

NACA ANNUAL REPORT 2013

REPORT OF ACHIEVEMENT FOR THE YEAR 2013



From the Director General

The National Agency for the Control of AIDS (NACA) was established in May, 2007 by an enabling act of the Federal Republic of Nigeria and saddled with the responsibility of coordinating the multi sectoral response to HIV/AIDS.

The HIV prevalence among pregnant women attending ante-natal clinic is currently at 4.1% (ANC, 2010) from a peak of 5.8% in 2001, while it is 3.4% (NARHS, 2012) down from 3.6% (NARHS, 2007) in the general population, which indicates that the country has started to halt and reverse spread of the epidemic in line with the MDG 6 and targets for HIV.

Funding for the HIV/AIDS Response by government increased from 7.6% in 2008 to 21% in 2012. The national response has made giant strides in counselling and testing a total of 4,077,663 individuals for HIV, placing 639,397 on drugs and 57,871 HIV pregnant women on ARV prophylaxis to prevent MTCT in the reported year. In an effort to scale up domestic funding for HIV/AIDS and reach Universal access targets for HIV/AIDS services, the government developed and launched the President's Comprehensive Plan (PCRPP) for HIV/AIDS targeting availing 80 million men and women aged 15 and older to have knowledge of their HIV status, enrol an additional 600,000 eligible adults and children on ART, provision of ART for 244,000 pregnant women for PMTCT, access to combination prevention services for 500,000 MARPS and 4 million young person's and activate 2,000 new PMTCT and 2,000 art service delivery points across the country.

The Most at Risk Populations (MARPs) received high priority in the year under review, with the mapping of MARPs hotspots and size estimation for MARPs completed in 27 states. The mapping and size estimation will help to better target these populations with HIV/AIDS interventions. Information from the mapping and sizes estimation was used by states, donors and partners working with MARPS in the country for planning, decision making. Also a standard national programme targeting female sex workers was also developed and shared among the relative stakeholders. PMTCT remains on the front burner of the national response and in the year under review the government and her partners continued to scale up access and uptake of PMTCT services particularly through decentralization of PMTCT services to the PHC level.

The national response is however still faced with some challenges which include low self-risk perception; low uptake of HCT by the general population, inadequate financial support particularly at state and LGA level inadequate human resources for health, weak supply chain management system, limited service delivery capacity and limited access to HIV services.

The national response would not have recorded these achievements without the support and good leadership role of the President of the Federal Republic of Nigeria and partners in ensuring that Nigeria citizenry who are already infected are alive and live with dignity and those negative remain uninfected. I wish to thank all and solicit for your continued support and collaboration as we advance towards zero AIDS related deaths, zero discrimination and zero new infection in the national response.

Professor John Idoko

**Director General,
National Agency for the Control of AIDS (NACA)**

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
AIT	African Independent Television
CCE	Country Coordinating Entity
CCM	Country coordinating mechanism
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CRIS	Country Response Information System
CSO	Civil Society Organization
DRG	Debt Relief Gains
DFID	Department for International Development
EOI	Expression of interest.
FHI	Family Health International
FLHE	Family Life HIV/AIDS Education
FME	Federal Ministry of Education
FMoH	Federal Ministry of Health
FSW	Female sex worker
GARPR	Global AIDS Response Progress Report.
GDP	Gross Domestic Product
GF	Global Fund
GIPA	Greater Involvement of Persons Living with HIV/AIDS
GTT	Global Task Theme
GoN	Government of Nigeria
HAF	HIV/AIDS Funds.
HIV	Human Immunodeficiency Virus
HCT	HIV Counseling & Testing
HPDP II	HIV/AIDS Programmes Development Project II
IBBSS	Integrated Bio-Behavioral Surveillance Survey

ICAP	International Centre for AIDS Care and Treatment Programs
IDUs	Injecting Drug Users
JMTR	Joint Midterm Review
LGA	Local Government Area
MDAs	Ministries Departments and Agencies
M&E	Monitoring and Evaluation
MSM	Men Having Sex with Men
MTCT	Mother to Child Transmission
MTR	Mid-Term Review
NACA	National Agency for the Control of AIDS
NAN	News Agency of Nigeria
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
NSP	National Strategic Plan

NTA	Nigeria Television Authority
NTBLCP	National TB and Leprosy Control Programme
NTWG	National Monitoring and Evaluation Technical Working Group
NYNETHA	Nigerian Youth Network on HIV/AIDS
OGAC	Office of the U.S Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
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
PrEP	Pre Exposure Prophylaxis
SACA	State Action Committee on AIDS
SAPC	State AIDS Programme Coordinator
SFH	Society for Family Health
SME	Small and Medium Enterprises.
SR	Sub recipient
SSP	State Strategic Plan
STI	Sexually Transmitted Infections
TB	Tuberculosis
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
WAHO	West African Health Organisation
WB	World Bank

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Executive Summary

The HIV pandemic remains one of the most serious public health concerns globally, with an estimated 34million people living with the virus (UNAIDS 2012). The country has an HIV prevalence of 4.1% among pregnant women attending ante-natal clinics and 3.4% in the general population, with an estimated 3.4% million people living with the virus and 1.5million eligible for anti-retroviral drugs. The HIV/AIDS prevalence varies from 0.2% in Ekiti to 15.2% in Rivers state and the state of Kaduna, Rivers, Taraba and Nassarawa have prevalence above 8% and increased from the 2007 prevalence figures (NARHS,2012).

The modes of transmission (MOT) study in Nigeria reported that 62% of new infections occurred among person perceived as practicing “low risk sex” in the rural population including married sexual partners, while those practicing high risk sex account for 32% and 80% of HIV infections are through heterosexual intercourse. (NACA,2007). In 2012, the local HIV/AIDS epidemic appraisal was conducted in 27 states of the Federation so as to be able to plan properly for the MARPs.

The agency is mandated to among other things coordinate and plan prioritised multi-sectoral HIV/AIDS activities of the national response. The office of the Secretary to the Federal Government oversees the activities of the seven departments and five units of NACA, Led by the Director General with a staff profile of 236 junior and 56 senior staff total of 292.

The Worlds AIDS s day which comes up on the first of December every year was held in the year under review. The agency launched a campaign on HIV Counselling and Testing (HCT) in the Area Councils in the FCT where 7185 people were tested. The Agency also launched and kick started the National HIV/AIDS Resource Centre (NHRC) in 2013, to enhance the value of HIV data and information to access and use for policy making, programme design, management and service provision in the HIV/AIDS sector, ultimately resulting in greater health system effectiveness and service provision. A total of 1,625 users accessed HIV/AIDS information and resources via the physical and the virtual platform of the centre in 2013.

The agency in collaboration with the MDG office also embarked on free medical outreach and HCT campaign strategy in the 12+1 states that shoulder about 70% of the HIV burden in the country. This HCT campaign resulted in twenty six thousand five hundred and sixty seven individuals counselled, tested and received their results and 690 testing HIV positive.

The HIV/AIDS funds (HAF) which is a component of the World Bank supported HIV/AIDS Program Development Project 2 (HPDP2) and aims at engaging community based organization (CBOs) to carry out HIV activities in the community targeting MARPs and the general population is on-going. The HAF program targets both MARPS and the general population to provide them with HIV/AIDS prevention, care and support interventions.

In the year under review a programme management monitoring (PMM) system for NACA was established. The goal of the PMM system is to provide NACA management with timely and accurate information on NACA programmatic and financial performance on selected key performance indicators. A PMM core team with representation from all departments as well as HIV/AIDS projects was established to coordinate the NACA PMM system.

NACA also led stakeholders to do three mid-term reviews and these included a joint mid-term review of the UN 10 targets from the UN Political declaration. This review was led by NACA and supported by UNAIDS and other key stakeholders in the country. In 2013 the mid-term review of the World Bank HPDP 2 project. Findings from the HPDP 2 MTR were used to restructure the project towards ensuring project goals and results are achieved by the end of the project. The mid-term review of the National Strategic Plan 2010-2015 was conducted in a collaborative manner and coordinated by NACA. Alongside with the NSP MTR at the national level NACA provided technical support to the states to carry out mid-term review of their respective state strategic plans. The goal of the NSP and SSP MTR respectively was to review mid-point progress made towards achieving priorities and targets for universal access to HIV prevention, treatment, care & support set in the Nigeria National HIV/AIDS Strategic Plan 2010-2015 at national level and State Strategic plans at state level respectively.

The Abuja + 12 African Union summit on AIDS, TB and malaria took place in Abuja with the theme “Accountability and sustainability of HIV/AIDS, TB and malaria in Africa, past present and future” was coordinated by NACA. The summit brought together delegates, participants, Heads of States and presidents from participating countries. The climax of the summit was the launch of the President’s Comprehensive Response Plan by President Goodluck Jonathan.

The National HI/AIDS response data show a decrease in the proportion of adolescents (15-19 years) who ever engaged in sexual intercourse from 43 percent in 2007 to 37 percent in 2012. The number of MDAs that have work place increased from 60 in 2012 to 64 in 2013, while 51,534 FSW were reached with individual and/or small group level MPP interventions. A total of 4,077,663 individuals were counselled, tested and received their results as at December 2013. The desire for HCT increased from 72% in 2007 to 77% in 2012 (NARHS, 2012). In 2013 the total number of pregnant women counselled, tested and receiving results was 1,706,524, while the number of HIV positive pregnant women receiving prophylaxis to reduce MTCT for 2013 was 57,871. Thirty five states plus the FCT are now agencies. In the ART program the number of adults and children currently receiving ART in 2013 was 639,397, while 81% of persons who started on ART are still alive 12 months after initiating treatment.

CHAPTER ONE: INTRODUCTION

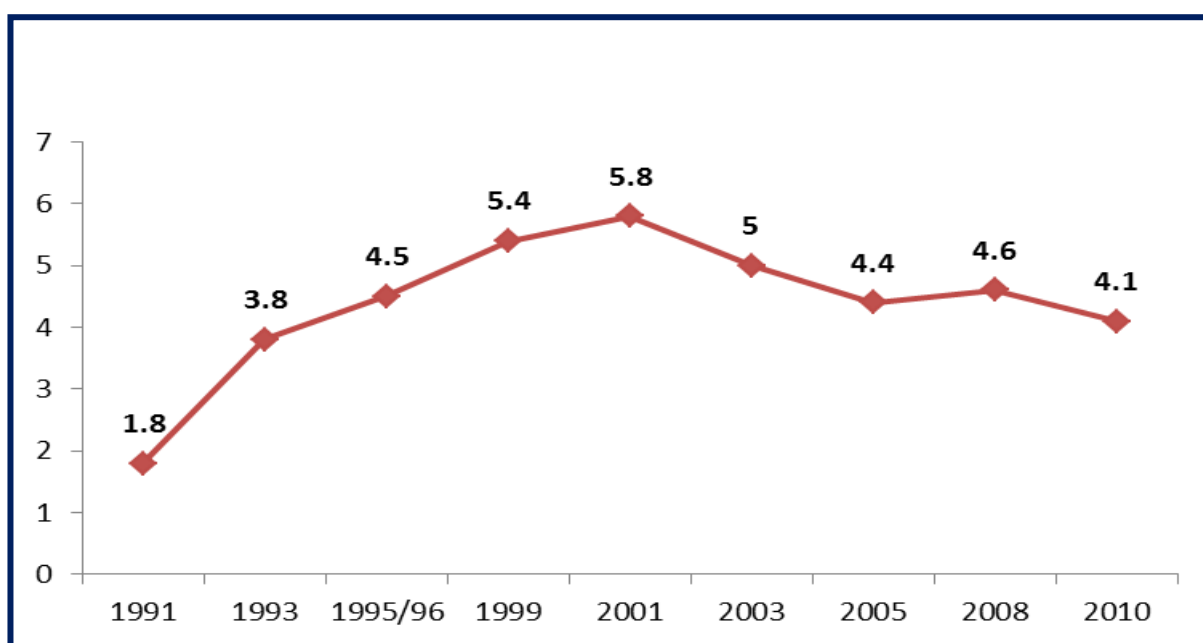
1.1 Global and regional overview of HIV/AIDS

The HIV/AIDS pandemic remains one of the most serious public health concerns, with approximately 34 million people globally living with HIV; 17.2 million men and 16.8 million women, 2.5 million newly infected. 7000 new infections occurring each day and at least 95% of all new infections occur in less developed countries. (UNAIDS, 2012).

1.2 HIV/AIDS Epidemic in Nigeria

Nigeria with an estimated population of 177 million (Fed. Govt. gazette, vol. 961, Feb. 2009) has an HIV prevalence of 4.1 % (FMoH, 2010) from pregnant women attending ante natal clinics and 3.4% (NARHS, 2012) prevalence in the general population. An estimated 3.4 million Nigerian are living with the virus, out of which 1.5 million persons are eligible for antiretroviral while 281,181 new infections occur annually (Nigeria HIV estimate 2012/spectrum). The country ranked second to South Africa in the number of people living with HIV/AIDS in the world, representing 9% of the global burden of the disease.

Fig. 1 Trend of HIV prevalence in the country



The HIV/AIDS prevalence varies from state to state according to the NARHS 2012 studies in the various geopolitical zones of the country, with prevalence ranging from 0.2% in Ekiti State to 15.2% in River State. The states of Kaduna 9.2% (2012) 6.8% (2007), Rivers 15.2% (2012) 3.2% (2007), Nassarawa 8.1% (2012) 6.8% (2007) and Taraba 10.5% (2012) 3.6% (2007) have prevalence above 8% and increase from the 2007 figures (NARHS 2012). A total of 10 States and FCT had prevalence ranging 3% to 8%. Two each from the North East, North Central, North West, South West and South South and only one from the South East. The four states with the highest prevalence are Rivers, Nassarawa, Kaduna, and Taraba.

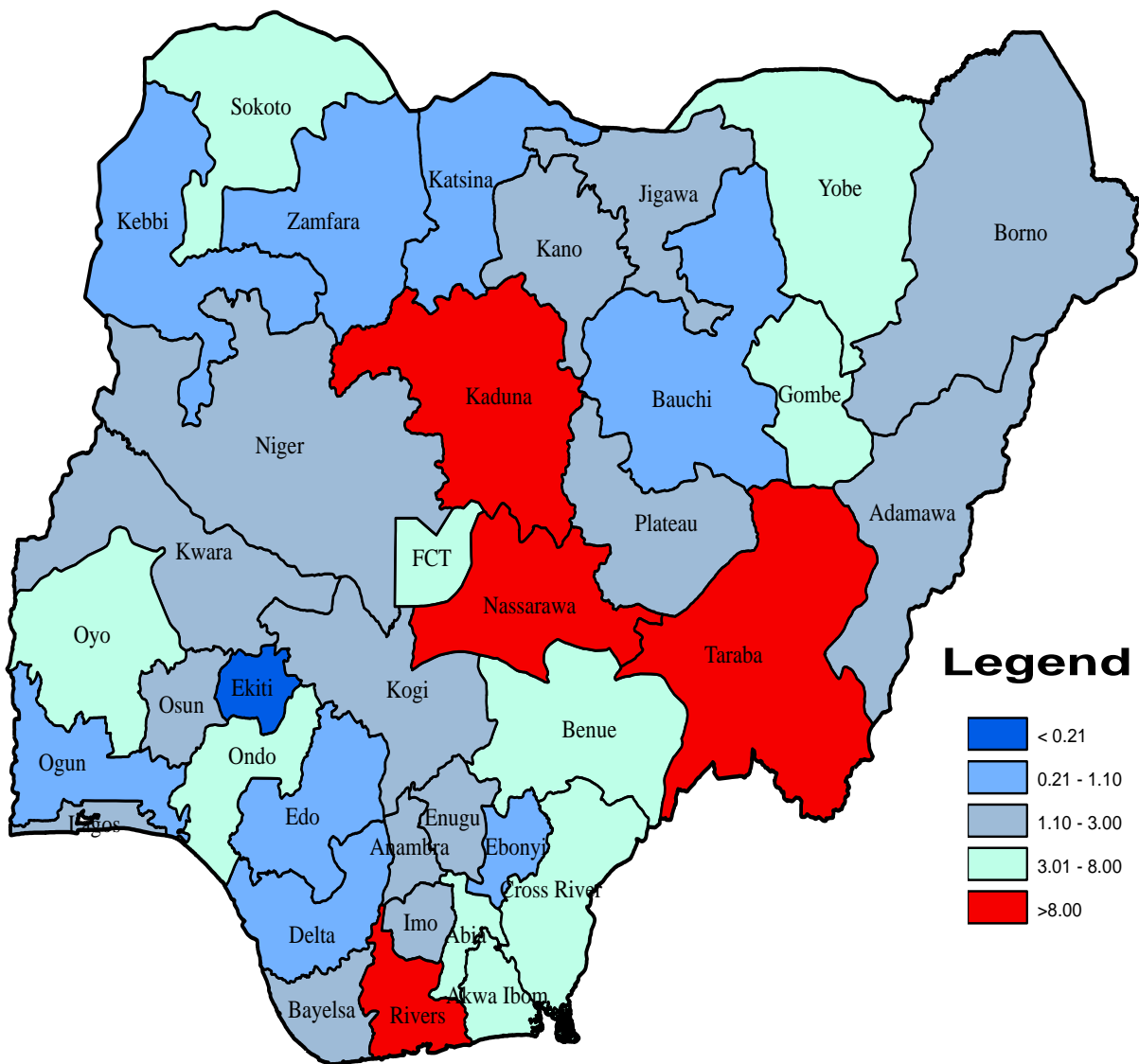


Fig. 2 Geographic Distribution of HIV Prevalence by State

The Mode of Transmission (MOT) study of 2007 reported that 62% of new infections occur among persons perceived as practicing 'low risk sex' in the general population including married sexual partners, while the persons practicing high risk sex including drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSMs) accounts for 32%. The leading route of transmission is heterosexual intercourse accounting for over 80% of HIV infections. Therefore evidence-based preventive interventions should be funded to ensure that higher numbers of Nigerians remain HIV negative. These new infections are fuelled by: low personal risk perception, multiple and concurrent sexual partnerships, intense transactional and intra-generational sex, ineffective and inefficient services for sexually transmitted infections (STIs), 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. The nation in fighting new HIV infections has constituted and mandated the new Prevention Technologies Technical Working Group (NPTTWG) to lead in the development of an updated, forward-looking and action-oriented National HIV vaccine plan that advances Nigeria's capacity to contribute to vaccine research and development, in addition to the PMTCT scale up plan.

The federal government launched the Presidents' Comprehensive Response Plan (PCRP) for HIV/AIDS in Nigeria, which is a response strategic and investment tool to the challenges facing the national response, designed with the mission of addressing priority systems and service delivery challenges to the HIV and AIDS Response in Nigeria .The goal of this tool is to accelerate the implementation of key intervention over a two year period to bridge existing service access gaps, address key financial, health systems and coordination challenges and promote greater responsibility for the HIV response at federal and state levels. This plan aims to avail 80 million men and women aged 15 and older knowledge of their HIV status; enroll an additional 600,000 HIV eligible adult and children on ART; provide ART for 244,000 HIV pregnant women for PMTCT, provide access to combination prevention services for 500,000 MARPS and 4 million young person's and activate 2,000 new PMTCT and 2,000 ART service delivery points across the country. The nation through NACA is doing a lot to combat the scourge of the epidemic, through Promotion of Behavior Change and Prevention of New HIV Infections, Treatment of HIV/AIDS and Related Health Conditions, Care and Support of PLHIV, PABA, and OVC, Policy, Advocacy, Human Rights, and Legal Issues, Institutional Architecture, Systems Coordination, Resourcing, Monitoring and Evaluation Systems comprising M&E, Research and Knowledge Management as spelt out in the NSP 2010-2015. These processes are supported by HPDPPII, Global Fund, PEPFAR and other donor mechanisms.

1.3 Vision of NACA

To make Nigeria a nation of people with functional knowledge of HIV/AIDS who provide care and support to individuals, families and communities confronted with the epidemic and the Agency solely authorized to facilitate all stakeholder HIV/AIDS activities in the country.

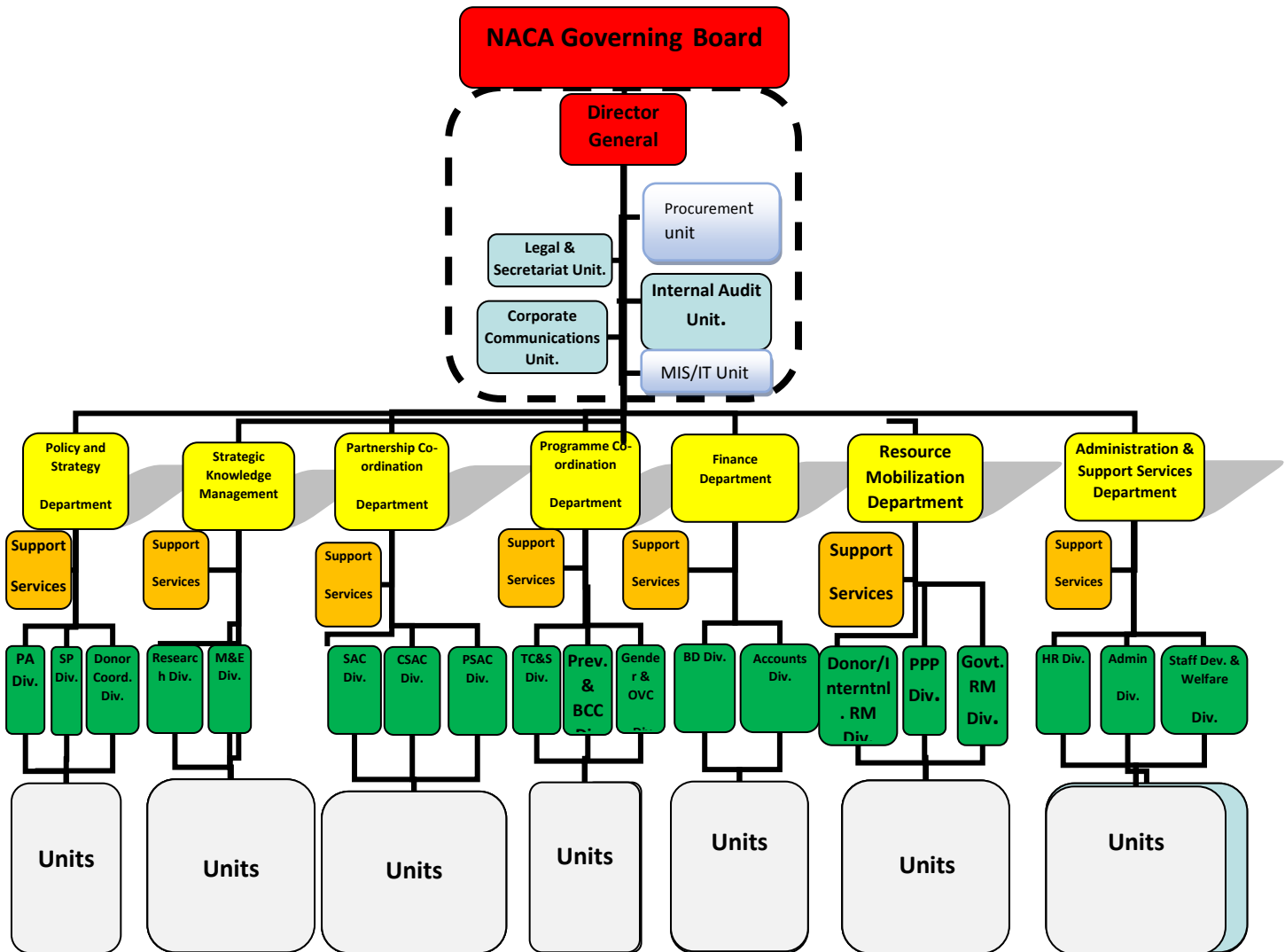
1.4 Mission of NACA

To provide an enabling policy environment and stable on going facilitation of proactive multi-sectoral planning coordinated implementation, monitoring and evaluation of all HIV/AIDS prevention and impact mitigation activities in Nigeria.

1.5 Mandate of NACA

1. Coordinate and plan identified multi-sectoral HIV&AIDS activities of the National Responses;
2. Facilitate the engagement of all tiers of government on issues of HIV&AIDS;
3. Advocate for the mainstreaming of HIV&AIDS interventions into all sectors of the society;
4. Develop and periodically update the strategic plan of the National Response programme;
5. Provide leadership in the formation of policies and sector specific guidelines on HIV&AIDS;
6. Establish mechanisms to support HIV&AIDS research in the country;
7. Mobilize resources (local and foreign) and coordinate its equitable application for HIV&AIDS activities;
8. Develop its own capacity and facilitate the development of other stakeholders capacity;
9. Provide linkages with the global community on HIV&AIDS; and
10. Monitor and evaluate all HIV&AIDS activities.

Fig. 3. NACA organogram



1.6 NACA top management as at December 2013



Prof. John Idoko DG



Mr. Alex Ogundipe



Dr. Emmanuel Alhassan



Mr. Nsikak Ebong



Mr. Emmanuel Chenge.



Dr. Kayode Ogungbemi



Hajiya Maimuna Muhammed



Dr. Priscilla Ibekwe

NACA MANAGEMENT TEAM

S/no	Name	Department/Unit	Designation
1	Professor John Idoko	Office of the DG	Director General
2	Hajiya Maimuna Muhammed	Partnership coordination	Director
3	Mr. Emmanuel Chenge.	Administration & support service	Director
4	Dr. Kayode Ogungbemi	Strategic Knowledge Management	Director
5	Mr. Alex Ogundipe	Policy & strategy	Director
6	Dr. Akudo Ikpezua	Program Coordination	Director
7	Mr. Nsikak Ebong	Finance & Accounts	Director
8	Dr. Emmanuel Alhassan	Resource Mobilization	Director
9	Dr. Ibrahim Atta	Partnership Coordination	Deputy Director
10	Dr. Greg Ashefor	Strategic Knowledge Management	Deputy Director
11	Mr. James Ofodi	Internal Audit	Deputy Director
12	Dr. Kenneth Kalu	Finance & Account	Deputy Director
13	Mr. Sam Archibong	Communication	Deputy Director
14	Mr. Victor Udoidung	Administration & support service	Deputy Director
15	Mrs. Jane Ezenekwe	Administration & support service	Deputy Director
16	Dr Olufunke Oki	Policy and Strategy	Deputy Director
17	Mrs Kalu Josephine U	Resource Mobilization	Deputy Director
18	Mrs Uwa Nne Samuel	Finance & Account	Deputy Director
19	Dr. Priscilla Ibekwe	Programme Coordination	Ag. Director

s/no	Category	Number
1	Senior Staff	236
2	Junior Staff	56
Total number of staff		292

CHAPTER TWO: ACTIVITIES OF THE NATIONAL AGENCY FOR THE CONTROL OF AIDS in 2013

2.1 Department of Administration and Support Services

2.1.1 Achievements

- In meeting its mandate on ensuring the agency has suitably qualified staff to carry out her functions the department recruited new staff and also confirmed the appointment of 4 junior and 40 senior staff of the agency that were due.
- The department continued to provide avenues for strengthening the capacity of staff of the agency by sourcing local and international training opportunities for 85 staff towards developing their capacity in their areas of competence in order to maximise their efficiency and improve their capacity.
- In line with the security situation in the country the department spearheaded the enforcement of the wearing of staff ID cards by all staff during official hours.
- The department has also reviewed and updated some Human Resources policy document e.g. staff hand book.
- The department has developed a robust training policy for the agency.
- In the year under review the department coordinated the conduct of 35 management meetings, 3 general staff meetings and supervised the weekly departmental /Units meetings in the agency.
- To ensure conducive work environment for staff more office space were acquired for the organization e.g. partnership department moved to a new office space at Edo house building, new equipment procured for offices in Lagos and Edo house and offices requiring renovation were renovated.
- Welfare of staff was a major priority for the department through the provision of the following: repair of the old staff bus for transportation of staff to and from work and enhancing the working environment.
- Within the year under reference, the department facilitated the performance management process of the agency's' staff and identified the eligible staff for promotion, where both junior and senior staff benefitted from the exercise.
- The provision of insurance cover for all vehicles and properties and the general maintenance of vehicles and generators for efficient service delivery was done.
- Staffs were provided with adequate tools of works eg Laptops, Desktops etc.

2.2 Department of Program Co-ordination

2.2.1 Achievements

- The department led and coordinated the development of a National Prevention Plan (NPP) 2013-2015 in a collaborative manner with the relevant stakeholders including the National Prevention Technical Working Group (NPTWG)

- Developed National Guidelines for Implementation of HIV Prevention Programs for FSWs in Nigeria.
- Conducted appraisal of the implementation of the MPPI towards strengthening the implementation of MPPI in the country.
- Developed MPPI How to Guide. The guide is aimed at providing standards implementation guides for implementation of the MPPI strategy by implementers
- Led the conduct of Local HIV/AIDS Epidemic Appraisals: mapping and size estimations for MARPS, venue profiling and rural appraisal data analysis workshop for 27 states
- Developed training slides for HIV prevention Program implementation
- Developed and produced SBCC User's Guide
- Developed National PMTCT demand creation strategy
- Developed Virtual Clearing House for SBCC
- Conducted Gender Assessment of the National HIV/AIDS Response
- Provided technical assistance in the development of National Priority Agenda on Vulnerable Children
- Provided technical assistance in the development of the Standards of Practice for Vulnerable Children Response
- Conducted the first edition Rapid services quality assessment exercise (RSQA) in 10 states in Nigeria.
- Provided technical assistance for the development of a TB desk guide for HCWs and reviewed the National guidelines for childhood TB.
- Developed National Guidelines for Care and Support with indicators for monitoring and evaluation. A PHDP component was also developed and included
- Worked with the National Tuberculosis and Leprosy Control Program (NTBLCP) to develop a national TB Strategic Plan for 2013-2017.

2.3 Department of Strategic Knowledge Management

2.3.1 Achievements

- The department stepped up efforts to scale up electronic reporting using the nationally approved DHIS 2. In 2013 the department has so far supported 22 states to rollout DHIS web client application to secondary and tertiary facilities and Local Government areas. As at 2013 all 36 states and FCT are reporting using DHIS 2.0
- Provision of technical support for 22 state teams on the use of the new harmonized data collection and reporting tools in order to step down the training at the state level to LACAs, HIV & AIDS service providers and facilities.
- The conclusion of nine priority operation research with support from the Global Fund.

- The launch and take off of the National HIV Resource center, providing access to HIV information through physical and e-library.
- Provision of statutory and adhoc strategic information on HIV/AIDS to key national and international stakeholders.
- Led the development of a DHIS mobile application for reporting of Health data by PHCs in the country. The DHIS mobile application was field tested and a pilot of the application is being implemented in 80 PHCs in 16 states of South West, South East, North Central and North West respectively.
- Standardization and harmonization of the national non-health sector data collection and reporting tools and in particular: Prevention data tools for MARPS, Home Based Care data tools, OVC data tools and FLHE data tools.
- Conduct of 3 mid-term reviews and these include: UN ten targets MTR; World Bank HPDP 2 MTR and the National Strategic Plan (NSP) 2010-2015 MTR.
- The fourth edition of the National AIDS spending assessment (NASA) and 8 state AIDS spending Assessment (SASA) was successfully conducted. The 2013 NASA provided data on AIDS funding and expenditure for the year 2011 and 2012 respectively.
- The conclusion of PrEP formative research to Explore with civil society, community stakeholders, policy makers, potential trial participants and men potential interest in the use of PrEP as a HIV prevention tool for other communities in Nigeria

2.4 Department of Resource Mobilization

2.4.1 Achievements

- Resource Mobilisation Skills Development Workshop for SACAs and MDAs to enhance the capacity of desk officers of SACAs and MDAs in effective mobilization of resources for National & State response for 55 persons made up of officers from 12 States, OSGF and MDG office.
- 57 persons consisting of 14 NACA staff, 8 ENR States, and 1 CSO from each of the ENR States were trained on resource mobilisation strategies and processes.
- Conduct of the national consultation on Efficiency and Effectiveness for 50 Participants drawn from diverse stakeholders to engage in a process of efficiency enhancement to determine areas for priority attention in developing an investment case on HIV/AIDS for the country.
- The successful conduct of a training for 101 participants on performance based budgeting, finalisation of Resource Mobilisation Strategy and development of investment case for HIV/AIDS.
- The successful planning and hosting of the Abuja+12 to review the progress and achievements in the attainment of the targets of the 2000, 2001 and 2006 Abuja Summits, in the framework of the Millennium Development Goals (MDGs).
- The department led the development of a “shuga” programme which is a prevention programme among young people and MARPS to Increase their knowledge on HIV/AIDS.
- The Inauguration of the National Call Centre Steering Committee to provide oversight for the call centre.

- Inauguration of the Resource Mobilisation Technical Working Group with broad representation from all stakeholder groups.
- Inter-Youth Friendly Centre Discussion during the World AIDS Day Commemoration
Greater involvement of young people.

2.5 Finance and account

2.5.1 Achievements

- Increased the coverage/frequency of supervisory visits to the SRs and SACAs from one to two times every quarter.
- All the financial transactions for the 3 major funds GON, WB, and GF are now captured and reported from SAP Enterprise Resource Planning (ERP) software.
- The department has been restructured to include the Financial Management Information System Unit to enhance the automation and use of software systems within the department.
- Accounting processes (payment processing, retirement of advances, etc.) have been re-engineered and strengthened to ensure smooth operations of the department and to deliver better support services to other departments in the Agency especially those involved in programmatic activities.
- The department successfully conducted trainings (e.g Payroll, IPSAS, etc) for staff, SRs, and SACAs to enhance their expertise, increase productivity especially in the area of report generation.
- The department also automated its payroll function to improve payroll processing and administration.
- Audited financial statements and reports for the 3 streams of funding (GON, WB, and GF) were prepared and submitted to relevant stakeholders in a timely manner.
- Provision of technical assistance throughout the year to 36 State Project Implementation Units' finance personnel in order to improve their efficiency, records and the quality of their financial reporting.
- Automated Fixed Asset Register was successfully deployed by the department for tracking and managing of the Agency's assets.

2.6 Department of Policy and Strategy

2.6.1 Achievements

- The department coordinated the development of the Presidents' Comprehensive Response Plan (PCRP) for HIV/AIDS.
- Inauguration of the National Policy Advocacy Group (PAG) as a melting pot to discuss and address all policy challenges of existing TWGs
- The department organised a sensitization and advocacy meeting on PCRP for the 36+1 states.
- Harmonization of Policy direction between OGAC and the government of Nigeria through representatives of the Policy Advocacy Group. This guarantees the commitment of PEPFAR's flat-line funding.
- Maiden mentoring of a West African Health Organization (WAHO) intern from Cote D'Ivoire through an African professional exchange programme.
- Facilitated the counselling and testing of over 500, 000 persons through the +500 strategy under the GFATM HIV/AIDS programme
- Capacity building for state teams from the 35 +1 states on the development of Harmonized and integrated work-plans
- Inauguration of NACA and NPC HIV Donors Consultative Forum to enable efficient coordination of all HIV/AIDS Donors in Nigeria.
- Draft Road Map reviewed with Technical Assistance (TA) needs and submitted to CCM-RMC which determines the country's harmonized funding cycle for the next Global Fund proposal.
- Developed 2014 NACA-GFATM operational calendar to track activities and improve efficiency
- The states of Plateau, Kaduna, Benue and () have included 100% of their PCRP state contribution into their annual budget, while Nassarawa and Kogi have included both 70% and 50% respectively—Thus the first steps in country ownership of the response had begun.

2.7 Partnership Coordination and Support

2.7.1 Achievements

- Conducted institutional Capacity assessment for constituency coordinating entities (CCEs) to identify institutional gaps for capacity building.
- Conducted Capacity building for constituency coordinating entities (CCEs) on good governance, Financial Management, Resource Mobilization, Advocacy, Technical Management and Partnership and networking in order to strengthen their operational systems and abilities to deploy equitable services across their networks
- Developed strategies for community engagement to improve the efficiency and effectiveness of the multi sectoral HIV/AIDS response.

- Conducted three NACA/SACA/LACA Quarterly zonal meetings to improve networking of States and information sharing across the 36 states +FCT.
- Organized annual NACA-SACA forum to assess the progress of implementation of the state and federal response to HIV/AIDS for the year
- Organised Bi-Annual CSOs Networks coordination meetings to improve coordination capacity of these networks.
- Initiated the engagement process of Service Support Organizations (SSOs) for effective management of HAF grantees and timely data submission
- Provision of technical assistance to all the states and FCT on the HAF Process to enable them achieve the following: advertise Expression of Interest (EOI) for CSOs engagement, Technical and Financial reviews of proposals, Contract negotiation and Tranche disbursement for successful CSOs on HAF Process implementation
- Conducted Bi-Annual NACA-SACA HAF Projects Reviews and experience sharing meetings to Improve HAF Projects implementation
- Coordinated Midterm review of HPDP 2 to ascertain level of achievement, challenges and way forward for improved programme implementation
- Dissemination of Standard Operational Manual and Guideline for NACA , SACAs LACAs, Coordination Platforms and Technical Working Group (TWGs) for Improved Coordination

2.8. Office of the Director General

2.8.1 Achievements

- Facilitated the participation of NACA and other stakeholders in national, regional and international Conferences on HIV including ICASA 2013 in South Africa
- Advocacy visits by the DG to Governors of 12+1 States with high HIV prevalence and high population
- Secretary to the committee which organised the Abuja +12 Special Summit on HIV/AIDS and Other Related Diseases
- Coordinated the development process of the President's Comprehensive Response Plan for HIV/AIDS and Other Related Diseases
- Commemoration of World AIDS Day 2013
- Led and coordinated the process leading to the passage of HIV Anti-Stigmatisation Bill by the National Assembly.

2.8.2 Units

2.8.2.1 Corporate Communication

Achievements

- Collaboration with electronic and print media to ensure comprehensive media coverage of key activities of both NACA and partners. This was done in a bid to ensure that activities of NACA and implementing partners are presented to the general public.

- Development and presentation of HIV Cartoons strips in diverse forms and addressing diverse priority issues in selected print media outfits
- Continually updating the NACA Web Site and other social networking platforms; with rich and informative content thereby providing avenue for education and information sharing with the young and internet-savvy people.
- Conduct of media tours, to document and showcase success stories of patients who had benefited from the interventions and are living positively
- Publishing and dissemination of NACA Magazine; towards ensuring that policy makers and stakeholders are kept abreast of Nigerian National HIV/AIDS Response activities

2.8.2.2 Management Information System – Information Technology

Achievements

- Deployment of Fibre link to Lagos and Edo house offices of the of the NACA Department of Resource Mobilization as well as and the Programs Coordination Department are able to connect to NACA corporate computer network and have high speed internet connectivity.
- Procurement of Projectors for use by departments during meetings and workshops.
- Provision and proper positioning of inverter battery bank to serve as back-up power supply source for the organisation so as to ensure uninterrupted internet connectivity and electricity.
- Deployment of proxy server. The proxy server is used by the MIS/IT unit for managing internet resources in the Agency.
- Deployment of End-Point Network Antivirus. Eset end point anti-virus was installed on all NACA desktops and laptops to protect the systems against virus and malwares.
- Signature of individual staff customised on their email account.
- Website upgrade which involves total over hauling of the website aimed at improving its look and accessibility.
- Development of NACA virtual clearing house website for SBCC. The virtual clearing house is to serve as a document repository for all HIV/AIDS SBCC related files.
- Computer proficiency test for SACAs was developed with the aim of assessing the IT Human and Infrastructural resources in the state.
- The MIS/IT staff supported the capacity building of SACAs, LGAs and facility officers in the use of eNNRIMS-DHIS for data reporting.
- MIS/IT staff supported the National HIV/AIDS Resource Centre (NHRC) in setting up the IT infrastructures needed for the daily running of activities at the centre, especially the e-library.
- Facebook, Google plus and twitter were synchronized together for better social networking presence and interaction.
- Networking of Systems in Research Mobilisation and Programs department was completed.

- Help desk ticket deployed to ensure proper maintenance of users support and ticket tracking.
- The unit took a comprehensive Inventory of all ICT infrastructures in the organisation for proper recording, reporting and infrastructural gap analysis.
- Procurement and deployment of Vehicle management system.
- Maintenance of SAP services and disaster recovery
- Support provided to the National Call Centre to effectively manage the daily operations of the system.

2.8.2.3 Legal

Achievements

- In conjunction with other requisite departments and units in the Agency, the department carried out quarterly oversight visits to GF SRs and SSRs for contract monitoring assessment.
- The Anti –discrimination bill before the National Assembly got passed in both the House of Representatives and the Senate. This was in part due to the high level of advocacy by the legal unit under the leadership of the Director General. The process of harmonization is intended to commence in the year 2014.
- The creation of a Contract Management and Monitoring team chaired by the Legal unit to track the execution of contracts, visit deliverable sites and communicate on compliance with contractual obligations. This is to mitigate against recklessness, laxity and negligence of parties to Agency Agreements

2.7.2.4 Internal Audit

Achievements

- Verification of closing stock balances at 8 medical stores nationwide, Year-end financial close-out and valuation of stock balance in the balance sheet by the External Auditor.
- Development of a uniform quarterly reporting format for all SACA auditors;
- Prepared the World Bank supported HIV/AIDS program for a seamless migration from the traditional auditing approach to a risk-based methodology
- Participated in two (2) quarterly joint monitoring visits to GF supported facilities which helped to identify the condition, utilisation and beneficial ownership of GF grant fixed assets. Identified the gaps in the budgeting process between the SR national offices and state offices and proposed action plans to correct identified weaknesses
- Conduct of quarterly audit visit to SACAs
- Deriving from the routine monitoring visits and reviews, the unit was able to generate management letters of weaknesses, operational implications of weaknesses, and counter-measures to address the weaknesses.
- Conducted Training for SACAs on Risk-Based Internal Audit(RBIA) methodology in line with the directives by the World Bank for all SACAs to report using the RBIA approach

with effect from November 1, 2013. This training was conducted ahead of the implementation date.

2.7.2.5 Procurement

Achievements:

- The supply-chain management sub-unit was created to focus more on logistic issues relating to health commodities.
- The unit coordinated the decentralization of central warehouses to the 5 geopolitical regions of the North East, North West; North Central, South South and South East to reduce re-supply lead time to ART Centres.
- The unit coordinated the monthly National HIV/AIDS Procurement and Supply chain management Technical Working Group for 2013.
- Coordinated the distribution of HIV/AIDS drugs and other health commodities to facilities across the country
- The unit built the capacity of 54 health personnel on supply chain Management from 18 health facilities across the country in 2013.
- The agency through the unit successfully partnered with PEPFAR and Ecobank to renovate Federal Medical Stores Lagos to international standards.
- The agency through the unit was able to build additional pharma-grade warehouses in Lagos and Abuja
- The agency through the procurement unit was able to supply 70 percent of ARVs needs of patients on treatment in Nigeria

CHAPTER THREE: 2013 SPECIAL EVENTS

3.1 World AIDS Day (WAD) 2013

The 1st of December every year is marked as World AIDS Day (WAD) globally. The 2013 had the theme “Getting to Zero” and the sub theme: “Take Charge, Get a HIV test” and was coordinated by NACA at national level and SACAs at state level. It was also designed to show support for people living with HIV/AIDS, educate and update Nigerians on the HIV/AIDS situation in Nigeria and to sensitize and mobilize Nigerians to get tested and know their HIV status.

The National Agency for the Control of AIDs flagged off the 2013 World AIDS Day on the 24th of November 2013 with a church service at the Presbyterian Church of Nigeria, with the Director General leading members of staff and Partners to attend. Similarly a Jumat prayer was held on the 29th November at the National Mosque Abuja.

A press briefing was also held on the 25th of November 2013 tagged, “shared responsibility: strengthening results for an AIDS-free generation. At the press briefing the Director General NACA, Prof. John Idoko declared that the HIV/AIDS pandemic had defied all kinds of scientific solutions, but expressed optimism that a lot of work is still being done to try to halt the spread of the disease but warned that it would be hard to do so if people do not know their status. He advised all Nigerians to go for an HIV test. The WAD was further given media publicity through the following media activities.

- Media Roundtable with local media: press conference on the theme of the year’s WAD and media chat.
- Three different features in national daily newspapers with wide coverage and circulation.
- A radio jingle based on the theme of the 2013 WAD aired on Wazobia FM, Brilla FM and Ray power 2 times daily for six days. The jingle was also used to publicise for HCT campaign in the area council secretariat.
- Radio Commentary on the WAD 2013 was broadcast on Radio Nigeria
- Announcement on NTA Network first newsbreak
- Radio interviews and phone in programmes on 5 Radio Stations: Wazobia, Ray Power, Brilla FM, Aso Radio and Rhythm FM
- The NACA DG who was the Chairperson for the 2013 World AIDS Day event also made appearance on national television discussing the theme of the WAD.

Preparatory to the World AIDS Day proper there was the commissioning of a health centre at Mapa community situated at Bwari. The project was initiated by the former US Ambassador in support of Community Health Care and facilitated by the Tabitha Cumi Foundation. In his good will message the Mapa Community Head expressed his profound gratitude to the US Ambassador, Tabitha Foundation and all that were present. In continuation to the preparation for the WAD,

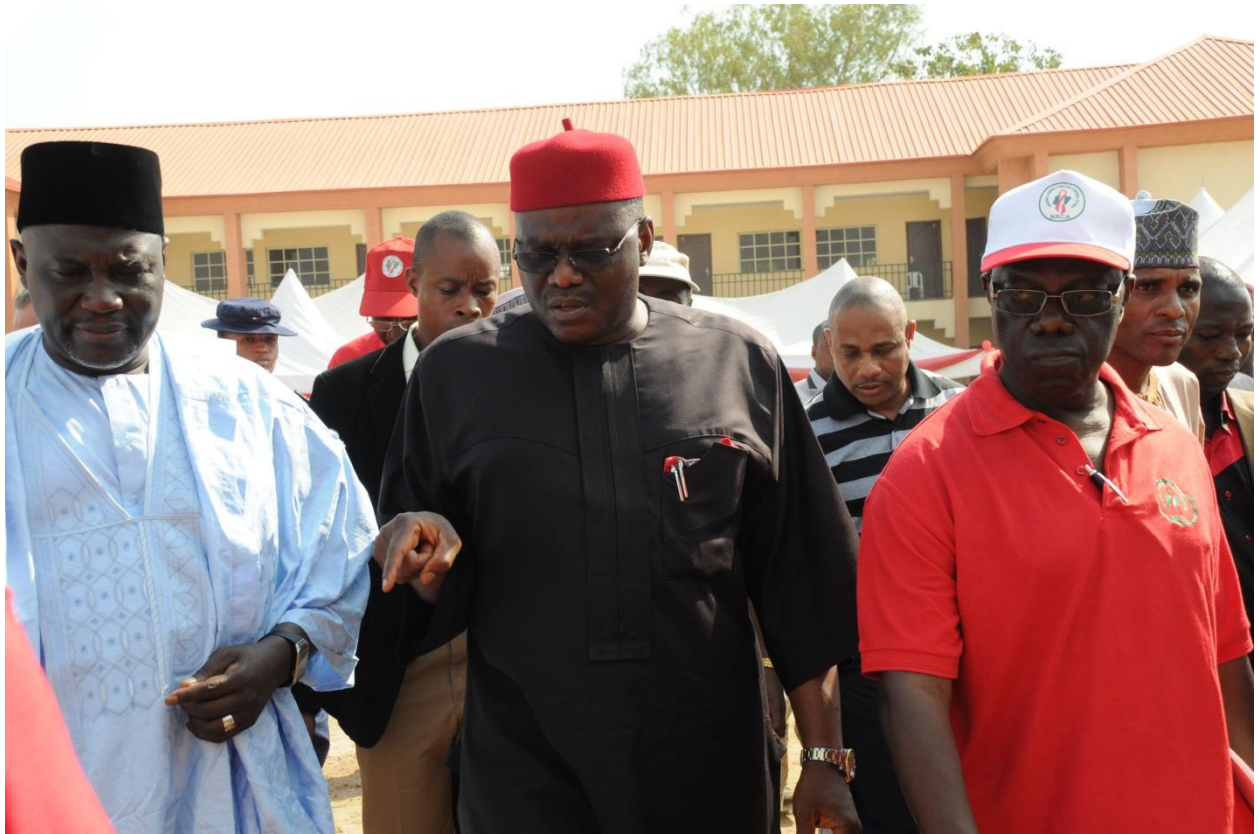
advocacy visits were paid to 5 area councils in Abuja, to ascertain their level of preparedness and to distribute IEC materials, t-shirts, face-caps and test-kits.

A road show to inform the public about HIV/AIDS began from NACA through central area, Mabushi, Dutsen Alhaji and rounded up at the Bwari area council. As part of the WAD, the development partners with the support of NACA carried out a 2 week long HCT campaign. The selected HCT venues included NACA, Federal Ministries of Women Affairs and Social Development, Information, Transport, Education, Youth & Development, Power, Agriculture, Labour and Health. Other venues included the headquarters of the FRSC and Nigeria Police Force. The area councils had sites as well: Abaji (4 sites), Kwali (3 sites), Bwari (1 site), AMAC (1 site) and Gwagwalada (1 site). HCT sites were also available in Mararaba and “mammy market” Mpape, Garki , Dei Dei building material and Utako markets, in which Condoms and lubricants were distributed. A total of 8740 were tested (4781 males and 3959 females) 233 tested HIV positive (63 males and 170 females). Following this was a novelty football match between NACA and partners which ended 3 goals to 1 in favour of NACA.



The victorious NACA football team celebrating their 3-1 victory

The activities of the World AIDS Day proper on December 1st began at about 2:00pm with a procession of NACA staff, men of the press, partners and other stakeholders from NACA office to Bwari Area Council Secretariat, the venue for the event. Among the dignitaries present to mark the event were the president of the Federal Republic of Nigeria, represented by the Hon. Minister of Health, Prof. Oyebuchi Chukwu; Hon. Minister of the Federal Capital Territory (FCT) Senator Bala Mohammed, represented by Amb. Sani S. Bala; Bwari Area Council Chairman, Hon. Peter Yohanna; Deputy Director UNAIDS Dr Louiz; Special Assistance to the President on MDG, Dr Precious Gbeneol; Director Centre for Disease Control (CDC), Dr Okey Nwanyanwu; Jean Gough representing UNICEF, HRH Dr Musa Moh’d Ijakoro represented by Madaki Bwari Alh. Danbaba Ango: HRH Ibrahim Yaro (JP), Etsu of Bwari. Others include representatives from World Bank, Department for International Development (DFID) and UNFPA.



The Hon.Minister of health Prof.Oyebuchi Chukwu and the DG NACA at the WAD celebration in Bwari LGA Secretariat.

In his opening speech President Goodluck Ebele Jonathan, represented by the Hon. Minister of Health Prof. Oyebuchi Chukwu noted that despite the many challenges plaguing the HIV/AIDS response in the country, Nigeria is winning the war against HIV/AIDS, although the progress is being threatened by inadequate funding. He called on state governors and private sector to support the mobilization of funds for the President's Comprehensive Response Plan (PCR) for HIV/AIDS. He urged all Nigerian to know their HIV status as a first step towards securing their future.



L-R: Dr Luiz Loures (Deputy executive Director, UNAIDS) an invited guest and Prof. John Idoko DG NACA during the 2013 World AIDS Day commemoration in Bwari LGA Secretariat.

The Director General NACA, Prof. John Idoko appealed to government at all levels and the private sector to support the implementation of the President's Comprehensive Response Plan (PCRP) for HIV/AIDS. He encouraged Nigerians to use the opportunity of the WAD to take an HIV test and know their status. The UNAIDS representative noted that there was a significant decrease in new infections and deaths worldwide, however he observed that, there are worrying signals from the UNAIDS World AIDS Report 2013 where some regions and countries are showing increases, while efforts to eliminate stigma and discrimination are intensifying worldwide. Other Highlights of the day included: Cultural displays and HIV Counselling and testing by FCT Agency for the Control of AIDS (FACA) and partners.

3.2 The Launch of the National HIV/AIDS Resource Centre (NHRC)

Following nearly two and a half decades since the emergence of HIV/AIDS as a significant public health challenge in Nigeria, HIV has spread to become a generalized and mature epidemic affecting all population groups and geographic areas in the country. It was observed that various organizations and individuals have accumulated enormous amounts of HIV-related knowledge and information through numerous studies and research. *There is however, limited access to these research outputs for stakeholders involved in the National HIV/AIDS response.*

Knowledge and information lack value unless they are used systematically to inform decisions to improve health outcomes.

This led to the launch of the National HIV/AIDS Resource Center (NHRC) on the 22nd of January, 2013. The mission of the National HIV/AIDS Resource Center (NHRC) is to enhance the value of health data and information through improvement in access and use for policy making, programme design, management, and service provision in the HIV/AIDS sector, ultimately resulting in greater health system effectiveness and sustainability. The NHRC builds a comprehensive information archive of data generated in Nigeria in the area of HIV/AIDS, and actively promotes the use of HIV-related information for all stakeholders involved in the HIV/AIDS National Response.



From right: Barr. Ibrahim Azara (NASACA PM), Prof John Idoko (DG NACA), Mr. Bamidele Samson (Measure Evaluation Country Rep.), Dr. Sylvia Adebajo (Pop Council).

The NHRC operates on two platforms namely, the physical library and the virtual library. These provide a primary source of evidence for strengthening the National HIV and AIDS Response. The NHRC strategically tailors the data archival, data access and data use activities to meet the data demands of policy makers, research scholars, health care professionals, M&E specialists, civil society, and the general public. It also seeks to contribute to strengthening the understanding of all stakeholders involved in the National HIV/AIDS Response of the role and value of information in decision making to ensure a proper functioning response. The centre also will increase access to HIV-related information for all stakeholders by introducing improved data inventory, synthesis, and documentation and dissemination initiatives. The centre also facilitate access to cost-effective hands on support to improving capacity on the use of proven methodologies that further build evidence for informed HIV-programming in Nigeria. The centre facilitate the identification of new information needs, and respond to those needs through new services, products, and/or the fostering of new collaborative research.



From right: Dr. Sylvia Adebayo, James Ofordi, Ojo Ola-Mathews, Dr. Kayode Ogungbemi, Prof. John Idoko, Wole Fajemisin and Dr. James Annenih.

The NHRC serves as a central clearinghouse with a virtual network supporting an online searchable database of information. These information includes research outcomes, training manuals, operational plans, reports, and tools developed by researchers and partners. The virtual NHRC is a key tool for strengthening NACA's ability to manage information and create a community of practice around M&E and operations research. This is aimed at building the capacities of state-level practitioners and program managers while providing information on cost effective approaches and programme impact. The information sources include *Federal, State, Local Government Agencies, Implementing partners academic and research institutions.*



A cross-section of participants at the ceremony.

The NHRC maintains a bibliography of all research conducted in Nigeria and a directory of organizations active in the National HIV/AIDS Response as well as those who contribute data sources to the NHRC archive and tested methodologies for HIV prevention, treatment and care; programme completion reports. The centre since inception has had 595 and 1030 number of physical and online users respectively, totalling 1625 users for the year 2013.



The interior of the Resource Center

3.3 NACA-MDG Free Medical Outreach and HIV Counselling and Testing (HCT) campaign 2013

HIV counselling and testing (HCT) is the entry point for HIV prevention and Treatment programmes. And according to a WHO report most of the individuals infected with HIV do not know their status [Service delivery approaches to HIV testing and counselling (HTC): a strategic HTC programme framework, WHO, 2012].

The recently launched President's Comprehensive Response Plan for HIV and AIDS in Nigeria identifies HTC as a key priority area and targets to counsel and test 80 million Nigerians in two years (NACA, 2012). This ambitious target will need a combination of different approaches to HCT. In addition to stand alone HCT and integrated HCT as obtainable in some of the health facilities, innovative approaches become pertinent to achieving the goal.

It is against this backdrop that NACA-MDG, unlike the traditional facility based HCT, embarked on a free medical outreach and HCT campaign. It is a multi-disease prevention campaign that integrates HCT with health checks and the treatment of some of the common endemic diseases affecting people in their communities. The 12+1 high burdened states that account for about 70% of the national burden for HIV and AIDS were prioritized in these campaigns. The exercise aimed to diagnose, treat and refer common ailments and diseases in the community, counsel and test for HIV and link those positive to care.

The outreach took place in rural or semi-urban areas in ten states while in the FCT, Anambra and Plateau states the outreach took place in urban areas only. The table below shows the status of the locations in the states where the outreaches took place.

States and status of outreach locations

S/No.	State	Location	Status
1	Anambra	Onitsha, Onitsha North LGA	Urban
2	Cross River	Okundi, Boki LGA	Rural
3	Benue	Ogbadibo LGA	Urban
4	Bayelsa	Otuokpoti, Ogbia LGA	Rural
5	A Ibom	Nsit-Atai, Odon LGA	Rural
6	Plateau	Kabong, Jos North	Urban
7	Kaduna	Kafanchan, Jama'a LGA	Semi-urban
8	Kano	Doguwa, Tudun Wada LGA	Rural
9	Nasarawa	Lafia, Lafia LGA	Urban
10	Enugu	Obukpa, Nsukka LGA	Rural
11	FCT	Area councils	Urban



Dr. Priscilla Ibekwe Ag. Director programmes Coordination briefing the chairman Nsit-Atai, Odon LGA of Akwa Ibom at the outreach

The pre-outreach planning meeting was held with the stakeholders in each of the states to decide the local government area and the location of the outreach in the selected LGA. What informed the selected LGA is the prevalence of HIV and the density of the population, while the location selected in the LGA is informed by the accessibility and proximity of the location to the people. The stakeholders that were part of the meeting in each state include the SACA, SMOH and the implementing partners in the state.

The outreaches took place in various locations including health facilities, town halls, public schools and open fields. An advance team would go and inspect the location to ascertain its suitability. If the location is a town hall, a make shift partition was made to provide privacy during HIV counselling.

In the case of open field, canopies and chairs were hired to provide shade and seats for the medical team and the clients/patients. Chair hire was not limited to when outreaches were carried out in open field, but for all the outreached to provide seats for the clients/patients. There was also hiring of desks for the medical team and for the testers and counsellors.

Mobilization involved holding meetings with the gatekeepers in the community and informing them of the outreach and employing their help in mobilizing their subjects or constituents. The gatekeepers that were reached include the traditional leaders, religious leaders, women leaders, youth leaders, associations of market men and women. Letters were written to the major places of worship especially in the urban areas informing them of the dates and venue of the outreach. Also contained in the letter are the free services offered in the outreaches



Patients been attended to at the pharmacy during the outreach in Nsit-Atai, Odon LGA of Akw-Ibom State

The political office holders like the LGA Chairmen and house of representative members were also consulted during the mobilization. Information meetings or/and letters were written to the Commissioners of Health and of Local Government and Chieftaincy Matters.

Radio jingles were aired in the popular radio stations in the LGAs. The jingles were aired for at-least five days preceding the outreach and on the first day of the outreach. The jingles were repeated about five times in a day. Some of the jingles were aired during the prime times in order to reach more audience. In addition to English language, there were jingles in the relevant local languages. The decisions to produce jingles in and what local languages were made with the LACA team in the LGA.

In some of the states, NACA collaborated with the House of Representative Members in mobilizing the people for the outreach. Such collaboration brought good political will to the outreach and helped to bring some of the political bigwigs in the state to the opening ceremony.

Advocacy visits to the government houses of the states occurred on the first day of the outreach, especially in the states where the governor accepted request for visit. The advocacy visit was led by the Director General of the Agency. During the advocacy visit, the HIV profiles of the states were presented to the governors. The DG also used the opportunity to remind the state governors of the PCRPs and the fact that the president will need and has indeed solicited the help of the governors to halt the HIV epidemic in the country. He stated that until we own and resource the

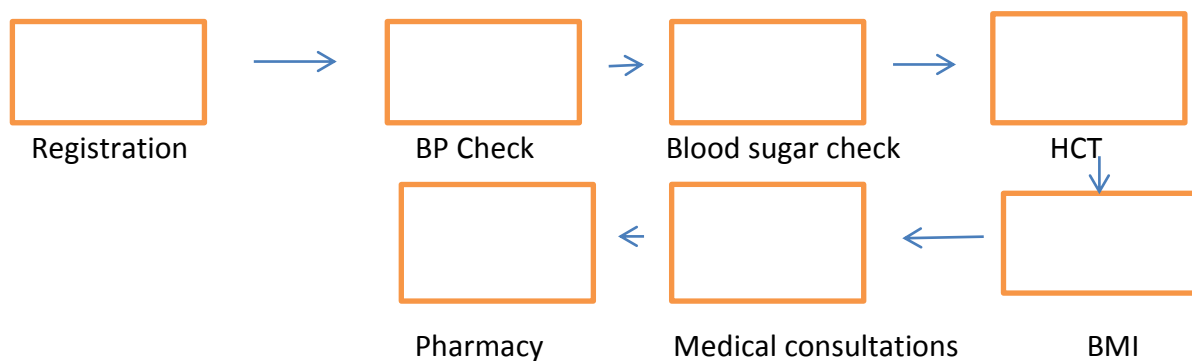
national response at the various levels of government, it will be difficult to sustain the response especially in the face of donor fatigue.

The lead IPs in the states and the LACAs were engaged for the outreach. For Kano State in particular, CBOs were also engaged for testing and counselling. They helped in linking those who tested positive to care. The medical teams were also provided information on the nearest ART centers for referral of the positives. The CBO that was engaged in Kano, made up of PLHIVs, was very useful in linking the positives to care.

The HCT campaign in the FCT was built into the NACA's overall World AIDS Day activities. Testing and counselling were carried out simultaneously in all the five LGAs of the FCT. This was done in collaboration with the partners and other stakeholders. There were consultations with the various community gate keepers and there were radio and TV programmes as part of the week long World AIDS day activities. The mass media platforms were exploited in sensitizing the populace about the free counselling and testing campaign.

The clients/patients flow from the point of registration through the various health checks, counselling and testing to medical consultation, prescription and drug administration is depicted in the diagram below.

Diagram showing the client flow in a typical campaign





Patients been attended to at the outreach in Kabong, Jos North LGA of plateau state.

The service provided during an outreach include free blood sugar and blood pressure checks, HIV counselling and testing, free medical consultations and prescriptions and dispensing of drugs. Those that required further medical care were referred to the nearest general hospitals or ART centers. Other forms of counselling like medical and nutritional counselling were offered where appropriate in addition to HCT.

At the point of registration the name, sex, age and address of the patients were taken. Subsequently, the blood pressure and blood sugar screenings were done. The approach adopted for HCT is group counselling done at intervals at the points of registration. The group counselling approach was adopted because of the large crowd. Every one that accepted to be tested was offered a post-test counselling with greater emphasis given to those that were reactive to HIV. Any patients that refused HIV test on approaching the HCT stand was allowed to continue with the other services offered during the campaign. Virtually all the patients consented to testing and counselling.

Medical teams were contracted to carry out the free medical aspect of the outreach while NACA worked with the IPs and CBOs in the state to do HCT. NACA was responsible for supervising the medical teams and the entire outreach. The IPs and CBOs assisted in linking the patients that tested positive to care.

A total of twenty six thousand five hundred and sixty seven (26,567) patients were counselled and tested with 690 (26%) testing positive. To further improve on the programme based on the lessons learned there will be need to standardize the minimum number and categories of health workers that will be engaged for the future outreach. It will also be nice to provide a guide to the outreach

teams on the remuneration of the engaged health care workers. This will help to ensure the maximum cooperation and output from the engaged health care providers. It becomes pertinent to do so in light of some hitches observed in the field that may be attributable to remuneration of the engaged workers.

This outreach campaign demonstrates that a combination of free medical outreach and HIV counselling and testing campaign is an effective strategy for getting Nigerians to know their HIV status. Going forward In addition to targeting the general population in the campaigns, specific sub-populations like in- and out- of school youths, should be targeted. The observations made in the first set of campaign should be used to refine data collection and collation. More efforts should be made to integrate other programmes like National Malaria Control Programme, into the campaigns

3.4 HAF Process

The HIV AIDS Funds (HAF) process is the second component of HPDP 2. Its implementation started since 2011 using a programme science approach that relies on evidence for planning. This is an improvement on the previous HAF Process. It took some time to get SACAs on board with full understating of the entire process. Series of zonal meetings have taken place to ensure that SACAs have a full understanding of the process which is different from the former. In 2013, hands- on technical assistance was given to SACAs at their various states to develop their area of priority for intervention and Terms of reference (ToR) that was used for the request for proposals (RFP) during the first and second quarter of the year. There was a significant achievement among SACAs and is evident from the number of Requests for No objection sent and received from the Bank. Majority of the States completed their ToR, advertised and submitted EoI reports to both NACA and the World Bank. Two zonal meetings were also held in Port-Harcourt (Southern zone) and Kaduna (Northern Zone) respectively. The objectives of the meetings were to harmonize the emerging issues on the project, address challenges from both NACA and SACAs and proffer a way forward to fast-track the process. The meetings were supported with continual technical assistance to SACAs which facilitated the process.

The Mid Term Review meeting that was held in November, 2013 helped to enhance the HAF Process. During the meeting, World Bank gave SACAs deadline of 31st December 2013 to engage CSOs. This mandate put all SACAs on their toes. As at the end of 2013, majority (28) of the SACAs completed capacity assessment of CSOs and where ready for contract negotiation in 2014. Though many of the SACAs did not meet the deadline, eight States completed their contract negotiation while two have disbursed the first tranche payment to CSOs as at December 2013.

3.5 NACA interactions with the media

DISCRIMINATION A BANE TO COMBATING HIV/AIDS IN NIGERIA

Discrimination directed at people living with HIV and affected by AIDS has been described as a major factor limiting the fight against HIV/AIDS and impeding the effectiveness of the response to the pandemic in Nigeria. This was highlighted at a stakeholders Forum on the proposed HIV/AIDS Anti- Discrimination Bill organized by the Legal Unit of National Agency for the control of AIDS (NACA) in Abuja. In his remarks at the event, the Director General of NACA, Professor John Idoko, said a large number of people in the country do not know their HIV status largely because of the discrimination that a HIV positive status attracts. He said discrimination limits the access to drugs and services and that people living with HIV necessarily require living a healthy life. This is because they are ashamed or afraid of the reaction of people when seen with the drugs. He also pointed out denial as another key issue that needs close attention.

Professor Idoko said NACA plans to scale up care and support services in Nigeria, and also move closer to the community in order to create awareness and improve HIV/AIDS education to the most at risk populations. The NACA DG said the poor implementation of policies and conventions on human rights in the country is a major reason for discrimination. “People living with HIV are like us all, and must be supported to get the best out of life” Idoko said. He commended all stakeholders in attendance for their efforts and asked that efforts be intensified to ensure the HIV/AIDS Anti-Discrimination ACT sees the light of day in 2013.



L-R: Hon. Dr Wale Okediran, Senate Committee on Health representing Senator Dr Ifeanyi Okowa (Chairman, Senate Committee), Mr Edward Ogenyi (National Coordinator, Network of People Living with HIV/AIDS in Nigeria), Professor John Idoko (Director General National Agency for the Control of AIDS) and Hon. Dr Joseph Haruna Kigbu (Chairman, Committee on AIDS, Tuberculosis, and Malaria, House of Representatives).

Mr Eugene Igodo, who gave a goodwill message on behalf of United Nations System (UNS), said UN system recognises the problem caused by discrimination targeted at person living with HIV and the negative effect on the response from the beginning of it programming globally. He said the UN is proud to be part of the organisations trying to end discrimination. Mr Eugene solicited support of all stakeholders and in ensuring the proposed HIV/AIDS Anti- Discrimination ACT is

passed as soon as possible as this will protect the right of those infected with HIV and affected by AIDS.

Mr Olushina Olulana, the executive secretary of the Nigerian Business coalition against AIDS (NiBUCAA) said that their partnership with NACA is to ensure that there are enough policies in the workplace. He said the importance of handling the project of both HIV and poverty cannot be over emphasised, just like killing two birds with a stone. He ended his speech by saying that the gap that has been created by social degradation must be breached.

The Coordinator of People Living with HIV/AIDS in Nigeria (NEPHWAN), Mr. Edward Ogenyi, thanked the leadership of NACA for its continued effort to ensure stigma and discrimination of people living with and affected by HIV is reduced to the barest minimum. Mr. Ogenyi said, it is important the bill in question is passed as it is in some other African countries and this has helped to reduce the rate of stigma and discrimination in these countries. He urged all hands to be on deck to ensure that Nigeria achieves zero stigma and discrimination of People living with HIV and affected by AIDS.

Senator Ifeanyi Okowa, Chairman, Senate Committee on Health, lent his voice to the need for all stakeholders to rally round and ensure that the proposed HIV/AIDS Anti-Discrimination ACT is enacted. In his speech delivered by Hon Dr Wale Okediran, Senator Okowa said the senate committee on health is committed to ensuring that the bill passes through all the necessary protocols that will guarantee its passage. He thanked NACA for taking a lead role in the processes that will facilitate the passage of the ACT and encouraged all stakeholders to continue to support NACA in every area possible.

Honourable Dr. Joseph Haruna Kigbu, chairman, Committee on Health in the House of Representatives said the bill in question should have been passed by now but some factors hinder the passage. Honourable Kigbu stated that, the House of Representatives will do all in its power to ensure that the bill is passed while lobbying with senate to ensure its speedy passage in the upper chambers.

The stakeholders forum is expected to produce some outcomes which includes; Consensus building for harmonization of a more comprehensive input to the bill. Finalization of all input into the bill, a plan of action for all to follow, to ensure the bill is passed into law, clear road maps for mainstreaming human rights into HIV programming, clear advocacy strategies and plan developed to ensure speedy passage of anti-discrimination act, creation of linkages between core human right groups to ensure synergy of efforts, set up strategies for implementation and enforcement of the law, relevant committee set-up, relevant partners identified and engaged , resources mobilised for the process, a well-informed crop of stakeholders and policy makers which will guarantee understanding and lead to a quicker passage of the bill and public awareness on the anti-stigma bill.

It is the hope and aspiration of NACA and all stakeholders that at the end of this forum, a comprehensive roadmap that will ensure that all the above enlisted outcomes are achieved to alleviate the suffering caused by stigma and discrimination to people living with and affected by HIV/AIDS in Nigeria.

3.6 Local Epidemic Appraisal

Local epidemic appraisals (LEAs) are essential for planning local design and implementation of HIV prevention programmes. They enable decision-making on where HIV prevention programs should be placed to maximize efficiency of reach, coverage and impact. They also inform what the most effective and efficient ways to reach the key populations in a particular locality are. A complete LEA has three components: geographic mapping and size estimation, venue profiling and rural appraisal.

In 2013, eight states completed and analysed venue profiling results, six states completed and analysed rural appraisal findings. Additional 20 states completed mapping of MARPs and analysed findings. In June 18 states participated in a stakeholder's meeting to share their results and their implications. Eight states that had completed the full-component of epidemic appraisals participated in a report-writing workshop to standardize individual state reports. A glossy report synthesizing data from these eight states was also produced at the national level and printed.

States have utilized the results of the exercise to inform their cluster listing, set priorities for impact evaluation for their sex workers programme and to execute their ownership and coordination role by guiding which implementers provide HIV prevention services. The anticipated outcome of this is wider coverage, minimised duplication of efforts, targeted interventions and improved efficiency overall.

3.7 Program Management Monitoring (PMM) system for NACA

Tracking project performance and result is vital to monitoring performance of the organization and provides evidence on whether the organization is meeting its set goals and targets. Having an efficient tracking system will provide management with timely and accurate information for decision making, planning, motivation for excellent performance, prompt identification of implementation challenges and remedial actions.

An effective PMM system for NACA will serve as metric for measuring results on key programmatic and financial performance indicators, early warning platform for programme implementation challenges and NACA organization management and reporting tool. The system will provide management with prompt and quality information on progress with implementation of NACA planned activities as articulated in the consolidated NACA work plan. The PMM system will operate on key determinants of Quality such as:

- **Timeliness:** Are projects being implemented within agreed time frame as in the workplan? What factors affecting timely procurement and implementation of programme, timely disbursement of funds and timely programmatic and financial reporting.
- **Effectiveness:** Although inputs, process and outputs of all activities and projects will be considered, the NACA PMM will focus on results and outcome of all projects on agreed KPIs. Are the expected results and targets being met. How the results are achieved

contributing to the objectives and goals of the national response. How effective are coordination and cross functional meetings on programme implementation?

- Efficiency. Are the projects being implemented as budgeted? What is the value for money expended? How are budget estimates working out in reality? Are planned resource requirements matching actual utilization?

Goal

- To provide timely information on NACA programmatic and financial performance on key performance indicators across funding sources.

Specific objectives

- Track and report on implementation of planned activities in the consolidated NACA (GF, WB, FGN) annual work plan by departments and units in the organization.
- Track and report on budget performance as captured in the consolidated NACA (GF, WB, FGN) annual work plan by departments and units in the organization.
- Provide NACA top management with quarterly programmatic and financial management dash board to support decision making and planning for improved performance.
- Provide accurate information on status of NACA program and financial performance that will be used to generate quality NACA statutory quarterly and annual reports.
- Institutionalize and automate PMM system through the use of appropriate software.

PMM Approach/Implementation steps

- A NACA PMM core team has been constituted comprising of members from each of the departments & units within NACA and also with 1 member each from GF and WB program respectively. The team is chaired by SKM Department.
- PMM core team finalizes programmatic and financial key performance indicators (KPIs)
- Develop simple user-friendly data collection & reporting tools specific for each NACA departments/unit and PMM system.
- Report progress and present PMM implementation plan & budget to NACA Management for inputs and final approval.

3.8 Mid-term review of the National HIV/AIDS Strategic Plan (2010-2015) and the development of a two year operational plan 2014-2016

Nigeria concluded the development and adoption of the National HIV and AIDS Strategic Plan (NSP 2010 – 2015) under the overall leadership of the National Agency for the Control of AIDS (NACA) in 2009. The document was developed through an elaborate collaborative and participatory process involving all stakeholders including public sector, private sector, civil

society (including Community Based Organisations and Faith based Organisations), People Living with HIV, multilateral and bilateral partners and academia.

A number of broad interventions were identified as critical for the success of the national response and ambitious targets were set towards achieving universal access to HIV prevention, treatment, care and support. These interventions include gender mainstreaming, advocacy at all levels, and capacity building (including training and skills development), increased access to material goods, technical assistance, and sustainable funding.

Subsequent to development of the NSP, NACA in collaboration with the partners supported the 36+1 states to develop State Strategic Plans for the same period (2010-2015). State plans are based on the priorities and thematic areas set at national level.

The NSP reached its midpoint in 2013 and during the development stages in 2009, stakeholders agreed that a midterm review will be conducted to review national response achievements, challenges, emerging issues and lessons learned. A midterm review led by NACA took place in 2013 to assess NSP progress and make recommendations for corrections or adjustment thus helping to ensure that the national response reaches set targets for Universal Access to HIV Prevention, Treatment, Care and Support, and Millennium Development Goals (MDG) by 2015.

Specifically the goal of the 2013 MTR was to review mid-point progress made towards achieving priorities and targets for universal access to HIV prevention, treatment, care & support set in the Nigeria National HIV/AIDS Strategic Plan 2010-2015 at national level and State Strategic plans at state level respectively. Findings from the MTR would be also be used to set program/service related priorities that will inform the development of a national operational plan for the remaining years of the NSP and SSP respectively that is linked to priorities in the Nigeria Presidential Comprehensive Response Plan (PCRP).

Some key recommendations from the 2013 NSP MTR include the following:

- The development of a national HIV response annual work plan that will enable all States and stakeholders in the national response identify and plan on how they each can effectively contribute to the national goals.
- The country needs to urgently conduct a cost effectiveness analysis of the national HIV response. The cost effectiveness analysis should be conducted per each of the national HIV response programme – prevention, treatment, care & support - and for the overall national HIV response
- NACA should work with media and communication experts to promote public awareness, and create a campaign to bolster public support and interest in HCT.
- Address the logistic issues and bottlenecks in the access to HIV test kits and other consumables.
- Increase mobile outreach HCT programme for MARPs
- Fully decentralize and integrate PMTCT service delivery at the PHCs (inclusive of the government's 21,808 and private 8,290 PHCs).

- Promote TBA integration in HIV control using the hub and spoke model. TBAs are to mobilize communities for PMTCT uptake and could offer HCT services. Referral and linkage systems between services should be strengthened using approaches that reduce the loss of clients.
- NACA, the HIV/AIDS Division of the FMOH and CBOs should explore mechanisms for improving referral linkages between community based programmes and facility ART programmes.
- Strengthen the data collection and reporting system at all levels to produce data that is off the highest quality to measure progress of the national HIV/AIDS response so that the response has reliable, clean full-census data to work with.

3.9 HIV PROGRAMME DEVELOPMENT PROJECT II (HPDP II) MID TERM REVIEW (MTR), 2013.

The World Bank has been supporting Nigeria's HIV response since 2002; initially through the first HIV/AIDS Program Development Project, which ended in March 2010; and the on-going second HIV/AIDS Program Development Project (HPDP2) which became effective in February 2011. The National Agency for the Control of AIDS (NACA), 34 State Agencies and FCT are the implementing agencies for the HPDP II and are now accessing the fund. The objective of HPDP 2 is to reduce the risk of HIV infections by scaling up prevention interventions and to increase access to and utilization of HIV counselling, testing, care and support services. This objective is to be achieved through simultaneous implementation of the three components of the Project which include:

Component 1 (Expanding the Public Sector Response): This component supports HIV/AIDS activities of the Federal and States Line Ministries included in the second National Strategic Framework, the State Strategic Plans and the annual operational plans.

Component 2 (Expanding the civil and private sector response to the HIV/AIDS Epidemic) which is designed to support the civil society response to HIV/AIDS through a system of grants to NGOs and private sector organizations.

Component 3 (Strengthening mechanisms for project coordination and management), providing opportunity for capacity building support to Federal and State government and non-governmental organizations active in the fight against HIV/AIDS.

Although available information shows some progress in the national HIV&AIDS response and coverage of HIV&AIDS services, it became imperative to review the implementation of HPDP 2 at its mid-term in the light of the project development objective; to assess performance against set targets and consider restructuring of the project with a view to improving on effectiveness and efficiency based on the lessons learned.

The review found out that the World Bank credit for HIV response is GAP filling, while there was delay in commencement of the project as it was designed in 2007/2008 and commenced operation in 2010/2011. There was also delay in implementation of interventions as funds were not accessed until 2012, slow and delay approval process and slow implementation of the HPDP II

project. The review recommended refocusing of the HPDP II project for maximum impact as the project is currently spread wider and thin among sectors.

3.10 NACA End-Of-Year Party 2013.

To round up activities for the year NACA organized an end of year party for staff of the organization. The party took place at the fancy, up-scale outdoor events centre, City Park, Wuse on December 20, 2013, with over 100 staff in attendance with their friends and families to unwind after a successful year of hard work. The event provided an opportunity for all categories of staff to mix and interact with one another and their families. It was an opportunity for all to get better acquainted with one another and in particular with newly engaged staff from the various departments and units. It is important to note that despite the short notice given and the somewhat low publicity accorded the event staff still turned out in large numbers. Directors and departmental heads, led by the Director General, Professor John Idoko also attended the event thus demonstrating the importance management attached to the event. As reiterated in the DG's remark, the NACA staff end-of-year party is an opportunity for the agency's staff to relax and get-together in an informal, relaxing setting, devoid of any official frivolities.

Such events are designed to further foster unity, togetherness and team work among staff and between departments and units. It also served as an avenue for staff to express their feelings about the organization and for management to further assure staff of NACA management's commitment to improving staff welfare and development.



A cross section of staff enjoying the opportunity to relax and chit-chat.



From Left: DG, Director, Admin&Support Services, DD Training and Asst.Chief, Human Resources.



The DG giving his welcome remark at the event



From Left: DD Accounts, Director, Partnership Coordination, DD Partnership Coordination & Director, Policy& Strategy.

1. .



From right: Director, Partnership Coordination ensuring proper coordination on the dance floor, with her is AD Admin.



And the beat goes on AD, Resource Mobilisation “slugging it out” with the DD, Partnership Coordination.



My dance steps are better than yours....Or what else could the Director, Policy& Strategy is saying to the Head, Registry?

3.11 The Abuja+12 African Union Summit on AIDS, Tuberculosis and Malaria.

The African Union held a summit in 2001 on HIV/AIDS, Tuberculosis, and Malaria (ATM) and related diseases which at the time were major causes of morbidity and mortality in the continent, especially among women and children. The 2013 Summit, appropriately labeled **Abuja +12**, focused on the theme ‘Ownership, Accountability and Sustainability of HIV/AIDS, Tuberculosis and Malaria in Africa: Past, Present and the Future’. It was a follow up to the 2001 Summit. Its broad objectives were to: review progress on the various commitments made in 2001, share experiences on implementation in the different countries, draw lessons from these experiences, and map a way forward.

The Summit was organized by the African Union (AU) in collaboration with the government of Nigeria. It drew participants from AU member states including Heads of States and governments, development partners, and implementation partners including civil society organizations (CSOs). There were background materials on ATM, Maternal and Newborn Health, as well as on human resources for health prepared by various CSOs, development partners and the AU. These background materials reviewed progress made on ATM, challenges faced and what needs to be done to reverse the tide. Through a document titled *Implementation of the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services, Progress Report 2010-2012*, the AU provided a comprehensive review of all aspects of ATM in the continent and the progress made since 2001.



The President Goodluck Ebele Jonathan, the Ethiopian president (AU chair) and the DG NACA at the launch of the Presidents' Comprehensive Response Plan for HIV/AIDS at the summit

The Summit comprised a series of meetings which culminated in the meeting of the Heads of States and the 2013 Declaration. The first of these meetings was the CSO Forum held on July 4 and 5, 2013. The main objective of the forum was to contribute to the discussions at other levels of the Abuja + 12, namely: Panel of Experts; Permanent Representative Committee; the Executive Committee and the Heads of State Meeting. There were presentations on: *An Overview of the Implementation of the Abuja Declaration; the Status of HIV/AIDS; Tuberculosis; and Malaria*. Other presentations included *Integrating Sexual and Reproductive Health; Health financing and the Abuja Commitment; Human Resources for Health in Africa; and the post 2015 Agenda for development in Africa*. Presentations were followed by interventions from the audience which variously sought to clarify and expound on issues raised as well as recount experiences of NGOs across various countries. The CSO position was distilled in a document titled “statement and Recommendations from Non-state stakeholders and Civil society Pre-summit Consultations at Abuja plus 12 AU Summit, Nigeria” for presentation to the Experts’ Meeting.



The summit in session

The Experts’ Meeting held on 8-9 July 2013, had representatives from various donor organizations such as, USAID, DFID, CDC, JICA, Stop TB, US Global AIDS, CIDA, Nigerian organizations including NACA and various UN systems:- UNICEF, UNDP, UNAIDS, WHO, etc. The primary focus of the meeting was the submission from the CSO Forum with particular attention to progress made with regard to ATM in the continent as well as highlighting regional variations, challenges and proposals on the way forward. It was agreed that experts must continue to give guidance and direction to the efforts to combat ATM and related afflictions in Africa. In reviewing the CSO report, participants drew special attention to gaps in the battle to overcome the ravages of ATM, specifically the question of access to care, strengthening health systems and issues of accountability.



A cross section of the African leaders at the summit

The Experts' meeting discussed the progress made since Abuja 2001, noting the increased access to ATM services and the emergence of organizations such as Global Fund, AIDS Watch Africa; African Leaders Malaria Alliance ALMA; the Roadmap for Africa. Other aspects of the progress discussed were the decline in malaria related deaths; more internal investments; and the fact that many countries now have laws to protect Persons Living with HIV AIDS (PLHA).

Other achievements included: (1) the integration of HIV into poverty reduction programmes; (2) the strengthening of most national programmes; (3) reduction in infection rates in 25 countries where prevalence had declined by 50%; (4) reduction in infections in children in 21 countries where PMTCT has been scaled up.

A meeting of the Permanent Representatives Committee (PRC) was held on July 12 to discuss the draft document from the experts' meeting. This meeting also discussed the progress made since Abuja 2001, noting the increased access to ATM services. Representatives from the various countries took turns to share their countries' experiences, noting milestones attained challenges and gaps in the response and next steps. The contributions of development partners to the war against ATM were noted and it was observed that the monitoring and evaluation (M&E) system in the continent was weak and needed to be strengthened. It was suggested that without effective M&E, figures quoted and attainments claimed become suspicious.

The Summit climaxed with the Heads of State Meeting on July 15 and 16. The agenda for the meeting was set by the host, President Goodluck Jonathan who, after noting the appropriateness of the theme enumerated the task before Africa’s Heads of States as follows:

Reviewing set targets, Identify gaps, Evolving new strategies, Obtain new commitments from heads of states agreeing on a common position.

The president urged Heads of States to make more effort to mobilize resources locally to produce the needed drugs in order to truly strengthen country ownership and sustainability of ATM programs. He launched Nigeria’s new HIV/AIDS programme which draws on past experiences and will better position Nigeria in the fight ATM and related diseases.

Most of the discussions by members present focused on the draft commitment, item by item suggestions on how statements and phrases could be improved. Various Heads of States spoke about their countries’ experiences in combating ATM, pointing out what worked and challenges that remain. The draft declaration which incorporated elements from other meetings was read and amended. Although a debate on the use of DDT to combat malaria arose, consensus was reached with majority of the members agreeing that In-door residual spraying (IRS) using DDT was key to the fight against malaria. Comments and suggestions were taken and the AU Secretary General read these out to the Heads of States for approval after which the summit closed.

3.12 A SYNOPSIS ON THE PRESIDENTS’ COMPREHENSIVE RESPONSE PLAN (PCRP)

The PCRP (2013-2015) was a mandate from His Excellency, President Goodluck Ebele Jonathan; it was launched during the Abuja +12 summit which held on 15th – 16th July, 2013 in Abuja. It is “a response tool to the challenges facing the national response, designed with the aim of addressing priority system & service delivery challenges to the HIV & AIDS response in Nigeria”. The PRCP is a unique opportunity to put Nigeria back on track to achieving global commitments, Universal Access (UA) and Targets & expectations particularly that of halting & reversing the HIV epidemic by 2015. The PCRP seeks to provide HCT services to 80 million Nigerians, PMTCT services for 244,000 pregnant women, activate 2000 new PMTCT sites, enroll additional 600,000 persons on ART, and reach 500,000 MARPs and 4,000,000 young persons with prevention services.

The PCRP has two (2) themes and 13 (thirteen) priority areas collectively under the two mentioned themes:

Theme Areas	Priority Areas
Coordination and system strengthening	Improved financial resourcing & State ownership
	Enhanced coordination of the National & State level Response
	Addressing the Human Resource challenges of the national response
	Improved data management for the national response
	Strengthen the Supply Chain Management (SCM) System for ATM commodities

Accelerating impact	Increasing Community Participation & dialogue
	HIV Counselling & Testing (HCT)
	Prevention Interventions for Young People & MARPs
	PMTCT
	Treatment
	TB/HIV collaborative activities
	Care & Support
	Operations Research

Some expected impact of the Implementation of the PCRCP includes: New infections will drop by 24% to 234,000/year. The number of persons on ART will increase by 50% , early reduction of the number of AIDS deaths by 17% to 190,000/year, new infections due to mother to child transmission (MTCT) will be reduced by 67% , reduction of the number of children AIDS deaths by 32% to 20,000 / year and Saved treatment costs of over ₦ 266 billion (1.2 billion USD).

Without the PCRCP, there would be significant depletion of the workforce, Loss of current external funding, negative effect on overall economic growth, development & image as a country and Life expectancy would continue to plummet.

Therefore Implementing the PCRCP will be a strong demonstration of our collective will for reform and Nigeria would have responded positively to the double edged challenge of: Providing health care, antiretroviral treatment & support to a growing population of people with HIV-related illnesses. Reducing the annual toll of new HIV infections by enabling individuals to protect themselves & others.

CHAPTER FOUR: WORLD BANK AND GLOBAL FUND PROJECTS

4.1 World Bank (HPDP2)

BACKGROUND

The signing of a US\$ 225 million credit agreement by the Nigerian government in 2010, with the World Bank for the implementation of the HIV/AIDS Program Development Project (HPDP-2) was the second time, considering the gains of the first project. 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 second project is divided into three components based on the experiences of the first project as follows

Component 1: Expanding public sector response:

- Agencies identified as having a more central role in the fight against HIV/AIDS including Health, Education, Women Affairs and Defense will receive more funds to scale up their activities.
- Funds will be allocated to the implementation of strategic HIV/AIDS work plans, tailored to the specific client base and issue areas within the national and state-level response most appropriately addressed by each line ministry.
- Specific individual training in core functions like strategic planning for scaling up high impact, client-oriented interventions, resource mobilization, M & E, fund management, governance and leadership.

Component 2: Expanding Civil and Private Sector Engagement and Response through the HIV/AIDS Fund (HAF).

- This component will support the design and implementation of revised HIV/AIDS guidelines to expand and scale up the non-public sector response to HIV/AIDS.
- Capacity building of the staff of NACA, SACA and CSOs
- Funding to civil society networks
- Provide support for private sector HIV/AIDS service provision

Component 3: Strengthening mechanisms for project coordination and management:

The third component will support capacity building in respect of NACA, SACAs, LACAs, and MDAs in the three tiers of government, the civil society and private sector in order to deliver strengthened evidence-based planning, increase coordination, harmonization and alignment by all stakeholders.

Objective:

The main goal of the second HIV/AIDS Program Development Project is to reduce the risk of HIV infections by scaling up prevention interventions and to increase access to and utilization of HIV counselling, testing, care and support services

4.2 Global Fund

BACKGROUND

The Global Fund is a unique, public-private partnership and international financing institution dedicated to attracting and disbursing additional resources to prevent and treat HIV and AIDS, TB and malaria. The Global Fund's model is based on the concepts of country ownership and performance-based funding, which means that people in countries implement their own programs based on their priorities and the Global Fund provides financing on the condition that verifiable results are achieved.

In 2007, Nigeria was successful in its application for Global Fund Round 5 grant support to address HIV/AIDS for five years. The goal of the Nigeria Global Fund Round 5 project was to scale up comprehensive HIV/AIDS treatment, care and support for people living with HIV/AIDS in all 36 states and the Federal Capital Territory. The grant was signed in November, 2006 and the implementation start date was 1st January 2007.

In 2008 Nigeria responded to the GFATM Round 8 call for proposals and this time around included a Health System Strengthening (HSS) component into it for the three disease areas (AIDS, Tuberculosis and Malaria). The HSS proposal was embedded in the HIV/AIDS application. However for the HIV/AIDS proposal only the HSS component of the Round 8 was approved by GFATM. The grant was signed in October 2009 and the implementation start date was 1st November, 2009. The goal of the Nigeria Global Fund Round 8 HSS project is to strengthen health systems for improved service delivery at the PHC level.

In 2009, Nigeria's HIV application for Round 9 funding was approved and rolled out on the 1st of July, 2010 though the grant was signed in September 2010. The goal of the Round 9 grant is to reduce the morbidity and mortality from HIV/AIDS in Nigeria.

In 2011, to improve coordination and efficiency of the program, GF secretariat in Geneva recommended the consolidation of all on-going grants into a single stream Grant thereby leading to integration of the Health System Strengthening (HSS, Round 8) into the Round 9 so that it can be managed as a single stream.

Objectives:

- To scale-up gender sensitive HIV Prevention services among children and adults in Nigeria
- To create a supportive environment for delivery of comprehensive gender-sensitive HIV/AIDS services
- To enhance the management and coordination of HIV/AIDS programs
- To contribute to the restoration of public confidence in Primary Healthcare Services in Nigeria and thereby reverse the decline in the utilization of PHC facilities

4.2.1 Achievements:

Indicators and achievements

Indicator	2013
The number of service delivery points providing antiretroviral combination therapy	147
Number of health facilities providing comprehensive high-quality PMTCT service package as per updated guidelines	747
Number of HIV-infected pregnant women who received antiretroviral drugs to reduce the risk for mother to child transmission	6,418
Number of people with advanced HIV infection receiving antiretroviral combination therapy in the national HIV programme (GF supported)	110,769

The Global Fund programme support a total of 147 sites providing treatment to a total of 110,769 people living with HIV/AIDS nationwide as at December, 2013. The programme also support and place a total of 6,418 infected pregnant women on anti-retroviral drugs to reduce the risk of mother to child transmission of HIV in 747 facilities nationwide, contributing to the need for increase uptake of PMTCT services.

CHAPTER FIVE: STATEMENTS OF PRIORITY FOR 2014

- Improving financial resourcing and state ownership by increasing domestic funding for the HIV response through an active involvement of the public (Federal, state and local government) and private sector to bridge the funding Gaps for the NSP.
- Enhancing coordination of national and state level response to develop and sustain strong state led coordination mechanisms for the national HIV response.
- Addressing the human response challenges of the national response to increase human resource skilled in HIV/AIDS services deliver in rural and urban setting.
- Improving data management for the national response to strengthen the National Health Management Information System (NHMIS) to serve as effective management tool for informed decision making at all levels.
- Strengthening the supply chain management (SCM) for ATM commodities to ensure health commodities security for the three disease areas: HIV/AIDS, TB and Malaria.
- Increasing community participation and dialogue to mobilize communities for improved utilization of HIV/AIDS prevention, treatment, care and support services.
- HIV counselling and testing to provide access and linkages for 80 million Nigeria to know their HIV states and access HIV prevention care and treatment services as applicable.
- Prevention intervention for young people and MARPS for reduction of new HIV infections amongst targeted sub population(Youth and MARPS)
- Prevention of Mother to Child transmission to scale-up PMTCT services coverage to 95% of national need towards achieving eliminating MTCT by 2015.
- HIV treatment to scale-up ART services and achieve universal access target by 2015.
- TB/HIV collaborative activities to reduce the burden of TB among PLHIV and burden of HIV among TB patient.
- Care and Support to promote the survival and improve the quality of life of persons living with HIV/AIDS (PLHIV) and people affected by HIV/AIDS (PABA) especially Orphans AND OTHER Vulnerable Children (OVC)
- Operation research to strengthen the evidence-base for the national HIV response and effectively track progress made in the response.

CHAPTER SIX: BUDGET PERFORMANCE

SUMMARY OF 2013 APPROPRIATION AND EXPENDITURE

	DISBURSED	EXPENDITURE	VARIANCE
OVERHEAD	299,578,191.00	298,830,068.97	748,122.03
CAPITAL	1,356,355,832.98	1,355,701,345.57	654,487.41
PERSONELL	451,941,837.69	451,604,163.42	337,674.27
TOTAL	2,107,875,861.67	2,106,135,577.96	1,740,283.71

EXPENDITURE FROM GOVERNMENT OF NIGERIA.

QUARTER	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT	232,561,320.56	578,084,708.02	941,329,614.58	355,900,218.51	2,107,875,861.67
EXPENDITURE	125,831,829.15	367,155,154.45	604,261,229.58	1,008,887,364.78	2,106,135,577.96
VARIANCE	106,729,491.41	210,929,553.57	337,068,385.00	(652,987,146.27)	1,740,283.71

EXPENDITURE FROM GLOBAL FUND.

QUARTER	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT	-	\$27,457,596	-	\$20,033,257	\$47,490,853
EXPENDITURE	\$1,708,426.34	\$31,517,563.06	\$3,874,238.57	\$27,611,074.10	\$64,711,302.07
VARIANCE	\$(1,708,426.34)	\$(13,306,471.22)	\$(3,874,238.57)	\$(3,169,822.85)	\$(22,058,958.98)

EXPENDITURE FROM WORLD BANK

QUARTER	O/BAL	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT	6,805,173.72	27,063,703.01	87,794,113.46	70,206,768.14	173,856,632.07	365,726,390.40
EXPENDITURE		33,277,054.68	87,581,259.18	70,308,405.37	169,887,142.10	361,053,861.33
VARIANCE		6,213,351.67	212,854.28	-101,637.23	3,969,489.97	4,672,529.07

CHAPTER SEVEN: NATIONAL RESPONSE DATA

TARGET / INDICATOR	GARPR 2012	GARPR 2013
Target 1: reduce Sexual Transmission of HIV by 50%		
General Population		
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	24.2% NARHS 2007	24% NARHS 2012
Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	11.9% NARHS 2007	15.5% NARHS 2012
Percentage of respondents aged 25-29 who have had sexual intercourse with more than one partner in the last 12 months	11.4% NARHS 2007	16.3% NARHS 2012
Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months and who report the use of condom during their last intercourse	52.5% NARHS 2007	NARHS 2012 64.5%
Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	11.7% (NARHS 2007)	17.1% NARHS 2012
Percentage of young people aged 15-24 who are living with HIV	4.2% (ANC 2010)	4.2% (ANC 2010)
Sex workers		
Percentage of sex workers reached with HIV prevention programmes	18.2% (IBBSS 2010)	18.2% (IBBSS 2010)
Percentage of sex workers reporting the use of a condom with their most recent client	88.6% (MSM &FSW) 54.7% (MSW) 92.9% (FSW) (IBBSS 2010)	88.6% (MSM &FSW) 54.7% (MSW) 92.9% (FSW) (IBBSS 2010)
Percentage of sex workers who have received an HIV test in the past 12 months and know their results	41.8% (Male & Female Sex Workers) 17.5% (Male Sex Workers) 44.8% (Female Sex Workers)	41.8% (Male & Female Sex Workers) 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%	24.5%(Male & Female Sex Workers)

	(Male Sex Workers 25.2% (Female Sex Workers) (IBBSS 2007)	18.6% (Male Sex Workers 25.2% (Female Sex Workers)
Men who have sex with men		
Percentage of men who have sex with men reached with HIV prevention programmes	17.99% (IBBSS 2010)	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)	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)	24.92% (IBBSS 2010)
Target 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
Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	52.5% (IBBSS 2010)	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)	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)	19.42% (IBBSS 2010)
Percentage of people who inject drugs who are living with HIV	4.2% (IBBSS 2010)	4.2% (IBBSS 2010)
Target 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 antiretroviral to reduce the risk of mother-to-child transmission	15.9% (FMOH 2011)	30.1% (FMOH 2013)
Percentage of infants born to HIV- positive women receiving a virological test for HIV within 2 months of birth	4.0% (FMOH 2011)	3.9% (FMOH 2013)
Target 4: Have 1.5 million people living with HIV on antiretroviral treatment by 2015		
Percentage of eligible adults and children currently receiving antiretroviral therapy	29.8% (FMOH 2011)	43% (FMOH 2013)
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	73.4% (FMOH 2011)	81.0% (FMOH 2013)
Target 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	-----	28.1% NTBLCP(2013)

Target 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\$497,817,471 (NASA 2010)	US\$574,310,06 2 (NASA 2012 expenditure)
Target 7: Critical Enablers and Synergies with Development Sectors		
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)	17.5% (NDHS 2008)
Current school attendance among orphans and non-orphans aged 10–14*	OVC: 83.9% Non-OVC:71.7% (NDHS 2008)	OVC: 83.9% Non OVC:71.7% (NDHS 2008)
Number of condoms distributed	213,110,527	27,157,136
Number of schools implementing FLHE curriculum	1,723	1,765
Number of students/ pupils reached with FLHE	1,308,581	755,272
Number of MDAs that have HIV/AIDS workplace programs	60	64
Number of orphans and vulnerable children (OVC) provided with social services health, nutrition, shelter, education, care, protection, psychosocial support, households and economic strengthening	222,139	466,933
Number of MARPs (female sex workers) reached with individual and/ or small group level MPP intervention	41,717	51,534
Number of MARPs (transport workers) reached with individual and/ or small group level MPP intervention	58,917	50,061
Number of MARPs (MSMs) reached with individual and/ or small group level MPP intervention	24,910	18,245

7.3 HIV counselling and testing (HCT)

HCT is the entry point for most HIV and AIDS prevention and control programs. The HCT program has helped millions learn about their HIV status and for those testing positive learn about options for long term care and treatment. The number of sites providing HCT has increased from 1,064 in 2010 to 7075 as at December 2013. The proportion of people who received HCT doubled between 2007 and 2012. However, the uptake of HCT is still low among Nigerians and the most-at-risk populations. In 2013, the total number of persons who were counselled tested and received results was 4,077,663. Even though the HIV prevalence in the general population is showing a decline it is not the case with the MARPs (Sex Workers and Men having sex with Men).

Specific Objectives of HIV/AIDS prevention for HIV Counselling and Testing:

- At least 80% of sexually active adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015
- At least 80% of most at-risk-populations accessing HIV counselling and testing by 2015

7.3.1 Key achievements on HCT

There has been an increase in the number of HCT sites in the country, from 2391 in 2012 to 7075 in 2013. This is as a result of the strong commitment by government and increase donor support to get Nigerians know their HIV status and make inform decisions.

Achievements on HCT

Indicators	2012	2013
Number of HCT sites	2391	7075
Number of individuals who received HIV testing and counselling and know their results during the reporting period(HCT Setting)	2,792,611	4,077,663

The number counselled, tested and received results has continued to increase, it is still inadequate compare to the estimated population of 177 million people in the country. Survey results have shown that the desire by Nigerians to go for HIV testing increase from 43% in 2005 to 72% in 2007 (NARHS, 2007) and 77% in 2012 (NARHS, 2012), yet the uptake of HCT is low among the general population. Though the uptake of HCT among MARPs show some increase from 2007 and 2010, the increase is still inadequate considering the fact that the HIV prevalence among these group is higher than that of the general population, hence potential source of new infections.

7.4 Antiretroviral therapy for patients living with HIV

The ART programme commenced in the country in 2002, with the target of placing 10 thousand patients on drugs. Many players came into the field following the free ART policy of the government in 2006, this led to increased access and uptake of treatment by eligible people living with HIV. The number of facilities rendering ART services has increased from 516 as at December 2012 to 820 in 2013. The number of persons receiving ART as at 2012 stood at 491,021 as compared to 639,397 in 2013. The Specific Objectives of the antiretroviral program are as follows:

- At least 80% of eligible adults (women and men) and 80% of children (boys and girls) are receiving ART based on national guidelines by 2015.
- At least 80% of PLHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015
- All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015
- All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015
- All PLWHIV have access to quality TB screening and those suspected to have TB, to receive Comprehensive TB services

7.4.1 Key Achievements on ART.

The progress of the antiretroviral therapy has been measured over time using the following output, outcome and impact indicators.

Output, Outcome and Impact indicators for ART Program

Indicator	2012	2013
Number of health facilities that offer antiretroviral drugs	516	820
Number of adult and children with advanced HIV infection who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol(WHO standards)	490,021	639,397
Percentage of adult patients and children with HIV still alive and known to be on antiretroviral therapy 12 months after initiating treatment among	77%	81%
Number of individuals newly started on ART during the reporting month	103,173	148,919

The table shows an upward increase in the number of sites offering ART services from 516 in 2012 to 820 in 2013; may be attributed to increased political will of the government and number of foreign donors in the ART programme. The free ARV provision policy in 2006 by the federal government has led to increased access and uptake of treatment for eligible people living with HIV accounting for the increase in the number of patients on ART. The percentage increase in the number of patients on treatment 12 months after initiation shows the increase in quality of life

and increase life expectancy of patients on treatment sequel to the improved supply chain management of antiretroviral drugs and Rapid Test Kits (RTKs).

7.5 Prevention of mother to child transmission of HIV (PMTCT)

Increase attention is been paid to PMTCT in the national response making the intervention an area of priority, knowing that it contribute 10% of new HIV infections and estimate

7.5.1 Key achievements in the PMTCT program

Indicator	2012	2013
Number PMTCT sites in the country	1,410	5,622
Number of pregnant women who were tested for HIV in the last 12 months and received their results	1,197,754	1,706,524
Number of HIV positive pregnant women receiving ARV prophylaxis to reduce MTCT.	40,465	57,871
Number of infants born to HIV infected women started on CTX prophylaxis	12,893	87,164

mother to child transmission rate of 24% (spectrum). Though coverage of PMTCT is low, the number of pregnant women tested for HIV show increase from 1,197,754 in 2012 to 1,706,524 in 2013. The number of HIV positive pregnant women receiving ARVs prophylaxis to reduce MTCT has increase from 40,465 in 2012 to 57,871 in 2013. These improvements are due to increase funding of the programme by government and donors support.

7.7. Coordination of the National Response to HIV/AIDS

The national response in Nigeria is coordinated through a system involving state and non-state actors. NACA leads the coordination at national level, with the FMoH responsible for the health sector component of the response and other line ministries for other inter related aspects at National level. Non-state actors are equally responsible for key aspects of the response including resource mobilization, advocacy, demand creation and equity. For purposes of consistency, NACA interfaces with representatives from key stakeholders to broaden the coordination reach and effectiveness. These include NACA-SACA, NACA-Civil Society organizations (CSOs), NACA-private sector, NACA-public sector and NACA-development partner and NACA-TWG interactions.

Strategic Objectives of the National Response Coordination include:

- To strengthen NACA, SACA and LACA capacity to effectively coordinate sustainable and gender sensitive and aged-responsive multispectral HIV/AIDS response at National, state and LGA respectively.
- Increase in the financial contributions of government at all levels to at least 30% of financial resources required for HIV/AIDS interventions by 2015.

- To mobilize additional financial resources from non-governmental sources in support of the implementation of the national HIV/AIDS response.

Key achievements in the National response coordination for 2011 and 2012

Indicator	2012	2013
Number of states that have coordinating body as agency	35	36
Percentage of government contributions to total HIV/AIDS spending	25%	21%
Number of SACAs and line ministries that submitting report to NACA at least twice a year	35	36

The numbers of states that have transformed into agencies (backed by legislation) from ad hoc committees have steadily increased from 10 in 2010 to 29 in 2011 and 35 +1 in 2013. The effective coordination of NACA through advocacy and government commitment to fighting HIV/AIDS is responsible for this increase thus there is increase ownership at state levels. Also inherent is its increased funding, from 23% in 2011 to 25% in 2013 of total expenditure in the national response increasing government resolve to ownership and sustainability.

CHAPTER EIGHT: ACHIEVEMENTS, CHALLENGES AND CONCLUSION.

8.1 Achievement

- The confirmation of the appointment of 4 junior and 40 senior staff of the agency that was due.
- The provision of avenues for strengthening the capacity of staff of the agency by sourcing local and international training opportunities for 85 staff towards developing their capacity in their areas of competence in order to maximise their efficiency and improve their capacity.
- In meeting the increasing need for skilled and quality human resources to support the mandate of the organization a total of 134 junior and senior staff were recruited.
- In line with the security situation in the country the agency enforced the wearing of staff ID cards by all staff during official hours.
- The agency has reviewed and updated some Human Resources policy document e.g. staff hand book.
- The Conduct of the Local Epidemic Appraisals: venue profiling and rural appraisal data analysis workshop for states.
- The development of the National Prevention Plan (NPP) 2013 – 2015.
- The conduct of the UN 10 target MTR and Midterm review and joint Annual review of the NSP for 2013.
- The Commissioning of the nine operation research topics.
- The development of a DHIS mobile application for reporting of Health data by PHCs in the country. The DHIS mobile application was field tested and a pilot of the application is being implemented in 80 PHCs in 16 states of South West, South East, North Central and North West respectively.
- The harmonization of the non-health sector data collection and reporting tools.
- The conduct of National AIDS spending assessment (NASA) and 8 state AIDS spending Assessment (SASA) for 2011 and 2012.
- The development of the Presidents' Comprehensive Response Plan (PCRP) for HIV/AIDS
- The Conduct of the Midterm Review of HPDP 2 to ascertain level of achievement, challenges and way forward for improve programme implementation
- The successful planning and implementation of the Abuja+12 to review the progress and achievements in the attainment of the targets of the 2000, 2001 and 2006 Abuja Summits, in the framework of the Millennium Development Goals (MDGs).
- The agency's participation in national, regional and international Conferences on HIV including ICASA 2013 in South Africa
- The conduct of Worlds' AIDS Day 2013.

8.2 Challenges

- The pockets of insecurity in some parts of the country affected the proper coordination of the national response in 2013.
- Inadequate state government contribution to resourcing the response
- Limited service delivery capacity and limited access to HIV services.

8.3 Conclusions

The National response under the leadership of NACA has made significant progress in the year under review and some of which include: HIV/AIDS prevalence in the general population has dropped; there has been increased scale up of ART centres and with more people accessing ART; institutional and technical capacity at national and state level has been strengthened, domestic contributions for the HIV/AIDS response has improved and very importantly a PCR plan has been endorsed by the very highest level of national government in a bid to further increase domestic funding for the response and promote sustainability. There are still gaps and challenges with the HIV/AIDS response but NACA with the support of her donors, partners and other stakeholders remain committed to overcoming these challenges and reaching the set goals, objectives and targets for the national HIV/AIDS response.

Expenditure by Thematic Areas for 2013

S/N	Thematic area	Budget for 2013	Amount released for 2013
1	Prevention of HIV in general population and Most At Risk Population (MARPS)	N825,000,000.00	N701,109,196.27
2	Prevention of Mother to Child Transmission (PMTCT)	N258,500,000.00	N208,559,000.00
3	HIV Counselling and Testing (HCT)	N300,000,000.00	N239,244,560.00
4	Anti-retroviral Therapy (ART)	N90,000,000.00	N83,223,715.00
5	Coordination of the National Response	N415,000,000.00	N324,209,661.71