





REMOVING LEGAL & HUMAN RIGHTS BARRIERS TO HIV AND AIDS RESPONSE IN NIGERIA (2017-2022)

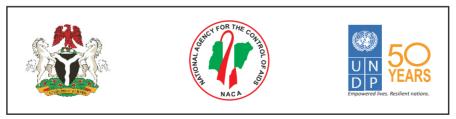
NATIONAL PLAN OF ACTION PLAN 2017 - 2022

NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)



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CONTENTS

Acronyms /Abbreviation	iv
Foreword	vi
Preface	viii
Acknowledgements	ixi
National Plan of Action for the Removal of Legal and Human Rights' Barriers	
to HIV Response in Nigeria	1
Introduction	1
Goal	5
Specific Objectives of the Plan of Action	5
Expected Outcomes of the Plan	6
Essential Elements of the Plan	6
Definition of Terms	8
Removing Legal and Human Rights Barriers to HIV/AIDS response in	
Nigeria (2017-2022)	10
The Legal and Human Rights Plan of Action Priority	
Accountability Framework	17
References	21

ACRONYMS/ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASWHAN	Association of Women Living with HIV/AIDS in Nigeria
ATM	AIDS, Malaria and Tuberculosis
COLAHR	Coalition of Lawyers for Human Rights
CSO	Civil Society Organization
ECOWAS	Economic Community of West Africa
FCT	Federal Capital Territory
FIDA	International Federation of Women Lawyers
FMOH	Federal Ministry of Health
FMOJ	Federal Ministry of Justice
FMWASD	Federal Ministry of Women Affairs and Social Development
FCT SACA	Federal Capital Territory AIDS Control Agency
FSW	Female Sex Workers
GARPR	Global AIDS Response, Country Progress Report
HIV	Human Immuno deficiency Virus
IBBSS	Integrated Biological and Behavioral Surveillance Survey
IDU	Injecting Drug Users
IEC	Information, Educations, Communication
КР	Key Population
LACA	Local Government Action Committee on AIDS
LEA	Legal Environment Assessment
MDAs	Ministries, Departments and Agencies
MPPI	Minimum Prevention Package Intervention
MSM	Men who have Sex with Men
NACA	National Agency for the Control of AIDS
NAFDAC	National Food and Drug Administration and Control

NBBFSW	Non Brothel Based Female Sex Worker
NDLEA	National Drug Law Enforcement Agency
NEPWHAN	Network of People Living With HIV/AIDS in Nigeria
NGOs	Non -Governmental Organizations
NHOCAT	National Harmonized Organisational Capacity Assessment
	Tool
NHRC	National Human Rights Commission
NPC	National Planning Commission
NPF	Nigerian Police Force
NPoPC	National Population Council
NSP	National HIV/AIDS Strategic Plan 2010-15
NUC	National University Commission
OHCHR	Office of the High Commissioner for Human Rights
OPD	Office of the Public Defender
PLWHA	People Living With HIV/AIDS
PWDs	People with Disabilities
PWID	People Who Inject Drugs
SACA	State Agency for the Control of AIDS
SOWCHAN	Society for Women and Children Living with HIV and AIDS in
	Nigeria
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
VSLA	Village Savings and Loans Associations
WWD	Women with Disabilities

FOREWORD

The government of Nigeria, through the National Agency for the Control of HIV/AIDS (NACA), is committed to strengthening the coordination and management of the national HIV/AIDS response. The Agency, with the support of the United Nations Development Programme (UNDP) conducted a Legal Environment Assessment for HIV/AIDS Response in Nigeria between 2014 and 2015. The assessment was a landmark achievement that supports the 2015 Dakar Declaration on factoring Key Populations in the response to HIV and AIDS in ECOWAS member states.

The assessment revealed, among other things, that lack of respect for the fundamental human rights is a key factor for the disproportionate prevalence of HIV among key and vulnerable populations. It clarified key legal and human rights issues acting as barriers to the national response to HIV and AIDS. It provides evidence for specific actions necessary for policy and legal reforms in order to remove existing barriers to the enjoyment of fundamental rights by vulnerable women and men.

The Constitution of the Federal Republic of Nigeria offers general protection for the rights of Nigerians, including protection against discrimination of any sort. The legal environment has also been strengthened with the passage of the HIV/AIDS Anti-Discrimination Act in 2014 and the domestication of same by some states of the federation. A couple of other legislations were also identified as having supportive implications for HIV/AIDS response in Nigeria.

This Plan of Action is the outcome of a series of consultative meetings with a broad spectrum of stakeholders, including representatives of key and vulnerable populations, civil society organisations, ministries, agencies and departments of government, development partners, media and academia. The Plan of Action is designed to guide the implementation of the recommendations of the legal environment assessment. It will no doubt assist to guide the implementation and enforcement of laws, regulations and policies that protect rights and promote access to HIV-related services.

It is my belief that the implementation of the plan will in no small way enable Nigeria HIV/AIDS response contribute to the realisation of the new global Fast Track 90–90–90 targets, which includes major reductions in new HIV infections, particularly among the populations most affected, and the elimination of discriminatory laws and practices.

Hogenes.

Dr. Kayode Ogungbemi Acting Director General National Agency for the Control of AIDS (NACA) 2016

PREFACE

The need for a national plan of action on the removal of legal and human rights barriers to the national response cannot be over-emphasised. With higher rates of infection among specific groups within the general population, there can be no better time for a focused plan of action. HIV prevalence rates among key populations range from 19.4% among Brothel Based Female Sex Workers (BBFSW), 8.6% among Non-Brothel Based Female Sex Workers (NBBFSW), 22.9% among MSM to 3.4% among PWIDs (IBBSS, 2014), compared to the national prevalence rate, which is 3.4% among general population (NARHS Plus, 2012). Efforts at halting transmission of HIV infection within the general population may be unachievable if current trends of infection among key populations are not reversed.

The HIV and AIDS Legal Environment Assessment is the basis for the development of this Plan of Action. The assessment was aimed at identifying and clarifying key legal and policy issues that pose as barrier to access to services for vulnerable groups. It aimed at assessing the implications of existing laws and policies for individuals and organisations that respond to HIV/AIDS. The assessment revealed several issues to be addressed. This plan is therefore designed to strengthen the national framework to address human rights violations that impede the national HIV response. It is aimed at facilitating law reforms, law implementation, and legal literacy of stakeholders and key and vulnerable populations. It is a 5-year plan that will drive efforts at strengthening service provision to key populations and vulnerable groups as well as strengthen the demand side for services.

The government remains committed to the removal of all barriers that hinder the enjoyment of fundamental human rights and impact the national response negatively. This is demonstrated in the concrete and bold actions highlighted in the plan. We all share a common aspiration for a successful national response, which can be accomplished with our resolve and commitment to further improve upon our existing strengths. Success is possible through systematic sensitization for ending discriminatory practices and respect for fundamental human rights of all to access services.

Dr Akudo Ikpeazu Director, Programme Coordination National Agency for the Control of AIDS (NACA)

ACKNOWLEDGEMENTS

The development of the National Plan of Action for the removal of legal and human rights barriers to HIV/AIDS response in Nigeria is a result of immeasurable support and contributions by several organizations and individuals.

Our sincere regards go to the Technical Working Group consisting of individuals, representatives of ministries, agencies and departments of government, Civil Society Organisations (CSOs); Key and Vulnerable Populations; Development Partners, Implementing Partners, media and the academia,

We are particularly grateful to the UNDP Regional Service Centre for Africa and the Country Office particularly Mr. David Owolabi, Dr. Bolaji Kehinde, Mrs Belinda Onyinye Ndubuisi and Mr. Segun Olusola. The support of ENDA SANTE, Dakar, especially the Programme Manager Mrs Nguissali Turpin and Finance Manager, Mr. Michel Diouf for the Regional Global Funds Supported Project for the financial and technical support for the processes that led to the emergence of this document. We equally appreciate the technical support of UNAIDS, represented by the Gender and Human Rights Advisor, Ms. Mianko Ramaroson; and the consultants that worked with the NACA's Gender and Human Rights team in facilitating the entire process, Christele Diwouta, International Consultant; Barrister Adebanke Akinrimisi, National Consultant and Ms. Jumoke Idowu, the National Rappoteur. We also acknowledge the technical input of the academia to the document, particularly, Dr. Morenike Ukpong.

The leadership and diligence of the staff of the National Agency for the Control of AIDS (NACA) is specially appreciated for coordinating the entire process that led to the production of the Plan of Action including the consultative meeting, the technical meeting and validation of the final report. These include staff of the Gender and Human Rights Unit under the able leadership of Director, Programme Coordination, the Legal Unit and the Finance & Account Department.

Afaleng

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NATIONAL PLAN OF ACTION FOR THE REMOVAL OF LEGAL AND HUMAN RIGHTS BARRIERS TO HIV AND AIDS RESPONSE IN NIGERIA

INTRODUCTION

Research continues to show that human rights have serious implications for the spread and impact of HIV on individuals and communities. A lack of respect for human rights fuels the spread and exacerbates the impact of HIV. The nexus between HIV and human rights is demonstrated in its disproportionate incidence and spread among certain groups which, depending on the nature of the epidemic and the prevailing social, legal and economic conditions, include women, men who have sex with men, people who inject drugs and female sex workers. The role of the law therefore, in any response to HIV/AIDS, cannot be over emphasized. The law can be protective as well as instrumental in promoting change. The disproportionate rates of infection among key populations called for an assessment of the legal environment for HIV response in Nigeria in 2014. The assessment was designed to identify important legal and human rights issues affecting people living with HIV and those at higher risk of HIV infection e.g. Men who have Sex with Men (MSM), Female Sex Workers (FSWs) and Injecting Drug Users (IDUs). The assessment was designed for the identification and review of laws and policies that have implications for responding to HIV either by individuals or organisations in Nigeria. It sought to determine the extent to which the current legal and policy framework protects rights and/or acts as a barrier to access to HIV-related services. The HIV Legal Environment Assessment (LEA) for Nigeria, 2015 was aimed at clarifying key legal and human rights issues acting as barriers to the national response to HIV and AIDS. The ultimate aim was to gather evidence necessary for policy and legal reforms.

BACKGROUND

With an adult prevalence rate of 3.4% (NARHS, 2012) and an estimated 3.1 – 3.8 million people living with HIV, Nigeria has the 2nd largest burden of HIV in the world after South Africa (NACA, 2014). In two and a half decades, the HIV infection in Nigeria has moved from an initial concentrated epidemic to a generalized epidemic and to the current mixed epidemic. Rates of

infection among specific groups within the population are higher than the national prevalence rates. Unfortunately, the current national HIV prevalence in Nigeria masks the disproportional contributions of the Key population (KP) to the epidemic. The last Integrated Biological and Behavioural Surveillance (IBBS, 2014) revealed that HIV prevalence was highest among MSM (22.9%), followed by BBFSW (19.4%), NBBFSW (8.6%) and least among members of the Armed Forces (1.5%). HIV prevalence was slightly higher among females in the Police (3.9%) and PWID (13.9%) compared to their male counterparts. There 2

has been a consistent decline in the prevalence of HIV among the brothel and non-brothel based FWSS, PWID, and transport workers from 2007 to 2014. In contrast, HIV prevalence among MSM has steadily risen from 13.5% in 2007 to 22.9% in 2014. A slight increase was observed among the Police Officers from the 2010 result while HIV prevalence remained the same within the Armed Forces.

	Brothel-based Sex Workers	Non-Brothel- based Sex Workers	MSM	IDU
2007	37.4%	30.2%	13.6%	5.6%
2010	27.4%	21.7%	17.2%	4.2%
2014	19.4%	8.6%	22.9%	3.4%

Integrated Biological and Behavioural Surveillance (IBBS), 2014.

Partly responsible for higher rates of infection among key populations is the programming approach which is often driven by lack of respect for the rights of KP and other vulnerable groups. At the centre of any meaningful right-based programme are laws and policies that can guarantee respect for human rights and access to services delivered in a dignifying manner. Achieving this can only be possible if the legal and policy environment of the country is clearly understood, with gaps identified and addressed, hence the assessment that forms the basis for this plan of action.

The UN General Assembly also favours the conduct of LEA. At its Special Session on HIV/AIDS in 2001, and the Political Declarations of 2006 and 2011, the role of the law in any response to HIV was highlighted, including law reform, community education and enforcement mechanisms. Countries are encouraged to "Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms with particular attention to all people vulnerable to and affected by HIV".

The assessment revealed experiences of abuse of human rights of people living with and affected by HIV/AIDS as well as Key and Affected Populations across the country. Response to issues of Key populations (IDUs, MSM and FSWs), especially by the law enforcement agents was found to be driven by the notion of criminalization, often times without direct legal backing. Some of the challenges impacting the enjoyment of rights by PLHIV and other key and vulnerable populations are the presence of policy, regulatory barriers and practices that prevent engagement and recognition of these groups. Increasing stigma and 3

discrimination are threatening all efforts made at providing effective prevention, treatment, care and support for them. The recommendations of the assessment were reviewed at an action planning meeting held on the 22nd and 23rd, 2016 in Abuja.

The following are some of the recommendations of the assessment:

- Increased attention to the issue of access to healthcare services by Key Populations (MSM, FSW, PWID)
- Engagement of the bar for pro-bono legal services e.g. FIDA, COLAHR etc.
- Economic empowerment of PLHIV
- HIV/AIDS Desk at the NHRC for documentation, monitoring and follow-up of human rights abused, violations of PLHIV
- Research on the conditions of Key populations that are in the prisons.
- NACA to constitute and institutionalize a Human Rights Response Team (a Watch Group) with representatives from different strategic stakeholders as members for effective response to human rights abuse
- Training and retraining of health care providers both in public and private facilities to enhance quality and friendly service provision
- Capacity development of healthcare providers (public and private) and law enforcement agencies on sexual diversity and human rights based approach to service delivery especially for PLHIV and Key Populations
- Change in programming approach on issues of PWIDs from criminalization to human rights-based public health approach
- Funding of the state agencies for the Control of HIV/AIDS to be backed by law in respective states
- Sensitization, community mobilization for popularization of the provisions of the HIV and AIDS Anti-Discrimination Act, 2014 and the state level corresponding laws including interpretation of laws in local languages

Participants at the consultative meeting consisted of stakeholders representing key populations, HIV positive women's groups, development partners, civil society organisations, ministries, departments and agencies of government, academia and the media. The consultative meeting was followed a by a series of technical meetings, the outcome of which is this plan and the accompanying priority and accountability matrix.

Goal of the Plan

The overall goal of the plan is the removal of legal and human rights barriers to HIV and AIDS response in Nigeria

Objectives and Strategies of the Plan of Action

- 1. To strengthen the national HIV response for integration of legal and human rights issues
- 1.1 Facilitate effective coordination of stakeholders
- 1.2 Establish coordinating mechanisms for addressing human rights violation inhibiting the HIV response
- 1.3 Operational capacity development for partners to ensure flexibility, adaptability and sustainability
- 2. To facilitate law reforms, law implementation, and legal literacy of stakeholders, key and vulnerable populations
- 2.1. Support advocacy and capacity building of stakeholders for law reforms
- 2.2 Support public enlightenment and education on human rights
- 3. To strengthen service provision and access for key populations and vulnerable populations
- 3.1 Enhance adherence to professional code of ethics by healthcare workers
- 3.2 Adopt people-centred service delivery mechanisms
- 3.3 Capacity building for provision of legal services for key populations and vulnerable groups

- 4. To strengthen systems for capturing and reporting data on gender and human rights
- 4.1 Develop and introduce standardized protocols and procedures for data gathering by healthcare providers and law enforcement agencies

Expected Outcomes of the Plan

- 1. Improved coordination of response activities on promotion and protection of human rights of key and vulnerable populations
- 2. Enhanced access to justice
- 3. Improved access to quality and comprehensive HIV services for key and vulnerable populations
- 4. Improved gender and human rights data management and coordination

Essential Elements of the Action Plan

The Plan of Action is anchored on the guiding principles of human rights which include equality of human persons, access to services, community participation and evidence-informed plans and policies.

Policy-derived: The Plan has is based on the National Policy on HIV/AIDS, 2009, through which the government commits to ensuring the protection, participation and empowerment of vulnerable populations.

Evidence-based: The Plan is based on the outcome of the Legal Environment Assessment for HIV response in Nigeria that was conducted between 2014 and 2015.

Participatory: The Plan draws on the collective wisdom and experiences of more than 100 stakeholders who participated in a series of meetings such as the Consultative Forum, the 5

action planning and technical meetings. The planning process brought together people from different walks of life including women and men living with HIV, members of the communities of key populations and vulnerable populations including Persons with Disabilities (PWDs), Ministries, Departments and Agencies of Government (MDAs), academia, media, Civil Society Organisations, Development partners, Implementing partners etc.

Alignment with current government priorities, initiatives and actions: The Plan aligns with the National HIV/AIDS Strategic Framework, 2016 – 2020 and other current and related guidelines and plans of action for HIV initiatives. The plan is not a stand-alone document, but builds on existing structures to ensure cost-effectiveness and sustainability.

Guide to using the Action Plan

The Plan of Action represents a broad consensus of stakeholders on the necessary steps and actions that should be taken towards removing legal and human rights-related barriers to effective HIV response in Nigeria during the life of the plan. The plan is made up of two matrices. The first highlights actions, resources, expected results as well as indicators of success in relation to specific objectives and strategies. Each relevant Ministry, Department and Agency of the federal and state governments as well as local government authorities, is expected to key into this plan by deriving part of their sector-specific annual plan on HIV/AIDS (as far as they relate to their mandates) from it. The derived plan will be appropriately costed at the level of each of the relevant government organ; the costs will be reflected in the respective budgets of the MDAs or LGA as related to their mandates. The sector-specific plan will provide the platform for monitoring activities at the level of relevant agencies of the federal, state and local government authority.

The second matrix is the Priority Accountability Framework. The matrix is a presentation of specific actions derived from the Plan, which some institutions will be expected to deliver on by reason of their institutional mandate. Such institutions may be supported to be able to implement identified actions and held accountable for the delivery of relevant results during the life of the Plan of Action.

It is expected that in line with the Paris declaration and principle of good corporate citizenship, development partners, civil society organisation as well as private organisations will be expected to buy into the Plan and support its implementation.

DEFINITION OF KEY TERMS

Discrimination

Discrimination is the unjust or prejudicial treatment of different categories of people especially on the grounds of race, age or sex (Amnesty International 2016). It is mostly exhibited in form of gender discrimination. Gender discrimination includes distinctions, exclusions or restrictions based on the biological characteristics and functions that differentiate women from men (e.g. pregnancy). Gender discrimination typically disadvantages women more than men. Discrimination against women has the "effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality, of human rights and fundamental freedoms in the political, economic, social, cultural civil or any other field" (Division for the Advancement of Women, 1979).

Stigma

Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy (UNAIDS, 2011).

Key Population

Those who are most likely to be exposed to HIV or to transmit HIV – their engagement is critical to a successful HIV response i.e. they are key to the epidemic and key to the response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and sero-negative partners in sero-discordant couples are at higher risk of HIV exposure to HIV than other people (UNAIDS, 2011).

Men who have Sex with Men

Men who have Sex with Men (MSM) are males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but have sex with other men (UNAIDS, 2011).

Female Sex Workers (FSW)

These are females who engage in transactional sex - adults and young people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally (UNAIDS, 2011). For the sake of this assessment, 'prostitutes' as used by the criminal code refers to FSWs.

Injecting Drug Users (IDUs)

IDUs are persons who inject drugs (UNAIDS, 2011)

REMOVING LEGAL & HUMAN RIGHTS BARRIERS TO HIV AND AIDS RESPONSE IN NIGERIA (2017-2022)

OBJECTIVE 1: To strengthen the national response for integration of legal and human rights issues								
OUTCOME: Improved coordination of response activities on promotion and protection of human rights of key population and other vulnerable groups								
Strate	gy1.1: Facilitate effec	tive coordinatio	on of stakeho	lders				
SN	Activity	Responsible Partners	Support Needed	Indicators	Results	Time Frame		
1.1.1	Produce and disseminate National Plan of Action	FMoJ, NACA, NHRC, Legal Aid, FIDA, Civil Society Organisations, COLAHR	Human	 Number of document produced and disseminated and in appropriate media for persons with disabilities Number of Human Right desk offices and gender units strengthening 	resolution of	December 2022		
1.1.2	Mobilize all stakeholders for resourcing legal and human rights integration in the national response	Civil Society Organisations, NACA and SACAs, Nigerian Guild of Editors (NGE), Nigerian Press Council (NPC), Development Partners	Human resources Funds Technical Assistance	 % of HIV/AIDS fund dedicated for human right responses Number of organizations applying for support Number of organizations funded 	Increased resourcing of legal and human rights in the national HIV response	December 2022		
1.1.3	Coordination of documentation and sharing of best practices	NACA, Development Partners, Networks of Civil Society	Funds Technical Assistance	1. Number of national regional, and global sharing for a featuring Nigeria's experience of legal and human rights programming in the national HIV response	Documentation and shared best practices of the legal and human rights programming in the national HIV response	December 2022		

Strateg	y 1.2: Establish coordina	ting mechanisms	for addressing	g human rights violation	inhibiting the I	IV response
SN	Activity	Institutions responsible	Support Needed	Indicators	Result	Time Frame
1.2.1	Establish and organize regular meetings of the National and State Technical Working Group on gender and human rights	NACA, SACA	Funds	 Number of Technical Working Group meeting in each of the 36 States Number of established TWG Number of meetings held. 	Technical Working Group meeting held in each of the 36 States	
1.2.2	Strengthen the Network of Civil Society Organisations addressing human rights abuse and HIV response	Solidarity Alliance, KP, CISHAN, NEPWHAN, ASWHAN, INIERELA+, SOWGHAN, NACA, UNAIDS, UNODC	Fund Technical support	 Percentage increase on NHOCAT by the Networks Number of networks strengthened Number of Network members trained on addressing human right abuse 	Network scores 90% on NHOCAT	December 2022
Strateg SN	y 1.3: Operational capa Activity	city development Institutions responsible	t for partners Support Needed	to ensure flexibility, ada Indicators	aptability and s Result	ustainability Time Frame
1.3.1	Build capacity at National and State Human Rights Desk offices and Gender Units of strategic partners	NACA SACA LEGAL Aid Council, COLAHR, Citizen's Right, OPD and Police stations, Gender Unit of NASS	Human resources Funds	 All strategic partners reporting and dealing with human rights violation 1. Number of persons Trained 2. Number of Human Rights desk offices and gender units strengthened 	All identified strategic partners reporting and dealing with human rights violation are strengthened	March 2019
1.3.2	Establish platform for sharing of experiences between partners	NACA Implementing partners	Funds Technical support	 Five annual platforms organized Number of platforms created (virtual/Physical). 	Five annual platforms organised	December 2022

	Objective 2 : Facilitate law reforms, law implementation, and legal literacy of stakeholders, key and vulnerable population							
Outcome: Enhanced access to justice								
Strateg	y 2.1 Support advocacy			akeholders for law refo	rms			
SN	Activity	institutions responsible	Support Needed	Indicators	Result	Time Frame		
2.1.1	Sensitise and educate law makers and CSOs on required legal reforms and laws for domestication	National Assembly State Assemblies FMoJ Network of CSOs	Technical support	 Discriminatory laws identified Anti-discrimination law domesticated in states that have not done so 		December 2019		
Strateg	y 2.2 Support public er	nlightenment and	d education or	n human rights				
SN	Activity	Institutions responsible	Support Needed	Indicators	Result	Time Frame		
2.2.1	Produce and disseminate simplified version of the HIV Anti-Discrimination Act, 2014, VAPP, National Health Act, Administration of Criminal Justice Act in an inclusive manner for PWDs Develop, produce and disseminate 1. patients' rights and	NACA SACA NHRC Network of CSOs MDAs Network of CSOs,	Technical support Funds Technical support	 Number of CSO networks that received copies Number of dissemination meetings held Number of CSO networks that received 	Enhanced lega literacy among general and key & vulnerable populations			
	charter 2. directory of legal service providers	NACA FMoH	Funds	 Copies patients' rights and accountability charter Directory of legal service providers 	accountability and obligation of related to HIV	s		
2.2.3	Conduct legal literacy training for Network Organisations' Coordinators and members	NACA SACA NHRC, OPD, FMoJ, FMoH Network of CSOs	Funds and Technical support	No. of coordinators and members trained.	Members of community of Key and vulnerable populations acquire knowledge and skills for actualizing their fundamental human rights	December 2017		

Strateg	gy 2.2 Support public er	nlightenment and	d education or	n human rights		
2.2.4	Create public awareness, sensitization, education on gender, human rights and HIV in an inclusive manner for PWDs	Civil Society Organisations, NACA and SACAs, Nigerian Guild of Editors (NGE), Nigerian Press Council (NPC)	Human resources Funds	 Number of persons reached with awareness creation disaggregated by sex and age. Number of media materials developed for awareness. Number of media materials disseminated/ distributed 	Increased level of public awareness on gender, humar rights and HIV	2022
Object	ive 3: Strengthen service	provision and acce	ess for key pop	ulations and vulnerable ${ m g}$	groups	
Outcor	me: Improved access to o	quality and comp	orehensive HIV	/ services for Key and v	ulnerable popul	ations
Strateg	y 3.1: Enhance adherence			healthcare workers	1	
SN	Activity	Institutions responsible	Support Needed	Indicators		Time Frame
3.1.1	Review existing Standard of Operations (SOP) for effective integration gender and human rights issues	NACA gender unit SACA, LACA Network of CSO IPS	Funds and technical support	 Number of revised SOPs Number of gender & human right guides included in the revised SOP 		December 2019
3.1.2	Include human rights, ethics, and gender in supervisory role of health care workers in an inclusive manner for PWDs	FMoH SMoH Network of CSO	Funds and technical support	1. Number of human rights and gender equality-related cases addressed ethically and documented during supervisory visits.	Gender and human rights tracker developed and used during monitoring visits	December 2022
				2. Supervisory visits to public and private hospital conducted with incorporated gender and human rights issues		

SN	Activity	Institutions responsible	Support Needed	Indicators	Result	Time Frame
3.1.3	Engage NUC to ensure inclusion of human rights, gender, ethics and sexual diversity into training curriculum of health care providers and journalists as part of the resolution passed by NASS on gender studies in 2016	NASS Gender Unit NUC Nursing Council MDCN NPMCN NACA NAN,NGE CSOs	Funds and technical support	 Number of health and media training institutions that include gender & HRs in their curriculum Number of health care workers trained Number of journalists trained 	6. advocacy done with regards to all institution responsible	December 2019
Strateg	y 3.2: Adopt-people ce	ntered service de	elivery mecha	nisms		
3.2.1	Strengthen support groups of key and vulnerable populations to access skills acquisition and income generating opportunities	NACA SACA Networks of CSO BOA, BOI, CBN, NEFUND, State Chamber of Commerce and Industry	Funds and technical support	 Number of persons linked to income generating activities Number of village savings & loans associations forms (VSLA) 	Populations and vulnerable	
3.2.2	Document human rights violations and response	Networks of Civil Society Organisations	Human resources Funds Data collection tools	 Number of cases reported Number of cases resolved, (desegregation based on gender, typology of cases etc.) Number of tracking tools developed, Number of the tracking tools in use 	Reduction in number of human rights violations reported by 2022	December 2022

Strategy 3.3 Capacity building for provision of legal services for key populations and vulnerable groups						
3.3.1	Train community based para legals on alternative dispute resolution	NACA FMoJ Network of CSO UN Agencies Legal Aid Council	Funds and technical support	Number of persons trained	Increased access to paralegal services for key population and vulnerable group	December 2019
3.3.2	Capacity building of organizations/ institutions to provide mediation and pro bono Legal services on human rights violation	FMoJ, NACA, NHRC, Legal Aid, FIDA, Civil Society Organisations, COLAHR	Human resources	 Number of persons trained Number of Human Right desk offices and gender units strengthening 	Increased settlement of reported cases of human rights violation	December 2022
3.3.3	Train human rights desk officers of law enforcement agencies on HIV response	Law Enforcements Agents	Funds and technical support	Number of persons trained	Enhanced knowledge of HIV and related issues among law enforcement	December 2019
		Legal Aid Councils, NHRC			officers	
3.3.4	Identify and train stakeholders on peculiar human rights violations faced by children, persons with disabilities, adolescents and young persons	Networks of CSO NACA UN Agencies Law Enforcements Agents Legal Aid Councils, NHRC	Funds and technical support	Number of persons trained disaggregated by categories	Increased access to legal services for key population and vulnerable group	December 2019

Objective 4 : Strengthen systems for capturing and reporting data on gender and human rights

Outcome: Improved gender and human rights data management and coordination

Strategy 4: 4.1 Develop and introduce standardized protocols and procedures for data gathering by healthcare providers and law enforcement agencies

SN	Activity	Institutions responsible	Support Needed	Indicators	Result	Time Frame
4.1.1	Develop and disseminate facility level data collection tools services accessed to address human rights violation, stigma and discrimination	NACA SKM Unit NACA gender unit Law Enforcement Agencies	Funds and Technical support	 Tools developed Number of indicators developed 	Gender and human rights tracker developed and used to monitor performance	April 2017
4.1.2	Develop human rights violation documentation tools	NACA Network of CSO	Funds and technical support	Tools developed	Gender and human rights tracker developed and used to monitor performance	April 2017
4.1.3	Develop M&E framework and tools on gender and Human rights indicators	NACA SKM Unit NACA gender unit SACA, LACA, MDA FMoJ, Legal Aid Council, NHRC UN Agencies	Funds and technical support	 Tools developed Number of data collection tools produced & disseminated 	Partners at national, state and LGA levels mainstream gender and human rights into M&E framework	April 2017
4.14	Conduct special studies on sexual diversity especially transgender and its interaction with HIV in Nigeria	NACA Programmes & SKM Development & Implementing Partners and Kps	Funds and technical support	Study conducted	Better understanding of sexual diversity for HIV response In Nigeria	2017-2018

THE LEGAL AND HUMAN RIGHTS PLAN OF ACTION PRIORITY ACCOUNTABILITY FRAMEWORK

SN	NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)						
1.0	ΑCTIVITY	RESOURCES AVAILABLE	SUPPPORT NEEDED	INDICATORS	TIME FRAME	MOV	
1.1	Build capacity of national and state human rights desk offices and gender Units of strategic partners, inclusive of law enforcement agents, judiciary, legal practitioners, NASS key and vulnerable population	NACA	Funds, technical assistance	Number of stakeholders with improved capacity	End of 2017	Reports of capacity building activities	
1.2	Develop M&E indicators & tools to track gender and human rights activity/ program me results	NACA	Funds, technical assistance	 Number of tools developed/updated to capture gender equality results Number of tools that capture human rights violations 	1st quarter 2017	Tools and Indicators, meeting reports	
1.3	Produce, disseminate and popularize simplified versions of the HIV and AIDS Anti-Discrimination Act, 2014 & State level versions of the Law, as well as relevant aspects of VAPP Act 2015,Administration of criminal justice Act 2015, and the National Health Act 2014 in different languages and pictorial forms, including PWD-friendly content.	NACA NHRC NETWORKS, SACAs MDAs, FMOI	Funds and technical support	 Number of copies shared Number of groups that received copies Number of KP and support group meetings that report including legal education sessions on their agenda 	October 2017	 Hard and soft copies of laws Reports Distribution record of hardcopies 	
1.4	Establish platform for sharing of experiences between partners	NACA Implementing partners	Funds Technical support	Five annual platforms organised	September 2017	Meeting reports	

	GOVERNMENT ENTITIES WITH RESPONSIBILITY FOR ACCESS TO JUSTICE (FMOJ, OPD, CITIZENS RIGHT LEGAL AID) CSO'S WITH RESPONSIBILITY FOR ACCESS TO JUSTICE (FIDA, COLAHR, SCHOOL CAMPUS LAW CLINICS)							
2.0		COLLABORATING PARTNERS	SUPPORT NEEDED	INDICATORS	TIME FRAME	MOV		
2.1	Facilitate access to justice for key and vulnerable populations (including persons with disabilities) by collaborating with stakeholders inclusive of law enforcement agents, judiciary, legal practitioners and Key population on human rights violation	NHRC, FMOJ, FMOH, NACA	Funds Technical support	 Number of reports cases of abuse of Hrs No of Key and vulnerable persons that are able to access justice legal service providers engaged and included in the database 	Quarterly	reports		
2.2	Review existing Standard of Operations (SOP) for effective integration gender and human rights issues	unit	Funds and technical support	 Number of revised SOPs Number of gender & human right guides included in the revised SOP 	Yearly	reports		
2.3	Coordinate the provision of mediations between both parties	FMOJ/NHRC	Funds, technical support, capacity building.	100% of reported human right violation human cases addressed	Dec-22	reports		
2.4	Establish or strengthen existing HIV/AIDS desks at the National, Zonal and State offices of the Human Rights Commission	NHRC	Human resources Funds	Functional HIV desks within the NHRC	Quarterly	reports		
2.5	Coordinate research and M&E of gender and human right responsiveness in the national HIV response	NACA, MDAS. CSOS, Development and Implementing Partners	Human resources and funds	 Available tools and data Report of study conducted and used for programming 	Quarterly	Reports		

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	People Living with HIV, Key Populations, Vulnerable Populations						
3.0	ACTIVITY	RESOURCES AVAILABLE	SUPPPORT NEEDED	INDICATORS	TIME FRAME	MOV	
3.1	Establish national and state human rights Response sub-groups for the human rights and gender TWG	State Human Right TWG	Fund for capacity strengthe ning	Number of states that established sub groups, Number of meetings, Number of site visits	Year one, 40-50% year two 90%	Reports/ minutes of meetings of sub groups	
3.2	Capacity building to Key and vulnerable population to report cases of violation and abuse	Case tracking tools	Funds for standardization and harmonization of tracking tools	No of persons trained Number of cases reported	1st quarter, 2017	Standardized tracking tools developed	
3.3	Disseminate and popularize simplified version of the HIV and AIDS Anti-Discrimination Act, 2014 & State versions of the Law and relevant aspects of VAPP Act, Administration of criminal justice act 2015 and the National Health Act2014 in different languages and pictorial forms, including PWD-friendly content.	NACA NHRC CSOs, SACAs MDAs, FMOI	Funds and technical support	 Number of CSO networks, groups of KP that received copies Number of dissemination meetings held 	October 2017	Reports of meetings	
3.4	Advocate passage of Anti-Stigma and discrimination law in States that are yet to pass the law.	Networks Solidarity Alliance, KP, CISHAN, NEPWHAN, ASWHAN, NINERELA+, APYIN SOWCHAN, NACA.	Funds/ technical support on advocacy skills/ capacities	 Number of states that pass the law Number of advocacy visits made Number of relevant stakeholders met 	1st quarter on going	Laws passed at State level on anti- discrimina tion passed	

	FEDERAL MINISTRY OF HEALTH (FMOH)							
4.0	ACTIVITY	RESOURCES AVAILABLE	SUPPORT NEEDED	INDICATORS	TIME FRAME	MOV		
4.1	Include human rights, ethics, gender in supervisory role of health care workers	FMoH SMoH Network of CSOs	Funds and technical support	Number of supervisory visits to public and private hospital	December 2022	Reports		
4.2	Incorporate human rights, gender, ethics and sexual diversity into training curriculum of health care providers	NUC Nursing Council MDCN NPMCN NACA	Funds and technical support	Number of health care workers trained	December 2019	Reports		
4.3	Integrate provision of free healthcare services for indigent Key and vulnerable populations including persons with disabilities	FMoH SMoH Network of CSOs	Funds and technical support	Number of HIV positive indigent key and vulnerable populations accessing free services	December 2022	Reports		
	COMMUNICATION AND INFORM	MATION	<u> </u>					
5.0	ACTIVITY	RESOURCES AVAILABLE	SUPPORT NEEDED	INDICATORS	TIME FRAME	MOV		
5.1	Incorporate human rights, gender, ethics and sexual diversity into training curriculum of journalists	NUC NAN, NIJ, NACA	Funds and technical support	Number of journalist trained	December 2019	Reports		
	LAW ENFORCEMENT							
6.0	ACTIVITY	RESOURCES AVAILABLE	SUPPORT NEEDED	INDICATORS	TIME FRAME	MOV		
6.1	Capacity building for stakeholders inclusive of law enforcement agents, judiciary, legal practitioners, NASS and Key population	NACA, Police, NDLEA, Civil Defence, Prisons	Funds, TA	 Number of law enforcement agencies with skilled officers to effectively respond to cases of abuse of key and vulnerable populations Number of stakeholder with improved capacity 	End of 2017	Reports		
6.2	Monitor human rights and gender desks at police stations nationwide	Police, NACA, NHRC, Prison, NDLEA, Civil Defence, Prisons	Human resources Funds	No of reports of human rights cases received and effectively addressed	Quarterly	Reports		

REFERENCES

Amnesty International (2016) Define Discrimination www.amnesty.org

Aniekwu, N.I. (2003) Expanding the National Response to HIV/AIDS, Law and Human Rights in Nigeria, in Benin Journal of Public Law, Faculty of Law, University of Benin. Nigeria Vol. 1, No. 1, 2003, 49 – 62

Beyrer, C. et al (2013) The global HIV epidemics in men who have sex with men (MSM): time to act, in the AIDS journal, Vol. 00 No. 00 Available online: file:///C:/Users/H/Downloads/AIDSBeyrerMSM2013.pdf, accessed January 27, 2015.

Fatusi, A. (2007) Most At-Risk-Population for HIV/AIDS in Nigeria, being Desk Review commission by Enabling HIV/AIDS+TB and Social Sector Environment (ENHANSE) Federal Government of Nigeria (1999) National Health Insurance Scheme Act, No 35 1999 Laws of the Federation of Nigeria. Available online: http://www.nigerialaw.org/NationalHealthInsuranceSchemeDecree.htm accessed on March 23, 2015.

Federal Government of Nigeria (2004) Revised National Health Policy, 2004. Available online: http://cheld.org/wp-content/uploads/2012/04/Nigeria-Revised-National-Health-Policy-2004.pdf; Accessed on March 23, 2015

Federal Government of Nigeria (2012) National Health Insurance Scheme Operational Guidelines; Available online:

http://www.dhmlnigeria.com/downloads/NHIS_OPERATIONAL_GUIDELINESRevised.pdf accessed online: March 23, 2015.

Federal Government of Nigeria (2015) Violence Against Persons Prohibition Act (VAPP), 2015

Federal Ministry of Health, Nigeria (2003) National HIV and AIDS and Reproductive Health Survey, 2003, Federal Ministry of Health, Abuja

Federal Ministry of Health, Nigeria (2005) National HIV and AIDS and Reproductive Health Survey, 2005, Federal Ministry of Health, Abuja

Federal Ministry of Health (2007) 2008 National HIV Sero-Prevalence Sentinel Survey; Federal Ministry of Health National AIDS/STI Control Programme

Federal Ministry of Health (2008) 2007 National HIV and AIDS and Reproductive Health Survey Plus. Federal ministry of Health National AIDS/STI Control Programme

Federal Ministry of Health (2010) HIV Integrated Biological Behavioural Surveillance Survey

Federal Ministry of Health, Nigeria (2011) National Guidelines for Prevention of Mother To-Child-Transmission of HIV; Available online http://www.emtct-iatt.org/wp-content/uploads/2013/04/Nigeria_National-PMTCT-

Guidelines_2010.pdf; accessed on March 23, 2015.

Federal Ministry of Health (2011) National Guideline on HIV Testing and Counseling, 2011, available online:

National Agency for the Control of AIDS (2015) National Plan of Action: Addressing Genderbased violence and HIV/AIDS (GBCV/HIV/AIDS) Intersections 2015-2017, available online: www.naca.gov.ng

National Agency for the Control of AIDS (2015) Legal Environment Assessment for HIV/AIDS Response in Nigeria, available online: www.naca.gov.ng

National Agency for the Control of AIDS (2015) Guidelines for Gender Mainstreaming in the

