARHS) 2012	April 2012
4.	Impact Evaluation of the Global Fund (GF) HIV Program in Nigeria	June 2012
5.	Start up and launch of National HIV Resource Centre	July 2012
6.	International AIDS Conference, Washington 2012	July 2012
7,	World AIDS Day 2012	December 2012

