



NATIONAL AGENCY FOR THE CONTROL OF AIDS

# Annual Report



NACA annual report 2021

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Suggested citation. NACA Annual Report 2021. Nigeria: National Agency for the Control of AIDS; 2021.

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Printed in Nigeria

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### N A C A V i s i o n

To make Nigeria a nation of people with functional knowledge of HIV and 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 and AIDS activities in the country.



### N A C A M i s s i o n S t a t e m e n t

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

### N A C A M a n d a t e

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



# FOREWORD

Every year, NACA continues to make tremendous progress as it pushes forward to achieve the 95 - 95 - 95 milestones.

Following the conclusion of the Nigeria AIDS Indicator and Impact Survey (NAIIS) in 2019, NACA conducted the Integrated Biological and Behavioural Surveillance Survey (IBBSS) in 2020 successfully.

This survey has helped to improve the design and implementation of viable education, prevention, and treatment of key population programs in the country.

I particularly appreciate the continued support of all stakeholders; the Federal Government, state governors, implementing and development partners, and also the determined leadership and commitment of the Director-General.

As Chairman of the Governing Board, I restate the commitment of the Board to continue to carry out its statutory responsibilities to the best of our ability to ensure we achieve our common goal of fighting AIDS to finish.

Thank you.

— Senator Oladipo Odujinrin MFR  
Chairman, Governing Board NACA

# From the Director General

Routine activities in 2021 were significantly affected, notably Global Fund supply chain system and service delivery. However, NACA strategically worked with key stakeholders in a joint alignment program involving the US PEPFAR program and the Global Fund to promote uptake of HIV services and COVID-19 pandemic in an integrated fashion at community and facility levels. These collaborations and the access of the COVID response team to HIV response infrastructures (Laboratories, Civil Society networking, Impact mitigation and relief deployment tools) contributed significantly to the curtailment of the COVID-19 pandemic as well as HIV/AIDS.

The agency ensured that all actors to the response operated within the National Policy and strategic plan within the period. Uninterrupted HIV service delivery was ensured during the lockdown, though there was a drop in treatment initiation. The National HIV Programme counseled and tested 7,647,637 individuals who received their results. As of December 2021, 1,789,944 adults and children with HIV infection were placed on treatment in accordance with the nationally approved treatment protocol, an increase of 25% from 1,492,154 in 2020.

Some of the achievements recorded in the year under review include the innovative and Cost-saving ARV procurement through the Wambo platform thereby saving the Government of Nigeria USD\$6 per pack on ARV procured from the platform when compared with USD\$13 procured from vendors. This enables NACA to save USD\$7,200,000 on the 100,000 patients the Government of Nigeria treats annually.

NACA successfully hosted the UNAIDS Executive Director in Nigeria, who also was privileged to meet with the President of Nigeria and other stakeholders. She witnessed the commencement of the Community-led monitoring of HIV services by service beneficiaries (NEPWAN) as well as the signing of a memorandum of understanding between NACA and National Human Rights Commission (NHRC) on issues bothering on HIV stigmatization and discrimination and Human rights violations. Also, over 12,000 vulnerable Adolescents and Youths were empowered with lifesaving skills.

The year witnessed tremendous strides towards epidemic control as well as the sustainable management of the response.

Dr Gambo Gumel Aliyu Director General  
April, 2022

# Acknowledgement

The Research, Monitoring, and Evaluation department of the National Agency for the Control of AIDS (NACA) wishes to acknowledge the efforts of all persons who contributed in no small measure, to the development of this 2019 annual report on the achievements of the Agency.

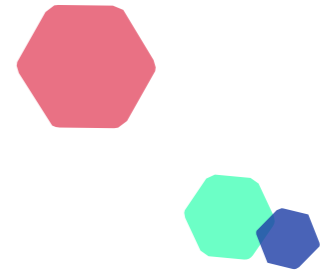
I will like to appreciate all our partners who were strongly behind us in the course of the year, noting among them the UN Agencies, USG, UMB, FGN, and all others for their kind support in providing the needed response to the HIV and AIDS fight in Nigeria.

I acknowledge also the contributions of the Governing Board of NACA and the leadership role of the Chairman of the Board, the Director-General and my fellow Directors from the various departments who took time out of their busy schedules to provide the needed information for this report and of course the focal persons from various departments and the staff of RM&E department for their commitment and dedication. That brought about these huge successes in the course of the year.

We look forward to continued collaboration in providing the needed coordination for the HIV and AIDS response in Nigeria.



— Dr. Greg Ashefor  
Director,  
Research, Monitoring and Evaluation



# Abbreviations

AGYW	Adolescent Girls and Young women	NASA	National AIDS Spending Assessment
AIDS	Acquired Immune Deficiency Syndrome	NASCP	National AIDS and STI Control Programme
AIE	Authority to Incur Expenditure	NBBFSW	Non-Brothel based Female Sex Worker
AYP	Adolescent and Young People	NCAPS	NACA Comprehensive AIDS Programme with States
BBFSW	Brothel Based Female Sex Worker Constituency	NCC	Nigerian Communications Commission
BYAN	Barrack Youth and Adolescent Network	NDR	National Data Repository
CCE	Country Coordinating Entities	NEC	National Executive Council
CCTV	Closed Circuit Television	NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
CMT	Critical Mass Team	NGO	Non-Governmental Organization
CPCS	Community Prevention, Care & Support Services	NNRIMS	Nigeria National Response Information Management System
CSO	Civil Society Organization	NOP	NNRIMS Operational Plan
DSD	Differentiated Service Delivery	NSP	National Strategic Plan
DPRS	Department of Planning Research & Statistic	NTWG	National Technical Working Group
EMR	Electronic Medical Record	OAGF	Office of the Accountant-General of the Federation
ETG	Extended Technical Group	OAuGF	Office of the Auditor-General of the Federation
F&A	Finance and Account	OHCSF	Office of the Head of Civil Service of the Federation
FAAC	Federation Account Allocation Committee	OSGF	Office of the Secretary to the Government of the Federation
FBO	Faith-Based Organizations	OVC	Orphans and Vulnerable Children
FLHE	Family Life HIV and AIDS Education	PATT	Performance Management Activity Tracking Tool
FMoE	Federal Ministry of Education	PLHIV	People Living with HIV
FMoH	Federal Ministry of Health	PM	Performance Management
FSW	Female Sex Worker	PMM	Performance Management Mission
GAM	Global AIDS Monitoring	PPC	Policy, Planning and Coordination
GARPR	Global AIDS Response Progress Report	PSR	Public Service Rules
GBV	Gender-Based Violence	PTZ	Pan Tilt Zone
GF	Global Fund	PWD	Persons with Disabilities
GIFMIS	Government Integrated Financial Management Information System	PWID	People Who Inject Drugs
GoN	Government of Nigeria	RM&E	Research, Monitoring and Evaluation
HIV	Human Immunodeficiency Virus	SAP	System Application in Data Processing
HME	HIV and AIDS Monitoring and Evaluation	SEZO	South East Zonal Office
HMIS	Health Management Information System	SD	Special Duties
HPDP II	HIV and AIDS Programmes Development Project II	SMS	Short Message Service
HTF	HIV Trust Fund	SPIU	State Unit Project Implementation Unit
HTS	HIV Testing Services	SSC	Senior Staff Committee
IBBSS	Integrated Biological and Behavioral Surveillance Survey	TLD	Tenofovir Lamivudine Dolutegravir
IDPs	Internally Displaced Persons	TLE	Tenofovir Lamivudine Efavirenz
KPI	Key Performance Indicators		
KPS	Key Population Study		
LFA	Local Funding Agent		
M&E	Monitoring and Evaluation		
MDAs	Ministries Departments and Agencies		
MSM	Men Having Men Sex Men		



MTCT	Mother to Child Transmission	USD	United States Dollar
NACA	National Agency for the Control of AIDS	USSD	Unstructured Supplementary Service Data
NARHS	National AIDS and Reproductive Health Survey	WAD	World AIDS Day
		WLHIV	Women Living with HIV
		YFC	Youth-Friendly Centre

# Executive Summary

Over the last 6 years, the National Response has witnessed tremendous progress as regards national and globally tracked indicators. This is a reflection of the support received from the Federal Government as well as our development partners.

In 2021, the National HIV Programme counseled and tested 7,647,637 individuals who received their results with a positivity rate of about 4 %.

In December 2021, 1,789,944 adults and children with HIV infection were placed on treatment in accordance with the nationally approved treatment protocol, an increase of 25% from 1,434,709 in 2020. Out of the total number currently receiving on ART, 64% are virally suppressed.

Prevention of mother to child transmission programme recorded 89.8% of HIV testing coverage and 2% positivity rate at ANC. And this has shown Improvement from the 2020.

The Agency's mandate also includes conducting research and special studies. In 2021, operation research was conducted to identify, assess, document and disseminate successful strategies used at the community level to improve access to HIV and STI services and retention among AGYW and key populations.

The finding from the mode of transmission studies done in 2020 was disseminated to stakeholder in 2021. Some of its findings shows that the largest number of new infections among the adult population were estimated to occur among never married females and never married males. Newchild infections due to mother to child transmission represented the second source of the new infection accounting for up to 22% of all new infections.

The year witnessed tremendous strides towards epidemic control as well as the sustainable management of the response.

NACA will continue to collaborate with stakeholders to make sure the country achieves its epidemic control within this last mile.

## CHAPTER ONE: BACKGROUND



### National Agency for the Control of AIDS (NACA)



The National Agency for the Control of AIDS is saddled with the mandate of multi-sectoral coordination of the HIV/AIDS epidemic in Nigeria. It has recorded tremendous achievements in the fight to end the epidemic by 2030.

There is a paradigm shift towards epidemic control and sustainability being championed by Dr. Gambo Aliyu the incumbent Director-General, propelled by his determination to uphold the cardinal tenets of transparency and accountability by all stakeholders in the management of government and donor resources.

The National response to HIV/AIDS today enjoys a renewed and robust political commitment as demonstrated by the contributions of the government of Nigeria in Abia and Taraba states. This is complemented by donor agencies and implementing partners' efforts. This heightens our collective optimism for the realization of the Sustainable Development Goal (SDG) number 3 that focuses on good health and general wellbeing. NACA in collaboration with stakeholders has recorded many successes, some of which are the provision of Strategic Frameworks and coordination of the multi-sectoral response to HIV/AIDS. In the year under review, over 1, 400, 000 PLHIVs have been placed on antiretroviral therapy.

The efforts of the Agency and her partners have continued to reduce the HIV incidence in the country. This is evidenced in the mode of transmission study that was conducted within the year. The result of the study shows that most new infections are occurring among never-married uncircumcised and circumcised men, never-married women, Female Sex Workers, and Men who have Sex with Men and children, overall, young people and Female Sex Workers appear to be playing an important role in the dynamics of the infection. Mother-to-child transmission represents a large source of new infections nationally and is the largest source in several states.

The just-concluded Integrated Biological and Behavioral Surveillance Survey provided valuable information to stakeholders in the description and understanding of HIV dynamics and the effects of interventions among key populations in Nigeria, with a clearer picture of current risk behaviors among different KP typologies. The findings showed that HIV prevalence is highest amongst Transgender (a New KP typology added in the survey) at 29%, followed by MSM at 25%, NBBFSW at 15%, and PWID at 11%.

In spite of all these achievements, the National Response in Nigeria needs the constant support of all her stakeholders to continuously succeed in the fight.

The Agency being an evidence-based organization has an assemblage of highly skilled human resource who have established and maintained a strategic partnership with key stakeholders across the country which has resulted in the reduction of new HIV infections from 92935 in 2019 to 89818 in 2020, rebasing the prevalence rate from 3.4% (2012) to 1.3% (2018) with 1.9 million PLHIV in Nigeria (NAIIS 2018).

The trajectory of the national HIV response is the achievement of the UNAIDS global target of ending the HIV pandemic by 2025, five years earlier than 2030. On the last mile towards achieving the UN goal of 95-95-95 i.e., 95% of people know their HIV status, 95% of those that know their status are placed on ARV, and 95% of those accessing treatment have suppressed viral load by 2025. NACA in collaboration with other stakeholders have put in place strategies for achieving epidemic control.

## STRATEGIES

### *Community led monitoring*

The critical role of communities has been affirmed and recognized in order to meet the Fast-Track Targets and community responses to HIV, to this end and the commitment by the 2016 United Nations Political Declaration on Ending AIDS, at least 30% of services should be community-led by 2030 with the following objectives:

- To build the capacity of selected community organizations/networks and support the development of a protocol with implementation modalities for the Community-led monitoring project.
- To build the capacity of community networks to increase COVID case findings, active case search and contact tracing and follow up for testing campaigns.
- To support the community to develop relevant indicators, tools, and a comprehensive database that would be used to effectively carry out the community-led monitoring activities.

### *Strategic programming for key population and AYP*

With preliminary reports from the Integrated Biological and Behavioural Surveillance Survey (IBBSS) showing a higher prevalence of HIV among key populations than the general population, NACA will focus on strategic programming for this population. A step in that direction is the development of a consolidated guideline for the key population to guide programming and also KP size estimates in 20 states.

### *Scaling up of self-testing and differentiated service delivery*

It is a well-known fact that a 'one-size-fits-all' approach to treating HIV/AIDS patients is no longer sufficient. Differentiated service delivery is a patient-centered, rights-based approach that has been shown to increase retention on antiretrovirals, cost and time savings for clients, and improve quality of care. Nigeria adopted this approach in 2016 and will be scaling it up towards ending the HIV epidemic in 2025.

Deep dive and granular analysis of programmatic data for real-time decision making.

### *Mobilization of Domestic Resources Through Strategic Engagement with The Private Sector*

The sustainability of the HIV response requires mobilizing resources for the response to reduce the country dependence on external funding and explore other innovative sources of funding. Therefore, expanding domestic sources of funds has become critical if the country is to surmount the epidemic. Understanding the cost and developing a sustainable financing mechanism is a core requirement for Nigeria to successfully end the HIV/AIDS epidemic in 2030. This and many more led to the development of Domestic Resource Mobilization Strategy with the following strategic objectives;

- a. Increase domestic resource mobilization efforts aimed at public sources to progressively increase budget allocations from the federal and state governments for the country's HIV program.
- b. Explore and expand multiple and alternative resource channels with the long-term goal of reducing the dependence of the HIV program on external funding sources.
- c. Strengthen engagement and the response capacity of private sector agents, from for-profit corporations, local philanthropies, and CSOs, to financially contribute in a sustainable manner to the country's HIV national response, for better targeted services across the HIV continuum of care.
- d. Increase funding towards the HIV/AIDS Fund between 2021 and 2025.
- e. To ensure that HIV Response in Nigeria develops and obtains consensus around a clear and coordinated approach for its domestic resource strategy, managing, spending, and mobilizing the financial inflows in an efficient and transparent manner.

In line with the Domestic Resource Mobilisation Strategy to mobilize funds from the private sector, NACA has played an active role in establishing and implementing a private sector-led Nigeria Business Coalition Against AIDS (NiBUCAA) and an HIV Trust Fund. NiBUCAA is a National, non-profit membership organization made up of private companies responding to HIV and AIDS and other associated health diseases to mobilize the private sector to contribute to the HIV response. NACA worked with the NiBUCAA to establish an HIV/AIDS Trust Fund (HTF). The Trust Fund is registered and has a board of trustees and has employed a CEO. The Trust Fund is structured to be self-funded by the Nigerian Business Community. The HIV Trust Fund plans to raise a start-up fund of NGN50 Billion. The HIV Trust Fund will be used to procure HIV commodities to contribute to eMTCT of HIV and scaling up of Pediatric HIV treatment. Plans are in top gear to launch the Trust in the next few months.

## CHAPTER 2: ACHIEVEMENTS OF DEPARTMENTS & UNITS



**Mr. Alex Ogundipe**

Director Community Prevention and Care Services

### *Department Of Community Prevention and Care Services ~Mandate of the Department~*

*The Community Prevention and Care Services (CPCS) Department provides leadership and establishes mechanisms in technically supporting the coordination of multi-sectoral programs at different levels of the response. It ensures that programs are technically compliant in design and implementation (with the National Strategic documents and guidelines) for effective service delivery in community prevention, treatment, care and support respecting gender and human rights.*

### Achievements for the Year 2021

- Reviewed the draft National Prevention Plan for scaling up implementation of effective **HIV and AIDS prevention** interventions within the context of the **National HIV and AIDS Policy and Strategic Framework**.
- Built the capacity of NACA staff and other stakeholders on the National Condom Operational Plan, Condom Communication Strategy and Parent-Child Communication toolkit for effective and efficient implementation of HIV prevention programmes at all levels.
- Commemorated International Condom Day to create awareness on condom, access and utilization.
- Reviewed, launched and disseminated three national documents (condom operational plan, condom quantification and Adolescents and Young People (AYP) investment case).
- Conducted the National Prevention Technical Working Group (NPTWG) meeting and got updates from stakeholders, shared lessons learnt and best practices and developed the work plan for HIV prevention for 2022.
- Disseminated the findings from the HIV Self-Testing (HIVST) and Pre- Exposure Programming (PrEP) study among relevant stakeholders to investigate the “willingness to pay”.
- Conducted learning visits to three States (Akwa Ibom, Rivers and Lagos) on HIVST in the private sector; these visits increased knowledge and experience sharing on HIVST.
- Finalized and validated the National HIVST and PrEP Communication strategy.
- NACA supported Federal Ministry of Health (FMOH), National AIDS and STDs Control Programme (NASCP) to review, harmonize and finalize some national documents including the:
  - Standard operation procedures (SOPs) and tools on demand creation for HIVST
  - National guidelines for HIV Testing Services (HTS) and PrEP
  - Operational guidelines and training materials for HIVST.
  - National training materials, SOPs and tools for implementation of POC for viral load and early infant diagnosis (EID).
- Care and referral model document for custodial centers in Nigeria.
- National Operational Manual for Managers in the health sector response to HIV/AIDS in Nigeria.
- National PrEP Training Materials (Trainers Manual, Participants Manual, Training Slides) for Oral PrEP for service providers
- National standard operating procedures on antiretroviral therapy for paediatric and adolescent patients.
- Advanced HIV package of care implementation in Nigeria.
- Differentiated Service Delivery (DSD) facilitators and participants guides for DSD operational manual
- Situation analysis for TB preventive therapy
- National training curriculum for adult ART with latest recommendations

- SOPs for paediatric/ adolescent ART programme
- Standard operating procedures (SOP), job aids and checklists on PrEP.
- Disseminated six national documents on the People Who inject Drugs (PWID) Advocacy toolkit and built the capacity of relevant stakeholders/ community members on the use of the documents to ensure effective and efficient implementation of HIV prevention programmes at state and community levels.
- Trained 30 participants on Human Centre Design (HCD) training at national and state levels to tailor innovations to fit end-users
- Conducted a virtual walk through of a clinic in Tanzania to enhance learning from other African countries about Key Population (KP) programming.
- Carried out learning visits to seven states to enhance interactions and improve linkages with service providers at NDLEA, NCoS, SACA, SASCP, selected Health facilities and OSS (one stop shops).
- Conducted advocacy, mentoring and supportive supervisory visits in four surge states for improved and increased community engagement, demand generation and uptake of HIV services; and for identification of state level funding sources to address key prevention gaps in these states.
- Ensured synergy between the IP “surge” plan for Abia state and existing support from Global Fund.
- Developed a costed TB Preventive Therapy (TPT) “surge” implementation work plan for more effective programming for People Living with HIV (PLHIV).
- Built capacity of twenty (20) staffs of the Community Prevention and Care Services Department and other partners on manuscript writing.
- Disseminated the findings from the Rapid Assessment of HIVST and pre-exposure prophylaxis (PrEP) availability, access and market authorization in Nigeria to stakeholders.
- Finalized the National PrEP and HIVST Communications Strategy for KPs and Adolescents Girls and Young Women (AGYW).
- Validated the HIVST demand creation materials for Adolescent Young People (AYP) to scale up HIVST among priority groups.
- Supported the National TB and Leprosy Control Program (NTBLCP) to develop the guidelines for TB/HIV management.
- Conducted a mapping exercise of programmes to reduce Human Rights (HR) and Gender Related Barriers to HIV and TB Services in thirteen states (Abia, Anambra, Ebonyi, Edo, Enugu, Gombe, Imo, Kaduna, Kano, Kwara, Oyo, Plateau and Taraba) in Nigeria where Global Fund (GF) investments are currently prioritized; the validated report of the mapping exercise was also analyzed with broad- stakeholder participation.
- Identified priority Gender and Human Rights (GHR) programmes/ interventions for inclusion in the GF New Funding Model (NFM3) budget/work plan and a preliminary draft action plan was developed. Also identified additional technical and operational needs for further resource mobilization.
- Conducted two quarterly meetings of the Gender and Human Rights Technical Committee (GHRTC) and consensus was reached on new strategies for gender and human rights mainstreaming in the national HIV & AIDS response especially with regards to the gender and human rights states’ response team.
- Convened quarterly meetings of the National HIV/AIDS Community Care and Support Technical Working Group (TWG); the TWG provided further direction for effective provision, implementation and monitoring of community care and support programmes in the national HIV/AIDS response.
- Strengthened the networking and technical exchange among the members/organizations of the various technical working groups (GHRTC, NCCS TWG, NPTWG etc.).
- Equipped the eMTCT Task Team members with updated strategies, current trends and information on the national eMTCT response to ensure up to date policy on PMTCT services.
- Supported the finalization of the Differentiated Service Delivery (DSD) operational manual to enhance people centered approach to HIV service delivery.
- Built the capacity thirty-two participants’ on HIV prevention programmes for Key Populations (KP) community members.
- Supported the Nigeria community-led monitoring (CLM) and Advocacy workshop which led to the finalization of an implementation plan for the GF CLM Framework in Nigeria
- Coordinated monitoring and supervisory visits to States to support, strengthen and address issues with CLM implementation.
- Commenced the 2021 Gender Assessment of the National HIV Response in Nigeria, and inaugurated the Gender Assessment Team who collaboratively reviewed the Gender Assessment work plan.
- Carried out data collection visits to six states plus the FCT and developed a draft gender assessment report containing the collected and collated findings from the state visits.
- Coordinated the Joint United Nations Basket Fund (UNBF) for HIV & COVID-19 interventions in 15 states and 30 Local Government Areas, accomplishments documented include the:
- Payment of cash palliatives of a total of ₦25,000 to 9,775 indigent HIV & COVID -19 vulnerable households in the States.

- Distribution of six months' worth of hygiene products: facemasks, sanitizers and soaps to all project beneficiaries and their households.
- Circulation of IEC materials to over 100,000 people on gender equality, infection prevention & control and community engagement for effective response to the dual epidemics of HIV and COVID-19.
- Sensitized the South Western zonal stakeholders - SACA and SAPC- on advanced HIV disease and its package of care.
- Conducted a scoping mission and a data verification exercise to Abia and Taraba states on the transition of NCAP to PEPFAR for a sustainable ART model; the PEPFAR partners were introduced to Abia and Taraba states' stakeholders.
- Carried out high level advocacy visits to the Executive Governors of Abia and Taraba states to increase funding and ownership of the HIV programme in their States.
- Strengthened the status of implementation of blood safety procedures and reviewed strategic directions for access to safe blood and blood products.
- Trained 10 staffs of the National Correctional service on the National care and referral model and standard operating procedures for HIV testing services in custodial settings.
- Developed the National work plan for pediatric HIV and TB for improved programming.
- Supported the Gender, Adolescent School Health and Elderly Care (GASHE) Division of the FMOH to inaugurate the National Adolescent, Health and Development Technical working group and the development of the work plans for all its sub-committees.
- Finalized the Adolescent Package of Care document for enhanced HIV programming for AYP living with or affected by HIV
- Trained 264 Health Care Workers and community volunteers for PMTCT Reproductive, Maternal, Neonatal, Child and Adolescent Health plus Nutrition (RMNCAH+N) integration project in 3 states.
- Mapped twenty-seven (27) existing facilities and 135 TBAs for engagement in Taraba state
- Operationalized the ART Management Model in Abia and Taraba States to create a sustainability model for HIV response in Nigeria.
- Trained six members of the Critical Mass Team (CMT) of the National Water Research Institute (NWRI), Kaduna on HIV mainstreaming and developed work plans and HIV workplace policy.
- Launched the consolidated HIV and STIs Guidelines for Key Populations in Nigeria and trained 140 stakeholders from 19 states and 21 national stakeholders and implementing partners (IPs) as master trainers on Key Populations programming.
- Trained twenty-five (25) stakeholders from four States (Osun, Ogun, Ekiti and Ondo) on the National Consolidated HIV and STIs Guidelines for Key Populations in Nigeria.
- Reviewed the National AYP Strategy and produced the first draft.
- Identified six thematic areas for HIV self-testing and PrEP for U-test interventions and populated these areas with activities.
- Documented practices available and interventions designed for improved HIV/AIDS programming for the Internally Displaced Persons (IDPs) in four selected States (Bauchi, Benue, Taraba and Yobe) for improvement of access to HIV prevention, community care and support services by Nigerians in humanitarian and crisis settings.
- Enhanced the knowledge and understanding of 110 participants on HIV and AIDS related gender inequalities and human rights violations; with the identification of clear strategies for addressing specific gender gaps and clear mechanisms for monitoring and evaluating implementation of gender commitments in the national HIV response.
- Improved the capacities and skills of 200 state actors on targeted HIV testing and linkage to care for efficiency, identification and mitigation of HIV stigma and discrimination issues, adherence and retention in care issues, to enhance the recognition and addressing of human rights violations and access to justice matters in service delivery.
- Supported the Federal Ministry of Health (Family Health Division) in the development of the gender-based violence (GBV) training curriculum for health-care providers.
- Distributed 1,350 copies of the National HIV/AIDS Access to Justice Manual and Guidelines and 500 copies each of the National HIV/AIDS Community Care and Support Guidelines and Simplified version of HIV/AIDS Anti-Discrimination Act to the 15 (UNBF project) states of the Federation.
- Strengthened the capacity of 40 media experts & journalists on better reportage of HIV and Human Rights issues in Nigeria.



Mr.  
Nsikak Ebong

Director Finance & Accounts

### *Department of Finance and Account ~Mandate of the Department~*

*Responsible for the payment of staff salary, budgeting, budgetary control and monitoring, custody and disbursement of funds according to Donor and Federal Government of Nigeria financial rules, regulations and grant agreements, accounting for funds received and disbursed and financial reporting.*

### **Achievements for the Year 2021**

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- Successful completion of 2021 Audit exercise and submission of audited reports to OAuGF, OAGF, and OSFG for accountability
- Participated and contributed meaningfully in the 2021 professional conferences & Mandatory Continuous professional Education/Development for 33 ICAN and ANAN professionals to update the knowledge of staff and increase productivity
- 8 staff of Finance and Accounts department conducted Quarterly Review of the Activities in the State Project Implementation Unit (SPIU) in Abia and Taraba States to ensure efficiency and economy in the operation of the NACA Comprehensive AIDS Programme (NCAPS) implemented in 2 the states.
- Conducted a training on Treasury and Risk Management for 22 Finance and Accounts staff to update knowledge on best practice in carrying out payments.
- Conducted a training on Integrated Personnel Payroll Information Systems (IPPIS) improved features for 16 Finance and Accounts staff to improve timeliness and accuracy of payroll record.
- Enhanced the professional competencies of 23 Finance and Accounts staff of the Agency on Financial Modelling using Advanced Excel
- Conducted a training/workshop for 22 Finance & Accounts staff on Grant Management & Control to improve the capacity of staff in the management of Donor funds and grants.
- Enhanced the Financial Management skills of 22 members of staff through a training/workshop on Financial Management





## *Department of Administration and Support ~Mandate of the Department~*

*Responsible for general administrative matters in the organization and providing administrative support to the leadership of the agency. Organization of human administration and deal with matters of promotion, discipline and dismissal and responsible for staff welfare and development.*

**Mr. Emmanuel  
Chenge**

Director Administration and  
Support Department

### **Achievements for the Year 2021**

- Successfully facilitated the promotion of 16 Senior and 1 Junior staff of the 27 officers presented for the exercise.
- Trained 200 NYSC members in work-related skills to prepare them for the larger labour.
- Trained 20 Directorate staff on Performance Management. The training equipped the heads of various Departments and Units in effective decision making.
- Twenty-seven (27) Middle level Managers were trained on Work Ethics and Value Re-orientation which has facilitated efficient service delivery.
- The competency of 22 Logistic officers was enhanced through training on defensive driving and safety.
- 20 senior staff were trained on leadership, problem-solving and decision making to improve service delivery.
- The Six (6) NACA zonal Offices were properly equipped to function effectively.
- Facilitated the development of an Agency-wide staff handbook and code of conduct manual.



**Mrs. Josephine Kalu**

Director, Resource Mobilization and Performance Management.

## *Department of Resource Mobilization and Performance Management ~Mandate of the Department~*

- Mobilize adequate financial resources in support of the implementation of the National HIV and AIDS Response (local and foreign), organized the private sector, other sources, and coordinate their equitable application.  
To monitor and periodically review performance of MDAs, States, Donors, IPs and Grants and provide
- feedback necessary for improvement to relevant stakeholders and NACA Management.  
To identify new funding opportunities and develop timely proposals for program implementation from local and international sources including the private sector and develop grant making tools, advise on and devise innovative mechanism and processes to improve performance of various grants
- and credits available to the National Response.

## Achievements for the year 2021

- Following the gains from previous resource mobilization missions to non-performing states which resulted in increase in funds released to some states, advocacy visits were paid to stakeholders in two (2) states (Anambra and Ondo) to ensure increased budgetary allocations and to secure the release of funds for the implementation of HIV activities in these States.
- Advocacy visits were carried out to key government stakeholders and policy makers on ownership and sustainability of the HIV/AIDS response. This involved making a strong case for increased domestic resourcing at the sub-national level. This was part of the onboarding activities for transition to a mixed model that involved PEPFAR Implementing Partners (IPs), working with the Taraba and Abia State teams. The aim of the model is to facilitate the achievement of epidemic control within a two-year period while ensuring a sustainable response in both States following the eventual exit of the IP.
- State Resource Mobilization Technical Working Groups were inaugurated in Abia and Taraba States to ensure continuous advocacy for increased domestic funding and political commitment to sustainable response of the HIV epidemic.
- Annual Performance Progress Review Meeting was conducted for South South States in Asaba, Delta State to discuss and agree on corrective measures for improvement of identified performance related gaps in the implementation of HIV prevention and treatment services at Services Delivery points (SDPs).
- Performance management missions through random spot checks was conducted to 41 (Forty-One) Service Delivery Points (SDP) cut across Ten (10) states in six (6) geo-political zones. Facilities providing HIV prevention and treatment services (including One Stop Shops (OSS) were assessed based on sixteen (16) performance standards and provided on the spot guidance on improved HIV service delivery efficiency, effectiveness, Quality and equitable access to services by PLHIV.
- Through focused engagements with Private sector organizations in 2021, 10 corporate entities in three (3) states (Lagos, Nasarawa and Rivers) gave concrete commitment to contribute to the national response.
- 19 (Nineteen) Private sector organizations that are not currently members of NiBUCCA were engaged in Six (6) States (Lagos, Rivers, Kano, Akwa Ibom, Enugu and Sokoto) for participation and contribution to support HIV Trust Fund.
- The National Call Centre on HIV/AIDS and Related Diseases received and responded to 20,618 calls and provided information on HIV prevention, treatment, care and support to the callers.
- University of Port Harcourt, Rivers State (UPTH) Youth Friendly Centre was refurbished and re-launched to ensure that the center is able to continue providing HIV counselling and Testing Services to young persons in the University as well as the university community.
- National Domestic Resource Mobilization and Sustainability Strategy (NDRMSS) document was developed to establish a clear vision, commitment; and strategies for mobilizing domestic resources for HIV. It details funding sources, targets, and key actions for implementation. The NDRMSS has five pillars and 12 strategies to drive resource mobilization efforts for HIV prevention and treatment.



**Dr. Greg Ashefor**

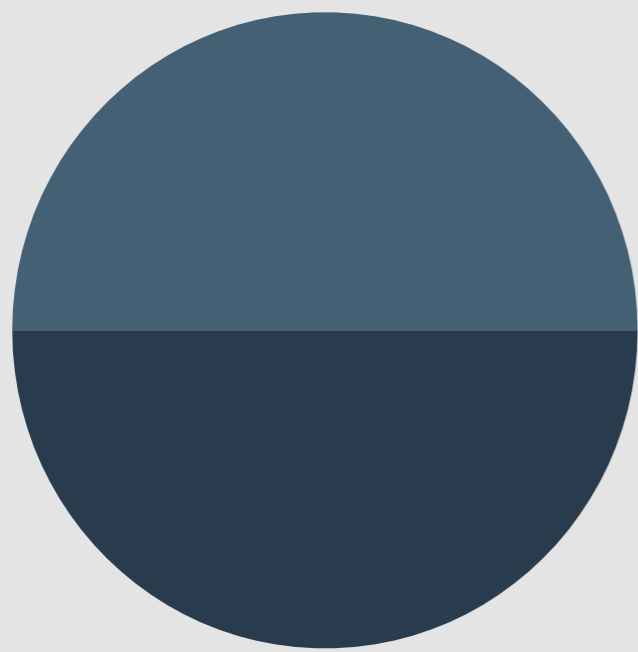
Director, Research,  
Monitoring and Evaluation

## *Department of Research, Monitoring and Evaluation ~Mandate of the Department~*

- *Development of the requisite infrastructure for the monitoring and evaluation in Nigeria. Development of the required human resource capacity across the national response.*
- *Harmonization of indicator and standardization of the data tools and information and strengthening of second-generation surveillance and HIV and AIDS operational research.*
- *Development and maintenance of the central database or clearing house for strategic information on the national response.*
- *Compile the quarterly/annual HIV and AIDS M&E Reports and manage the NACA institutional approval process to meet the NACA reporting requirements and obligations to national and international stakeholders.*
- *Lead strategic research programmes in the Agency.*

## **Achievements for the year 2021**

- The department conducted an Operation Research on Community Directed Initiatives that Improve Access to HIV/STI Services and Retention among Adolescent Girl and Young Women (AGYW) and Key Vulnerable Populations in 6 states (Abia, Lagos, Kaduna, Benue, Taraba and Akwa-Ibom). This has helped identify, assess and document specific strategies for removing barriers to treatment access and retention for AGYW and KPs.
- Community HIV self-testing tools were developed and harmonized to collect and report HIV self-testing data in the communities.
- The HIV/AIDS research agenda was revised to provide the research framework for the HIV/AIDS response.
- Collaborated with NASCP in developing the 2021 national HIV estimates for the country which helped in programming for the response.
- M&E framework was developed to monitor and evaluate the Risk Communication Community Engagement (RCCE) component of the UN Joint Basket fund.
- Disseminated the mode of transmission (MOT) study report 2020 to inform stakeholders on sources and distribution of new HIV infections to improve programme efficiency.
- Coordinated the quarterly national HIV M&E (SKMTWG) meeting which is a platform to share information and present data as well as discuss other emerging related issues on the HIV programme
- Collaborated with NASCP to validate the 2020 health sector programme data in 36+1 states. This has provided quality data for decision making.
- As part of the effort to ensure data quality reporting across the states, the revised health sector tools were finalized and training slides developed.
- Strengthened the National Data Repository (NDR) platform which has helped Nigeria in monitoring and evaluating the National HIV response.



**MR BAIDI M.  
GAJO**

Director Special Duties

### *Department of Special Duties ~Mandate of the Department~*

*Ensure that NACA manages its daily operations to the highest possible standards and efficiency in accordance with the laws and regulations of the Federal Government of Nigeria. Be the accounting officer to enter into legal negotiations on behalf of the Federal Government of Nigeria.*

*To ensure the provision of adequate policies and plans to inspire and motivate staff to work to the highest standards and to ensure compliance with development donor policies and procedure against the laws of the land.*

## **Achievements for the year 2021**

### **2.6.1 Compliance and Risk Management**

- SACA Staff in six states were adequately informed of the need to have a compliance and risk management unit in their domain
- Staff in all departments and Units of NACA were abreast with the activities carried out by the department in 2021 and the plans of their departments for 2022
- All directorate cadre (46 in No) were adequately trained and had first information about the Agency's Compliance tools and culture
- 17 Focal Persons from each department and Unit of the Agency were trained and properly informed of the Agency's Compliance tools and how they can be monitored.
- The activities and programme of the SPIUs were reviewed and noted lapses corrected

### **2.6.2 Legal Unit**

- The NACA Organizational Diagnostic Review (ODR) was conducted and implemented to strengthen the Agency's mandate.
- The Capacity of 15 Staff of NACA was built on the application of FOI ACT 2011 to support the Agency on issues relating to poor delivery of public services, particularly in the health sector.
- Capacity building for NACA Board Members was conducted on problem-solving and decision-making techniques for the improvement and attainment of NACA's mandate.
- Successfully drafted, executed and managed over 200 contracts which cut across General services and consultancy services.
- The capacity of 4 legal Staff was built on legislative drafting and procurement processes to address hitches affecting contract drafting in the Agency.
- A Memorandum of Understanding (MoU) was developed between NACA and 3 states (Kano, Jigawa and Ibadan) on the distribution of 16 modern Ambulances which aimed at supporting and improving the response to COVID-19 and as well strengthen the health and community systems in the States.
- The NACA Board Manual was reviewed to ensure the duties, obligations and functions of the NACA Board Members were effectively discharged.
- Legal support and advisory were provided to the Network of People Living with HIV and AIDS on HIV Human Rights components of the response which has led to the restoration of PLHIV to his workplace

## 2.6.3 Management Information System/Information Technology

- The Unit deployed ICT infrastructures such as (Laptops, Projectors, Internet routers etc.) to the six NACA zonal offices to improve work performance and productivity.
- The Unit also provided and deployed ICT equipment to the NACA HIV/AIDS command centre which has enhanced data visualization presentation and accessibility for decision making.
- The Unit provided robust internet connectivity with 99% availability uptime for increased work efficiency.
- The Unit redesigned the NACA website to provide the general populace with HIV/AIDS information and resource materials.
- The Unit provided routine ICT support for the operation of the NACA Call Centre on HIV/AIDS and other diseases providing access to the
- The Unit supported the operationalization of the RSSH ICT infrastructural project procurement and deployment.

## 2.6.4 Internal Audit Unit

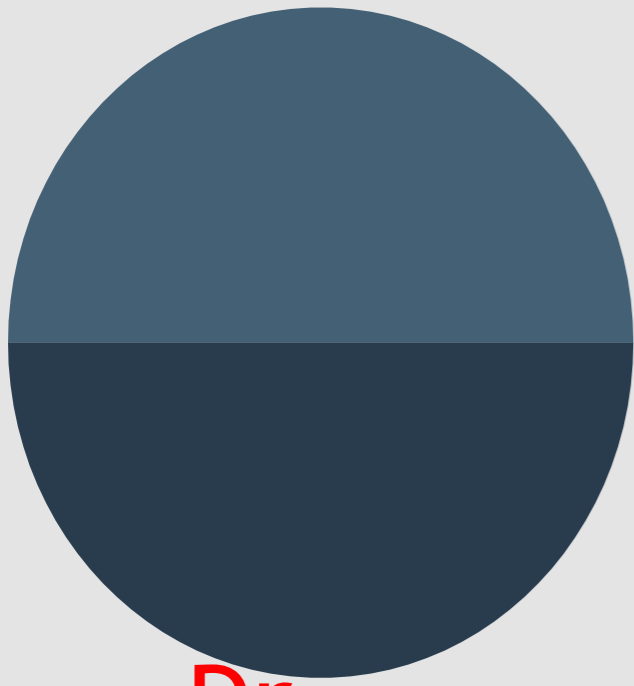
- All payments and retirements were made in line with the full provisions of the financial regulations and extant laws thereby avoiding over/underpayment.
- All items received in the Store are fully accounted for in line with the laid down provisions.
- The conduct of quarterly audits to ABIA & TARABA states ensured transparency and accountability in the operations/management of the HIV project in both states.
- All NACA assets are captured, well documented and properly tagged. Thereby giving an up-to-date asset register. Identified damaged items were marked as such and missing items were traced to the sources for appropriate action.
- Facilitated effective transfer of assets to the new Implementing Partners in TARABA and ABIA states.
- Built the capacity of 7 internal audit staff on Forensic audit and reporting.
- Improved the financial management process of zonal audit staff.

## 2.6.5 Procurement Unit

- Successful procurement of Covid-19 commodities (worth of 10.7 million US Dollar) during the Pandemic, while adhering to Federal Government Protocols and Circulars for Covid-19.
- Yearly Procurement of Antiretroviral Drugs (ARV) (worth of 1 billion naira) for HIV/AIDS Patient in the Country
- Procurement of Antiretroviral Drugs (ARV) (worth about 800 million naira) for additional 50,000 HIV/AIDS Patient in 2019 fiscal year.
- Procurement of Antiretroviral Drugs (ARV) (worth about 1.2 billion naira) for additional 100,000 HIV/AIDS Patient in 2020 fiscal year.
- Certification of six (6) procurement officers under the Bureau of Public Procurement (BPP) conversion Course with the core mandate of ensuring transparency in conducting procurement processes in the work place and efficient utilization of public funds.
- The Division established a dedicated registry for Procurement Files (The Procurement registry is located within Procurement Office for safety of the procurement files)

## 2.6.6 Public Relations and Protocol Unit

- Developed and disseminated weekly eNewsletters which has contributed to the improved interdepartmental understanding, and broaden staff access to information about NACA's activities nationwide
- Built capacity of eight (8) Public relations and Protocol staff on their professional mandate to improve their operations
- Reinforced synergies between NACA and the press and reduced press-prone crises in the preceding years
- Built capacity of 21 media health correspondents on media advocacy which will help their reportage on HIV/AIDS and this has led to a more cordial working relationship with media.



**Dr.  
Funke  
Oki**

Act. Head Policy, Planning  
and Coordination

## Department of Policy, Planning and Coordination ~Mandate of the Department~

*Policy, Planning and Coordination department provides leadership in strengthening multi-sectoral planning and budgeting capacities of the national and sub-national entities; and support for the development of national response strategic and operational plans. The department also facilitates the review of relevant HIV and AIDS Policies including the design and initiation of advocacy engagements, stakeholders' coordination of both Government, Donor and Civil Society Organization*

### Achievements for the Year 2021

- Facilitated Nigeria Faith-Based Coordinating Body for AIDS (NIFCOB) Coordination meeting at which a consensus was achieved on the creation of an Interfaith Funding Mechanism.
- Collaborated with Federal Ministry of Health (FMoH) to populate the President's Emergency Plan for AIDS Relief (PEPFAR) Sustainability HIV response.
- Conducted NACA's Staff Skills Audit to identify skill gaps and required skill set in the organization to close the existing gaps
- Identified technical skill deficiencies in SACA across six geopolitical zones, with the goal of closing them.
- Two HIV Expanded Theme Group (ETG) meetings were held and resolutions were made on COVID-19 vaccination for People Living with HIV (PLHIV) in Nigeria
- Facilitated the national consultations on pediatric HIV and tuberculosis, which led to the creation of a collaborative work plan for both diseases.
- Built capacity for 15 PPC employees on the use of Result-Based National Response Operational Plan (NROP) template. NROP is a harmonized National Response Plan for HIV/AIDS
- A database of HIV/AIDS stakeholders in 36+1 states has been updated for improved coordination
- Hosted a NACA/SACA Forum where leaders of SACAs met with NACA's DG. The SACAS formed a forum and have one voice in decision making
- Enhance HIV/AIDS coordination through the development of 36+1 State Operational Plans
- Build capacity of Planning and Budget focal persons on government Integrated Financial Management Information system (GIFMIS) modules to improve NACAs budgetary processes
- Facilitated the development of the Civil Society Network (CSO) Coalition Annual Work Plan for 2021.
- Facilitated the establishment of an inter-departmental mechanism to improve efficiency and effectiveness, increase productivity, and promote inclusiveness.
- Supported Nigerian Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (NINERELA) in having its long-awaited Annual General Meeting (AGM) to elect new leadership after a five-year.

# CHAPTER Three: FINANCIAL ANALYSIS BY FUNDING SOURCE

## 3.1 GOVERNMENT OF NIGERIA (GoN)

NACA receives funds from the Government of Nigeria (GoN) through the issuance of Authority to Incur Expenditure (AIE) based on the approved budget submitted for that fiscal year. Table 3.1.1 below shows the expenditure on the GoN Capital and Recurrent Expenditure under various categories:

Table 3.1.1

S/N	CATEGORY	EXPENDITURE AMOUNT (₦)	PERCENTAGE
1	NACA COMPREHENSIVE AIDS PROGRAMME WITH STATES (NCAPS)	3,738,976,943.44	61.40%
2	HIV COORDINATION PROGRAMME (HCP)	2,184,529,784.20	35.88%
3	HIV AND AIDS MONITORING AND EVALUATION PROGRAMME (HMEP)	136,131,746.98	2.24%
4	WACRP	29,461,125.00	0.48%
	<b>TOTAL</b>	<b>6,089,099,599.62</b>	<b>100%</b>

From the table above, a total sum of ₦6,089,099,599.62 (Six billion, eighty-nine million, ninety-nine thousand, five hundred and ninety-nine naira and sixty-two kobo only) was expended in the year under review. From this total sum NACA Comprehensive Aids Programme With States (NCAPS) pulled the highest share of ₦3,738,976,943.44 (Three billion, seven hundred and thirty eight million, nine hundred and seventy six thousand, nine hundred and forty-three naira and forty-four kobo only) representing 61.40%, followed by HIV Coordination Programme (HCP) with the share of ₦2,184,529,784.20 (Two billion, one hundred and eighty-four million, five hundred and twenty-nine thousand, seven hundred and eighty-four naira and twenty kobo only) representing 35.88%. This performance is followed by HIV AIDS Monitoring and Evaluation Programme (HMEP) with the share of ₦136,131,746.98 (One hundred and thirty six million, One hundred and thirty-one thousand, seven hundred and forty-six naira and ninety-eight kobo only) representing 2.24%. Finally, the West African Corridor Relief Programme has a share of ₦29,461,125.00 (Twenty-nine million, four hundred and sixty-one thousand, one hundred and twenty-five naira only) representing 0.48%.

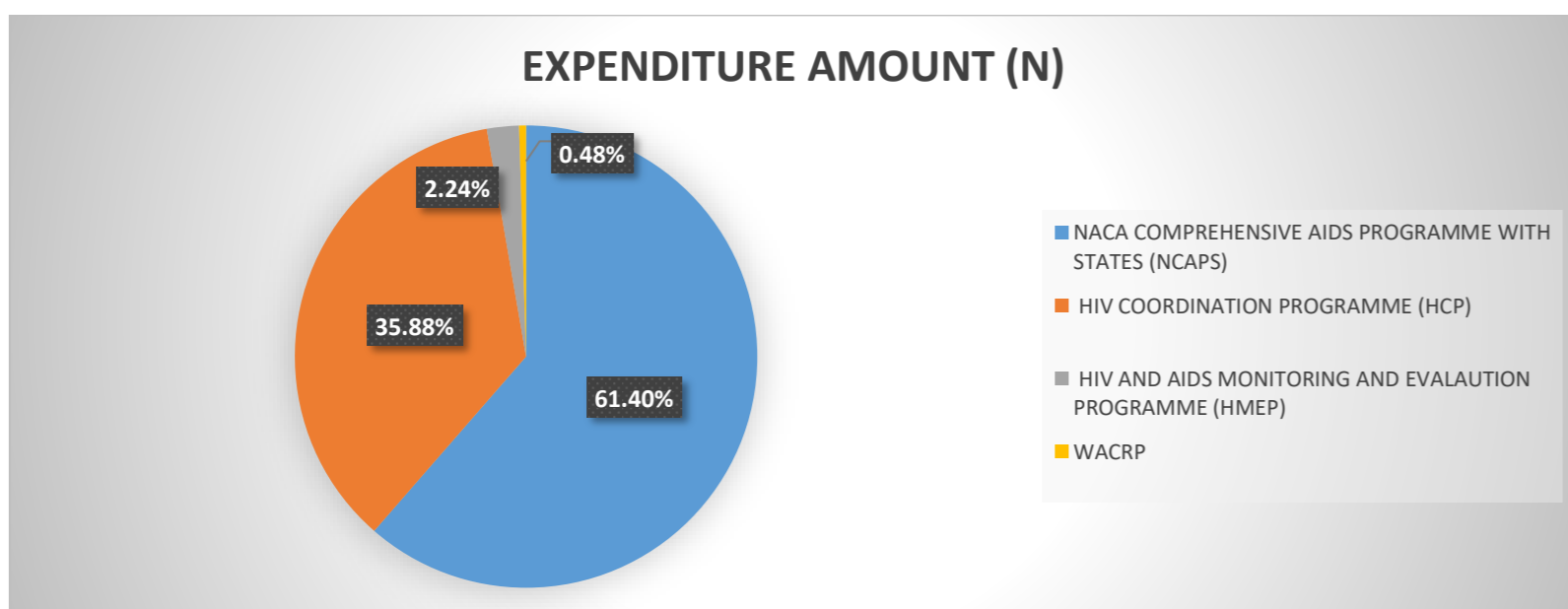


Fig. 3.1.1: Summary of GoN Expenditure by category in 2021

## 3.1 Global Fund (GF-HIV GRANT and GF-RSSH)

TABLE 3.3.1 GF-RSSH GRANT EXPENDITURE BY COST CATEGORY

EXPENDITURE (GF-HIV GRANT)	AMOUNT (N)	PERCENTAGE
1.0 Human Resources (HR)	131,391,793	1.66%
2.0 Travel Related costs (TRC)	165,687,016	2.09%
3.0 External Professional Services (EPS)	503,579,996	6.36%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	5,192,380,278	65.56%
6.0 Health Products - Equipment (HPE)	1,607,333,938	20.30%
7.0 Procurement and Supply-Chain Management costs (PSM)	204,275,729	2.58%
9.0 Non-Health Equipment (NHE)	73,018,160	0.92%

11.0 Indirect and Overhead Costs	38,407,161	0.48%
13. Results Based Financing	3,428,286	0.04%
<b>TOTAL</b>	<b>7,919,502,357</b>	<b>100%</b>

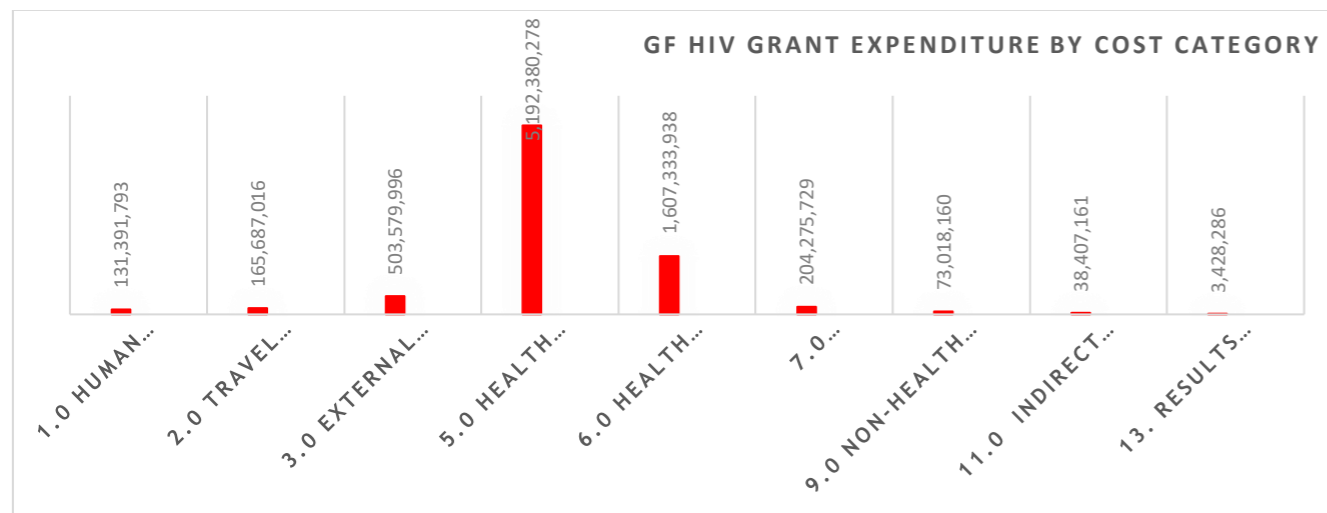


Fig. 3.3.1: GF-HIV Expenditure by Cost Category in 2021

TABLE 3.3.2 GF-RSSH GRANT EXPENDITURE BY COST CATEGORY

EXPENDITURE (GF-RSSH GRANT)	AMOUNT (\$)	PERCENTAGE
1.0 Human Resources (HR)	256,539,245	4.95%
2.0 Travel related costs (TRC)	135,395,149	2.61%
3.0 External Professional services (EPS)	14,003,849	0.27%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	2,643,383,042	50.97%
6.0 Health Products - Equipment (HPE)	1,275,265,661	24.59%
7.0 Procurement and Supply-Chain Management costs (PSM)	770,353,558	14.85%
8.0 Infrastructure (INF)	18,162,940	0.35%
9.0 Non-health equipment (NHP)	7,141,766	0.14%
10.0 Communication Material and Publications (CMP)	3,913,831	0.08%
11.0 Indirect and Overhead Costs	61,877,646	1.19%
<b>TOTAL</b>	<b>5,186,036,687</b>	<b>100%</b>

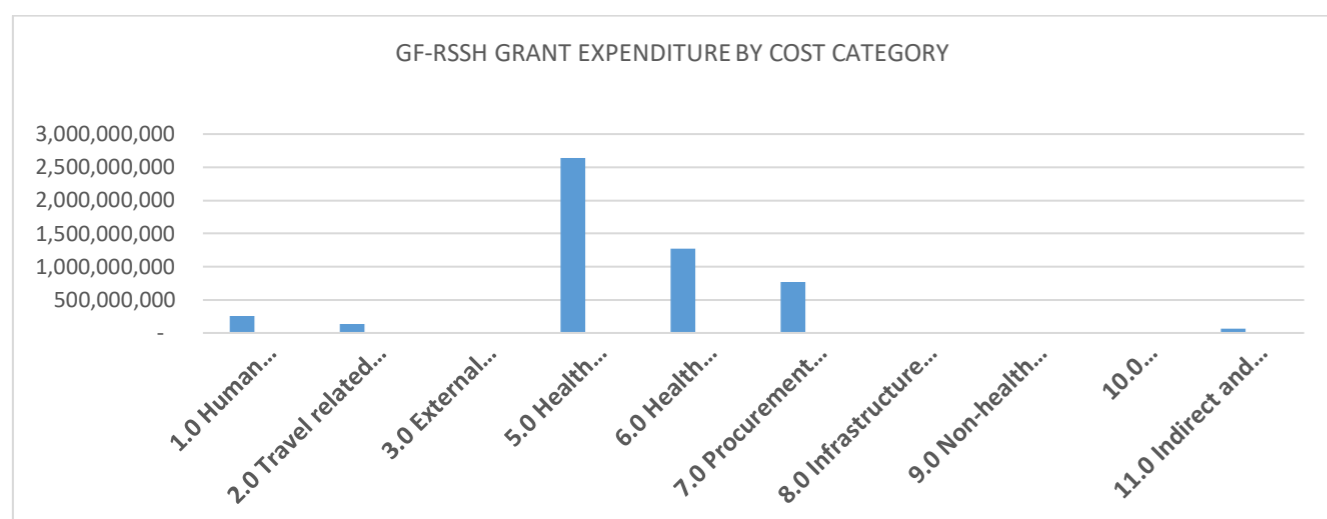


Fig. 3.3.2: GF-RSSH Expenditure by Cost Category in 2021

3.4.1 SUMMARY OF NACA RECEIPTS AND EXPENDITURES FROM ALL SOURCES OF FUNDS TO THE AGENCY FROM JANUARY TO DECEMBER, 2021.

PARTICULARS	OPENING BALANCE IN 2021 (NAIRA)	FUNDS RELEASES IN 2021 (NAIRA)	TOTAL FUNDS AVAILABLE IN 2021 (NAIRA)	TOTAL FUNDS UTILISATION IN 2021 (NAIRA)	CLOSING BALANCE AS AT 31 DEC, 2020 (NAIRA)	BURN RATE
GOVERNMENT OF NIGERIA (GON)	1,009,824,848.60	7,164,343,001.80	8,174,167,850.40	6,089,099,599.62	2,085,068,250.78	74%
GF HIV GRANT	478,345,977.55	8,774,443,624.31	9,252,789,601.86	7,919,502,357.19	1,333,287,244.67	86%
GF RSSH	0.00	5,308,007,031.00	5,308,007,031.00	5,186,036,686.59	121,970,344.41	98%
NACA PrEP	282,314.33	-	282,314.33	-	282,314.33	0%
UNICEF	2,302,223.68	3,702,239.37	6,004,463.05	5,609,849.00	394,614.05	93%
UN BASKET	87,077,144.80	204,239,432.00	291,316,576.80	282,630,800.00	8,685,776.80	51%
<b>TOTAL</b>	<b>1,577,832,508.96</b>	<b>21,454,735,328.48</b>	<b>23,032,567,837.44</b>	<b>19,482,879,292.40</b>	<b>3,549,688,545.04</b>	

PLEASE NOTE:

The Fund release in 2021 includes N1,009,824,848.60 rolled over Capital funds from 2020 Appropriation.



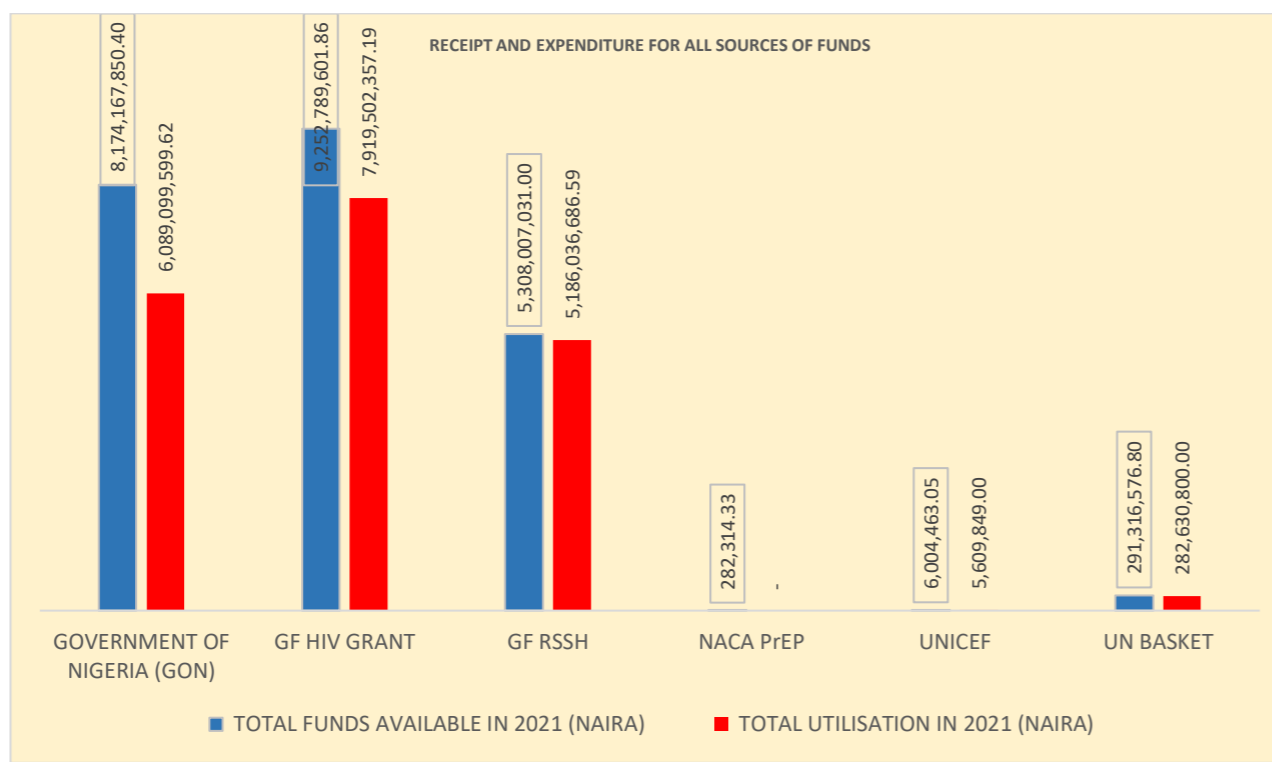


Fig. 3.4.1: Summary of Receipt and Expenditure in 2021

TABLE 3.4.2: FUNDS UTILISATION (BURN RATE) IN 2021

PARTICULARS	TOTAL FUNDS AVAILABLE IN 2021 (NAIRA)	TOTAL UTILISATION IN 2021 (NAIRA)	BURN RATE
GOVERNMENT OF NIGERIA (GON)	8,174,167,850.40	6,089,099,599.62	74%
GF HIV GRANT	9,252,789,601.86	7,919,502,357.19	86%
GF RSSH	5,308,007,031.00	5,186,036,686.59	98%
NACA PrEP	282,314.33	-	0%
UNICEF	6,004,463.05	5,609,849.00	93%
UN BASKET	291,316,576.80	282,630,800.00	51%

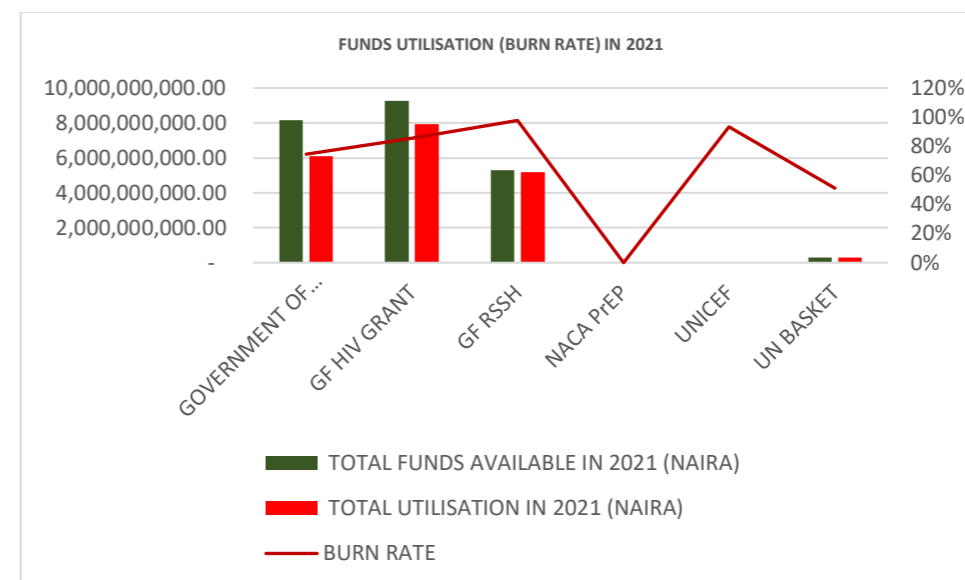


Fig. 3.4.2: Funds Utilisation (Burn Rate) In 2021

GoN RECEIPT AND EXPENDITURE BY VOTE IN 2021

TABLE 3.5.1: ANALYSIS OF GoN RECEIPT AND EXPENDITURE BY VOTE IN 2021

	TOTAL RELEASES	TOTAL UTILIZATION
CAPITAL (N)	6,155,324,848.60	5,092,231,830.42
OVERHEAD (N)	191,831,058.00	179,680,674.00
PERSONNEL (N)	817,187,095.20	817,187,095.20
TOTAL	7,164,343,001.80	6,089,099,599.62

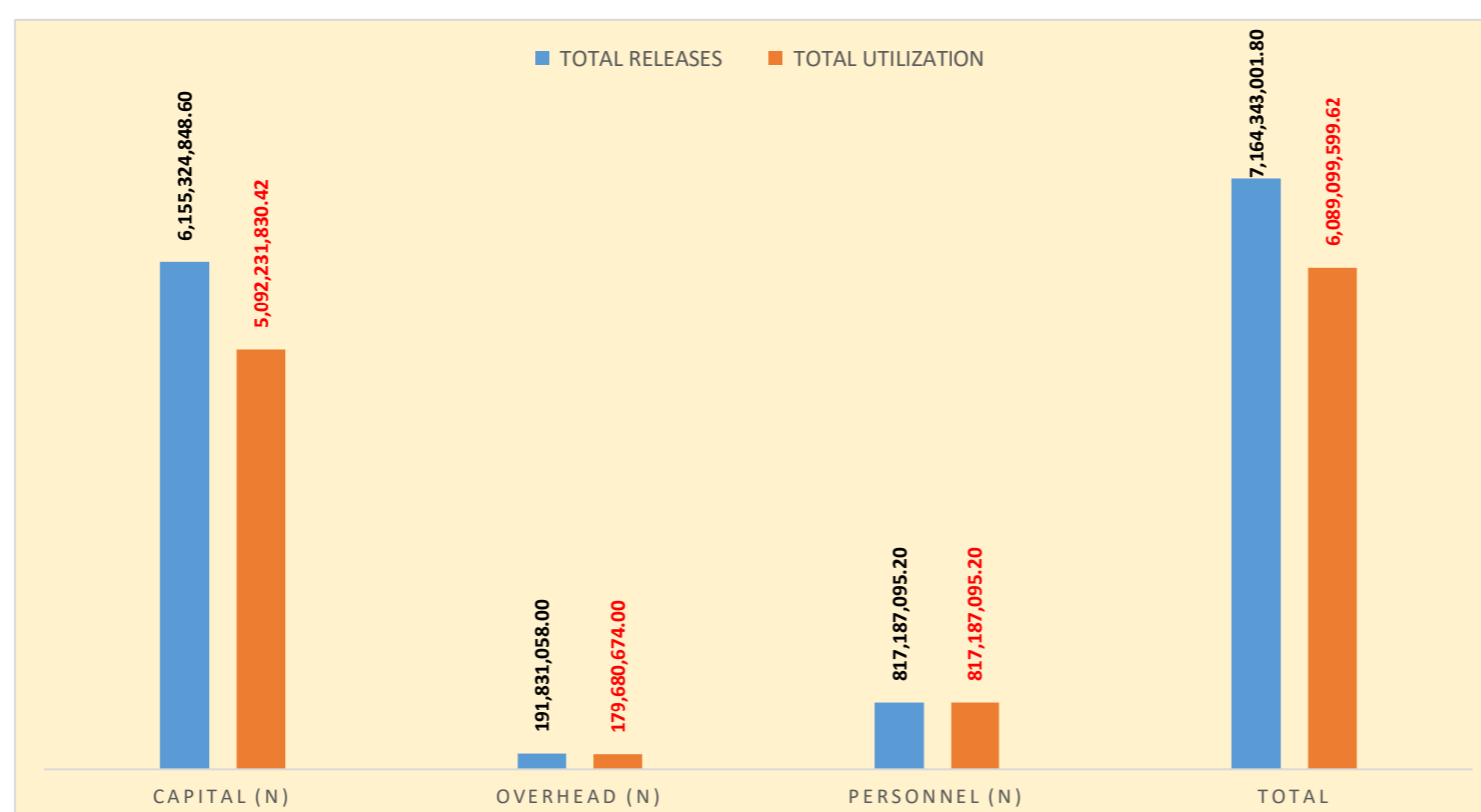


Fig. 3.5.1: ANALYSIS OF GoN RECEIPT AND EXPENDITURE BY VOTE IN 2021

Table. 3.5.2: ANALYSIS OF FUND RECEIPT AND EXPENDITURE FROM OTHER

	TOTAL FUNDS AVAILABLE IN 2021 (NAIRA)	TOTAL UTILISATION IN 2021 (NAIRA)	BURN RATE

GF HIV GRANT	9,252,789,601.86	7,919,502,357.19	86%
GF RSSH	5,308,007,031.00	5,186,036,686.59	98%
NACA PrEP	282,314.33	0	0%
UNICEF	6,004,463.05	5,609,849.00	93%
UN BASKET	291,316,576.80	282,630,800.00	51%
<b>TOTAL</b>	<b>14,858,399,987.04</b>	<b>13,393,779,692.78</b>	

FUNDING SOURCES IN 2021

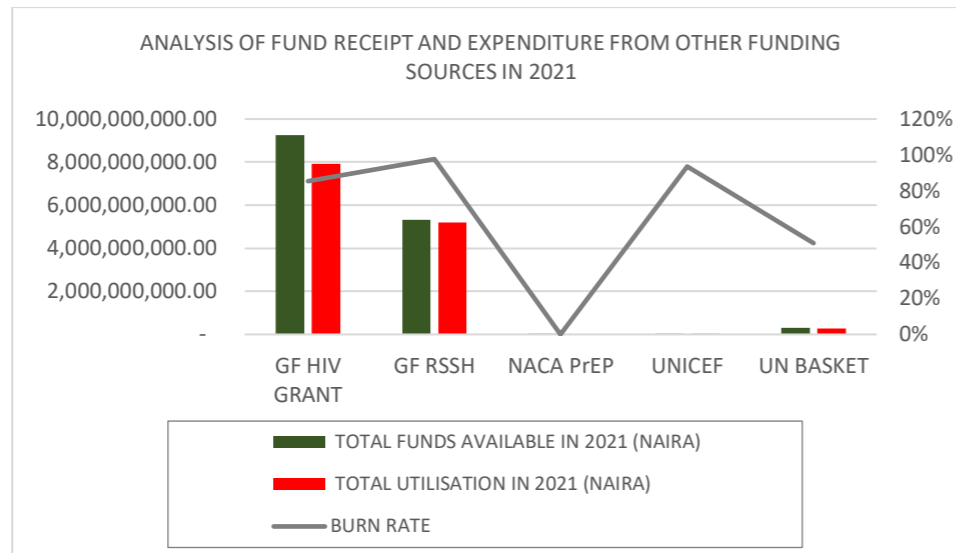
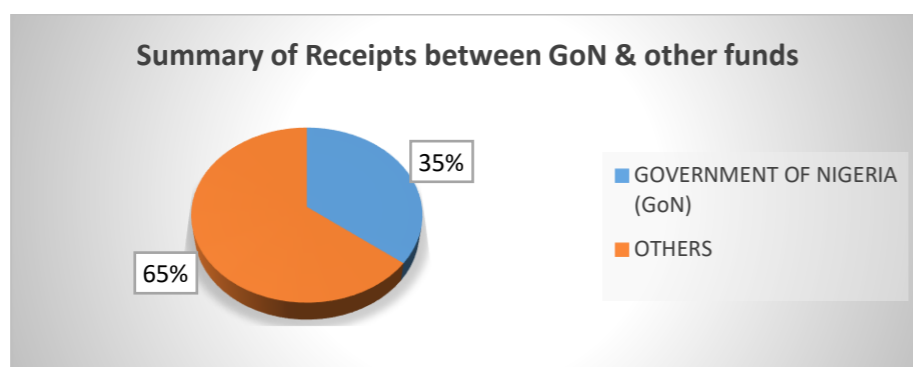


Fig. 3.5.2: ANALYSIS OF FUND RECEIPT AND EXPENDITURE FROM OTHER SOURCES IN 2021

3.6.1: ANALYSIS OF FUNDING BETWEEN GoN AND OTHER SOURCES IN 2021 (NAIRA)

PARTICULARS	GOVERNMENT OF NIGERIA (GoN)	OTHERS
RECEIPT	8,174,167,850.40	14,858,399,986.67
EXPENDITURE	6,089,099,599.62	13,393,779,692.78



From fig. 3.6.1: ANALYSIS OF FUNDING BETWEEN GoN AND OTHER SOURCES IN 2021

From fig. 3.6.1 above, Government of Nigeria contributed 35% of the funding of the Agency's activities in the year under review while other funding sources (Global Fund (HIV Grant and RSSH), PrEP, UNICEF and UN BASKET) contributed 65% of the total amount. This indicates that while appreciating the Federal Government for increased funding in the year 2021, it is worthy of note that external assistance is still needed to enable NACA achieve her core mandates.

# CHAPTER 4

## Events and Special studies

### 4.1 Operation Research on Community Directed Initiatives that Improve Access to HIV and STI Services and Retention among Adolescent Girls, Young Women (AGYW) and Key Vulnerable Populations

The goal of this operation research was to identify, assess, document and disseminate successful strategies used at the community level to improve access to HIV and STI services and retention among AGYW and key populations.

The populations of focus for the operation research were AGYW and KPs who were currently accessing HIV treatment and STI services in Nigeria and also implementers of the interventions in the selected states.

The operation research was conducted in 6 states namely; Abia, Akwa-Ibom, Kaduna, Taraba, Lagos and Benue. The states were selected based on existing KP and AGYW interventions, geographical representation by HIV prevalence.

#### Key findings

- A total of 95 SDPs across the 6 states were selected and participated in the study. The SDPs for KPs assessment were mainly one stop shop or drop-in centres while that of AGYW were mainly health facilities. About 97% of the assessed SDP for AGYW and 92% assessed for KPs provide at least HTS onsite. One hundred and seventy-nine (179) persons participated in the KII with a mean age of 37.4±0.7 years while 5,031 clients participated in the client exit interview with a mean age of 28.7±7.8 years.
- *Effective strategies of service delivery:* Of all the strategies or models of service delivery elicited from KII and quantitative interviews, health facility or OSS/DIC models for providing prevention, treatment and viral load services were the most prominent as analysis of client exit interview on the locations where they assessed the most recent HTS services revealed that majority of AGYW (66.4%) assessed theirs from the health facility while the majority (57.0%) the KPs assessed theirs from the OSS/DIC. The majority of AGYW (88.3%) get their ARVs refilled at the health facilities while the majority (74.5%) of the KPs assessed theirs from the OSS/DIC. Other notable models listed were community outreach models including home services, hotspot testing, camp teams, mobile clinics and cluster models such as OTZ and support group meetings. Also worth noting were the tele networking and social media also mentioned especially for information dissemination especially among the key population. Overall, health facility testing had the highest volume of tests and also the highest positivity rate when compared with other locations/strategies ( $p<0.05$ ). The chances of harvesting more positive among KPs were about 50% and 22% higher at the OSS/DIC ( $p<0.01$ ) and correctional facilities respectively when compared with the conventional health facilities. Community outreach among KPs was 37% significantly less likely to yield HIV positives than the conventional health facilities.
- *Gaps in service delivery:* About half of AGYW and KP clients who tested HIV negative were not offered PrEP. Those who had their HIV test at the OSS/DIC had the highest percent of them offered PrEP. Also noted was that less than 5% of the respondents continued PrEP for more than one year while about half of all clients used PrEP to a maximum period of 2-3 months. The differences in linkage to ART between the different strategies/locations for providing HTS to the key population is significantly different ( $p<0.05$ ) with testing at the OSS/DIC having the highest linkage rate of 99.3%. Overall, enrollment on the operation triple zero (OTZ) among interviewed AGYW was only 31.3% and those enrolled on OTZ had significantly higher viral suppression (85.8%;  $p<0.001$ ) than those who were not enrolled on OTZ (73.5%). For multi-month dispensing (MMD), only 13.6% of respondents were on MMD6, 54% on MMD3 and 32.8% on MMD1. Among the AGYW and KPs, ART exhaustion or stock out by clients was observed with significant variations across state. Abia state had the highest percentage of AGYW and KPs (30.2% and 25.3% respectively) experiencing ARV drug stock out. The model for ART refill with highest stock out among clients was community outreach model. For clients who were eligible for viral load test, 89% of them had their samples collected (85% for AGYW and 94.5% for the KPs). The overall viral suppression rate among the AGYW and KPs were 77.0% and 81.2% respectively for clients who reported knowing the result of the viral load test. Among the population typologies studied, transgender person had the highest viral suppression rate (95.4%), followed by MSM (85.2%), PWID (84.0%), FSW (79.2%), young women (77.3%), adolescent girls (76.6%) and the lowest was prison inmates (69.5%). The differences in the suppression rates among the population typologies studied were statistically significant ( $p=0.001$ ).
- *Barriers to HIV and STIs services:* For the AGYW and KP clients, the major barrier faced was distance to the health facility/OSS as 23.4% and 22.1% alluded to it respectively. Notably also, 41.5% of FSW clients face stigma

and discrimination as major barrier to HIV/STI services. Generally, very few AGYW and KP respondents (2.3%) had paid for one form of HIV/STI services. Abia had the highest percentage of respondents (7.3%) who pay for any form of HIV/STI services. Access to income generating activities by AGYW and KPs was very minimal as very few percentages of AGYW and KPs accessing HIV/STIs services had been offered any form of income generating services. Notably, 1.3% of the AGYW and 4.8% KPs were offered skill acquisition services while 0.7% and 1.0% respectively were offered cash transfer. Entrepreneurship counselling was received by 0.1% of AGYW and 0.3% of KPs.

#### **4.2 The World AIDS Day (WAD) Commemoration and Achievements**

World AIDS Day is an annual event on the United Nations Calendar established to sensitize the World about the Human Immunodeficiency Virus (HIV). It is celebrated on the 1<sup>st</sup> of December every year to galvanize support for ending the pandemic as well as remember those that have died due to complications from the virus. The Agency as a global citizen has continually led the commemoration of the WAD in Nigeria. In the last 6 years, the commemoration of the WAD has facilitated at least over 100,000 persons to know their HIV status, sensitized Nigerians on the ongoing fight against the virus as well as remember those who have been lost to the fight. The 2021 WAD was particularly notable as it showcased the different evidence generated in responding to the virus such as the IBBSS 2021, Needle Syringe Programme Report 2019, MOT 2020 study amongst others. Similarly, over five thousand persons were tested for HIV.

#### **4.3 Zonal Offices Coordination**

##### **Background**

Zonal Offices Coordination Division (ZOCD) was created in October, 2021 with the mandate to oversee, coordinate and supervise activities of Zonal Offices, to ensure optimal utilization of human and material resources, and opportunities availed by the creation of the Zonal Offices.

The ZOCD work in collaboration with the HQs departments and it is the linkage point between the HQs and Zonal Offices for efficient actualization of the mandates of the Agency.

##### **ACHIEVEMENTS:**

- Established platform for the monthly DG, Directors and Zonal Coordinator to interact and discuss issues affecting zonal offices.
- Facilitated procurements and delivered of ICT Equipment for all the 6 zonal offices for effective service delivery.
- Monthly update to the DG on the performance of each zonal office including the evaluation of achievements so far against set targets.
- Facilitated zonal presence in Departmental activities such as PM&RM Mission, GAT and NACA-SACA meeting held in Abuja.

##### **South-West Zonal Office**

The NACA southwest (SW) zonal office was commissioned on December 12, 2019 by the Governor, Lagos State, Mr Babajide Sanwo-olu, ably represented by the Honorable Commissioner for Health, Prof. Akin Abayomi.

NACA used the commissioning as a platform to initiate discussions to promote a productive working relationship between the NACA SW zonal office and the cluster of states in the zone and discuss critical gaps within the state HIV responses and identify areas where NACA could provide technical support.

##### **Achievements**

- Conducted oversight familiarization tour to the states in the zone, identified gaps and discussed strategies to revitalize existing state coordination platforms to help improve the collaboration between key stakeholders and drive the HIV response, especially for the non-health sector.
- Provided support to Heartland Alliance in the commissioning of One Stop Shop (OSS) at Ikorodu, Lagos, a friendly comprehensive services centre for key population communities that will help them to address HIV related issues, Gender-based violence, discriminatory, stigma-free and human rights.
- Provided support in the Orientation for community Pharmacist on HIVST and PrEP in Lagos, which strengthened the capacity of community pharmacists to identify clients who require PrEP and HIVST and refer them appropriately to access HIV care
- Supported SACAs in Lagos, Oyo, Ekiti for the COVID-19 relief for the indigents in collaboration with NIBUCCA; Lagos 3000 packs of food items for the indigents, Ekiti provided relief to 300 indigents and Oyo supported the indigents with face mask, hand sanitiser, soaps and food items to 1000 indigents
- As part of its collaborative roles in Lagos, the zonal team participated in the Lagos state consortium to strengthen HIV and AIDS/ COVID-19: Drugs retention to PLHIV during the pandemic lockdown
- Provided technical support to palladium group in the integration of HIV into Lagos State Health Insurance Scheme.

- Supported the SACAs with HIV Jingles to create more awareness amid the COVID period Ondo, Osun and Ekiti benefited
- Conducted mapping and capacity gap assessment of CSOs in Lagos
- Supported a cluster of states in the zone (Lagos, Oyo, Ogun, Osun, Ekiti and Ondo) to conduct 2021 World AIDS day commemoration

#### **South-South Zonal Office**

- Facilitated the collection, collation and analysis of validated integrated and comprehensive continuous program improvement through data systems (ICCPIS) - non/health sector data
- Facilitated the functionality of SPTWGs evidenced by meetings
- Strengthened SACAs' coordination capacity and competency
- Initiated the strategic media engagement - a pool of media advocates established to engender public support for HIV policies and programmes. Adopted at the national level
- Strengthened network with stakeholders and partners evidenced by their support of the SSZO activities
- Provided advocacy support to Akwa Ibom, Bayelsa and Delta governments for the resuscitation of SACAs in the respective states.
- As part of an effort to reduce the spread of HIV/AIDS, the zonal office has helped in the development, production and dissemination of the HIV media reference package.
- Provision of office space to UNAIDS has brought about cost-sharing with NACA
- Biennial zonal roadmap owned and supported by all stakeholders and partners in the zone
- SSZO awards to motivate key actors
- Inclusion of the SSZO article in the NACA newsletter

#### **North Central Zonal Office**

- Conducted a 2-day Inaugural Technical Coordination Meeting with SACAS, SASCP, NEPWHAN, IPs and CSOs which helped strengthened the coordination role of NACA and SACA, identified challenges/issues hindering effective program coordination in the state and make recommendations and or implement solutions.
- Provided technical assistance to SACAs on identified areas of need.
- Developed a mechanism for regular engagement of SACAs with Partners (Government, NGOs, Civil Society and diverse stakeholders) to achieve the 90-90-90 as far as possible in 2021 and 95-95-95 by 2030.
- Supported all the states in North Central Zone to plan and commemorate WAD 2021.
- Conducted the North Central Zonal Office 2021 Staff Retreat which helped improved working relationships amongst staff and fostered collective vision.
- Office land allocation letter from Nasarawa State Government secured. Other requirements (Processing of the Right of Ownership Certificate by NAGIS) are ongoing.

#### **South-East Zonal office**

- Contributed substantially to strengthening the agenda for the sustainability of ART in Abia state through advocacy and collaboration.
- Establishment of regular stakeholders meeting in all states in the zone.
- Monitoring of World AIDS Day commemoration activities in all South-East states.
- Provided technical assistance to states in programme planning, implementation and reporting
- Provided advocacy, resource mobilization, partnership coordination muscle power support to SACAs in the zone.
- Facilitated linkages between the national and state technical teams for effective service delivery
- Coordinated the development and Use of Human-Centred Design for Consolidated Guidelines for HIV Programming among Key Populations
- Participated in the launch of Surge Strategic Workplan in Abia state.
- Establishment of a resource mobilization technical working group (RMTWG) in Abia State.
- Trained some Health Care Workers and Community Mobilizers for PMTCT RMNCAH+N integration project in Primary level health facilities.

#### **North-East Zonal Office**

- Facilitated the extensive review of facility HIV/AIDS data for the surge prioritisation in Gombe State.
- Led part of the advocacy in Taraba State for the formation of TSRMTWG
- Establishment of a resource mobilization technical working group (RMTWG) in Taraba State.
- Establishment of regular stakeholders meeting in all states in the zone.
- Led Media Advocacy for bonus airtime in Gombe State for discussing HIV/AIDS Issues.
- Monitoring of World AIDS Day commemoration activities in all States in the zone.
- Facilitated the Borno State HIV/AIDS Stakeholders review meeting.
- Facilitated over 80 Healthcare workers training on PMTCT in Yobe and Borno organised by HeRon Project (Conglomerate of SFH, Rescue International and Action against Hunger) in Yobe and Borno

- The NACA North East Zonal Office paid an advocacy visit to the women coalition group (NCWS, FIDA, ASWHAN, SWAAN, FOMWAN, etc) of Taraba State in Jalingo in order to advance the course of the passing of the State HIV/AIDS Anti-Stigma Bill,
- Provided leadership in the data verification exercise by RISE Project in Taraba State.
- Provided input in the Gombe State Surge Planning Meetings
- Provided organised technical support to the Patient Community in North East.
- Trained over 80 NYSC corps members on HIV and stigma reduction as community champion
- Trained SACAs staff in the Zone on the basic Coordination roles of the agencies
- Supply of IT Equipment by Head quarter has improved communication and engagements with stakeholders.

#### **North West Zonal Office**

- Provided advocacy visit to the state in the North East to increase collaboration for effective service delivery between SACAs, MDAs, and IPs.
- As part of an effort to increase demand and access to HIV related Services among KPs, the NACA North West Zonal Office conducted a One-Day Stakeholders' Engagement Meeting on Provision of Key Population Friendly Services in Kano.
- Conducted a refresher training of Health Care Workers (HCW) and Community Mobilizers for PMTCT- RMNCAH+N Integration Project Kaduna State in order to increase uptake and retention in care along the entire PMTCT Cascade.
- Facilitated the provision of HIV Counselling/Medical empowerment to 75 indigenes and 100 vulnerable people during the monitoring exercise of 2021 Constituency Project and medical Empowerment in Kano state.

# CHAPTER FIVE: National Response Data (RM&E)

## 5.1. NATIONAL RESPONSE DATA

The national HIV/AIDS response data is aimed at providing strategic information on key indicators for various thematic programme areas in the national strategic framework.

These programme areas include:

- Prevention
- Treatment
- Community Care and Support services
- Prevention of Mother to Child transmission

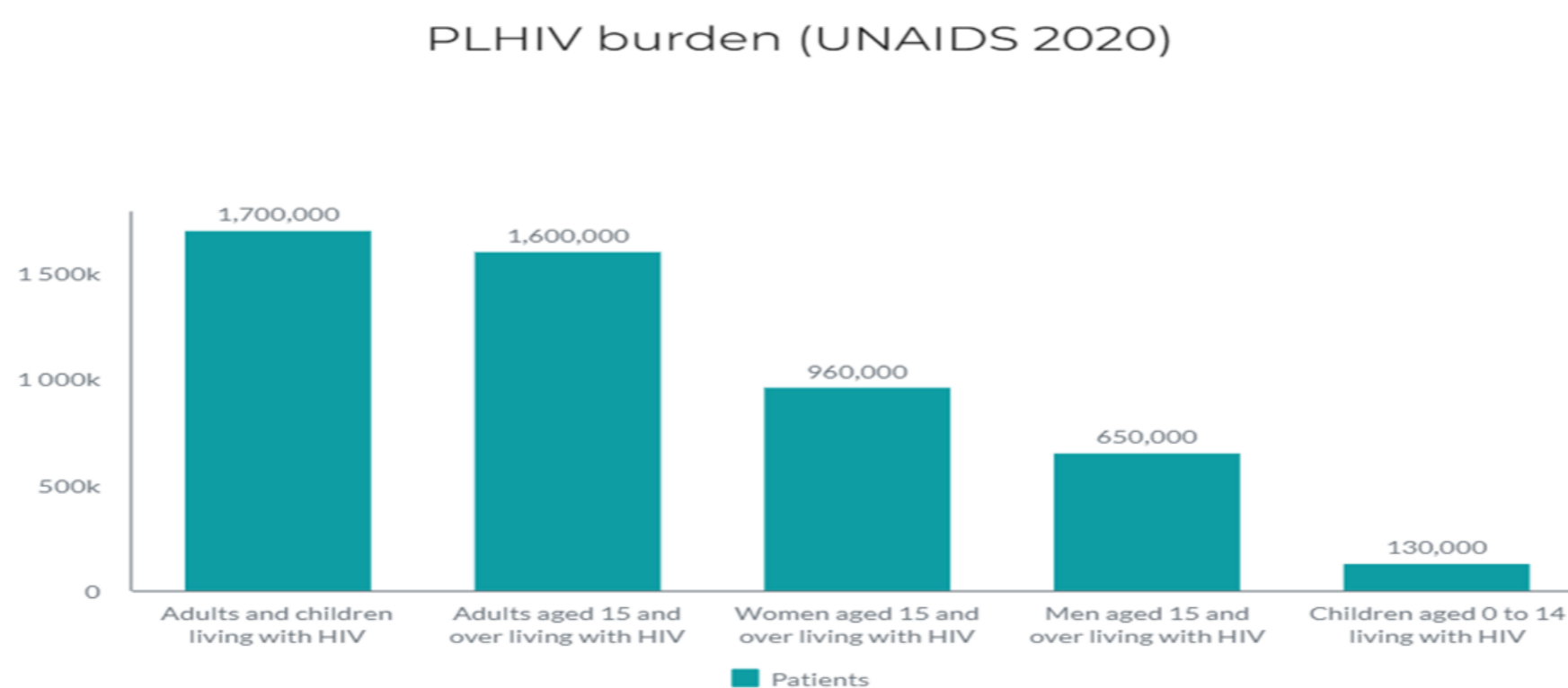


Figure 5.0 PLHIV burden (UNAIDS 2020)

The figure above shows the PLHIV burden among Adult and Children, and men and women aged 15+. HIV burden is more among PLHIV women aged 15+ with 960,000 compare to men aged 15+ (650,000) and less among children (130,000).

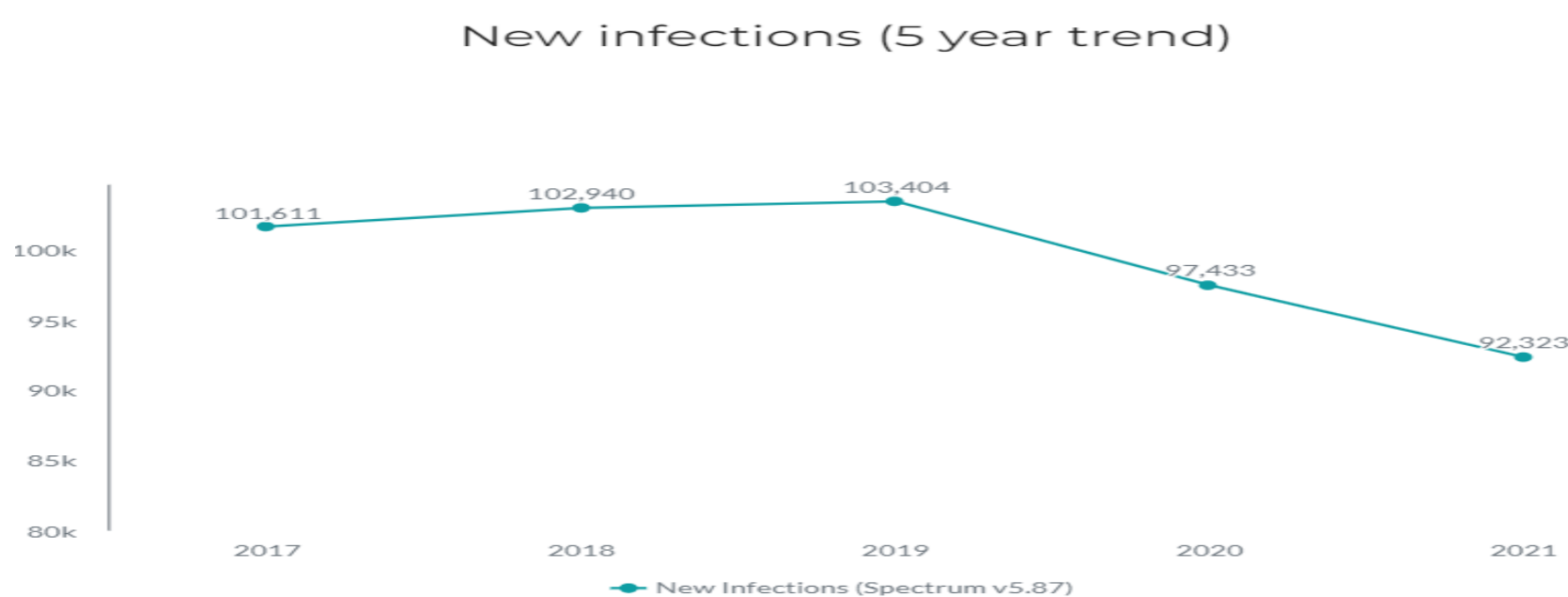
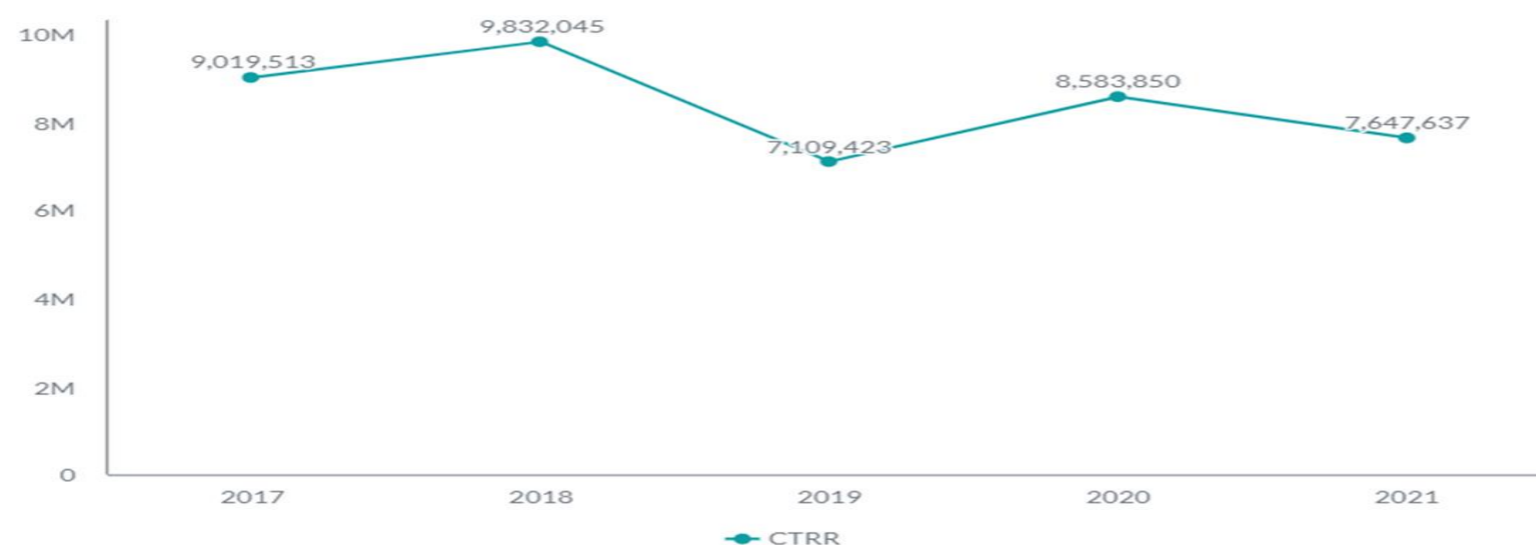


Figure 5.1: New infection trends (2017-2021)

New infections have been on the increase from 101,611 in 2017 to 103,404 in 2019 until a continuous decrease to 97,433 in 2020 and 92,323 in 2021.

## HIV Testing Services

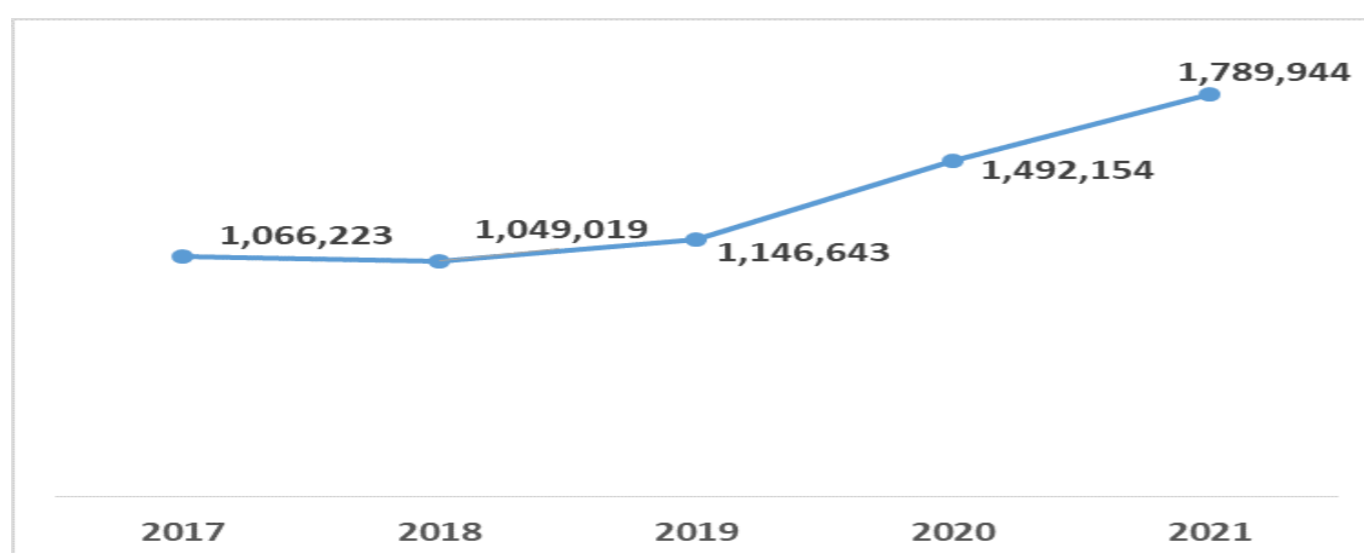
Number of Persons Tested, Counsellled and Received Results 2017 to 2021



**Figure 5.1: Number of persons tested, counselled and received results 2017 - 2021**

Over the past five years, the number of persons counselled, tested and received results has improved, though with a slight drop in 2019 and 2021. The overall positivity rate was 4.0% while more females (4,232,127) were CTRR than males (3,415,510) in 2021.

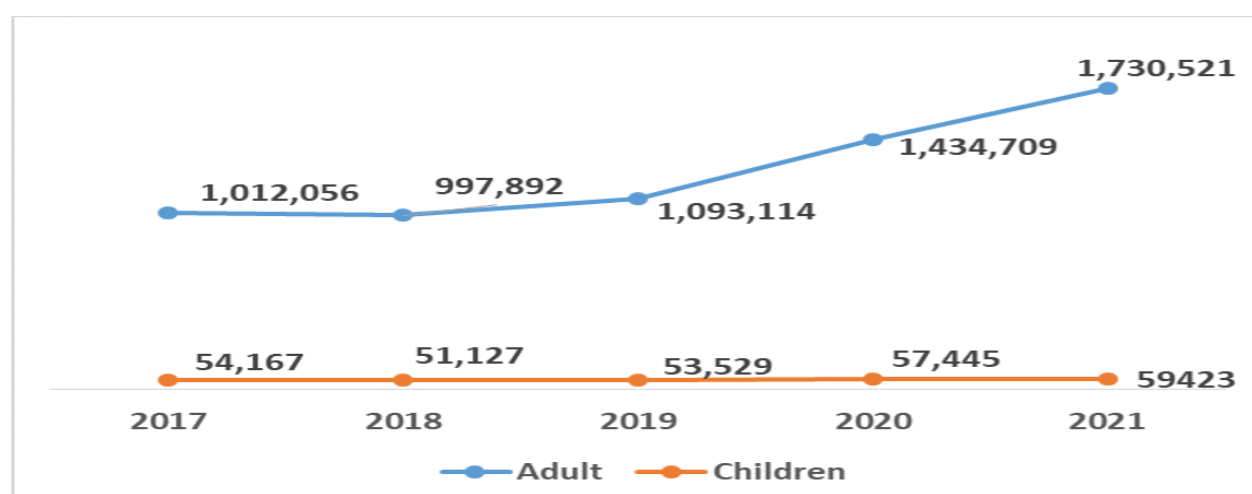
## HIV Treatment and Care services



**Figure 5.2: Number of people currently on Antiretroviral Therapy from 2017 to 2021**

The number of people currently on antiretroviral therapy shows a decline in 2018 at 1,049,019 million from 1,066,223 in 2017, a spike in 2019 to 1,146,643 with a continuous increase from 1,492,154 in 2020 to 1,789,944 in 2021.

### Trend of Currently on ART Disaggregated by Adult and Children

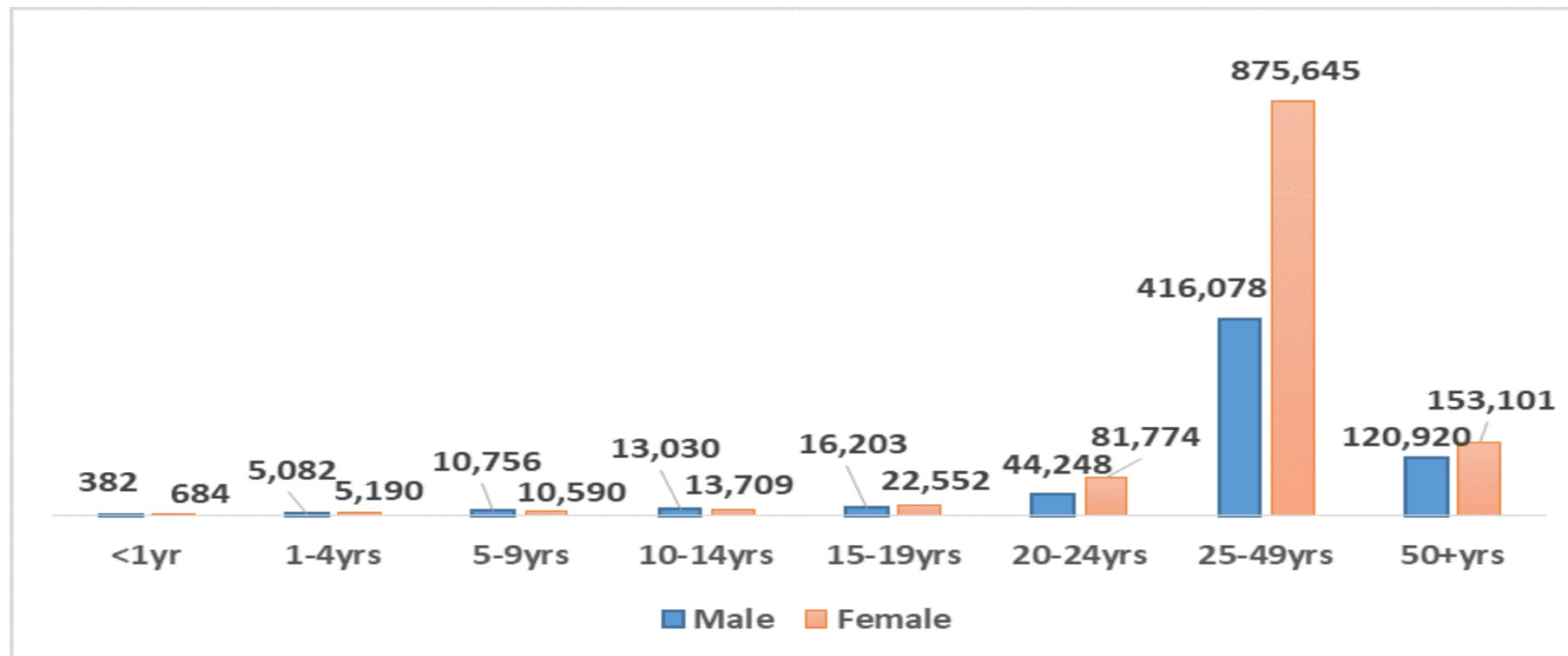


**Figure 5.2.1: Number of Adults and Children currently on treatment from 2017 to 2021**

The number of adults and children currently on treatment at the end of 2021 is 1,789,944. There has been an exponential increase in the number of people currently on treatment among adults and children. However, the child ART data shows a slight drop in 2018.



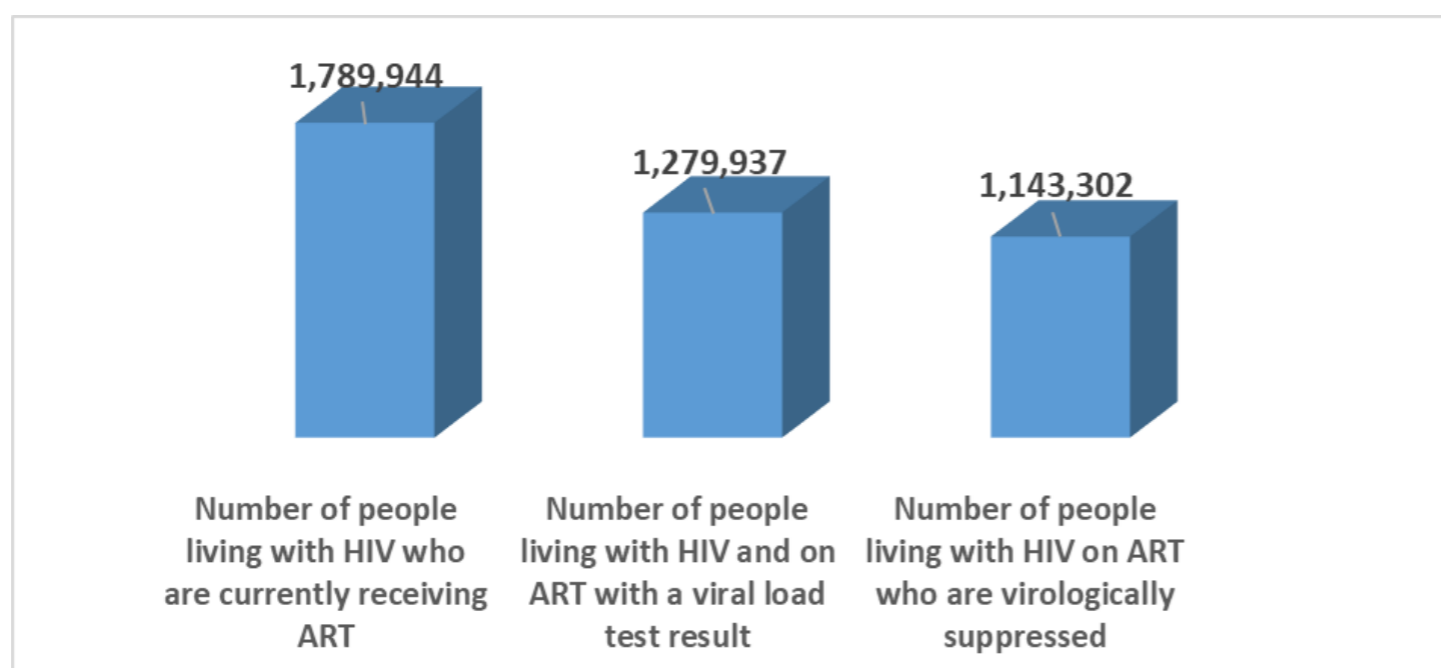
**Currently on ART Disaggregated by Sex and age**



**Figure 5.2.2: Number of people currently on ART Disaggregated by Adult and Children**

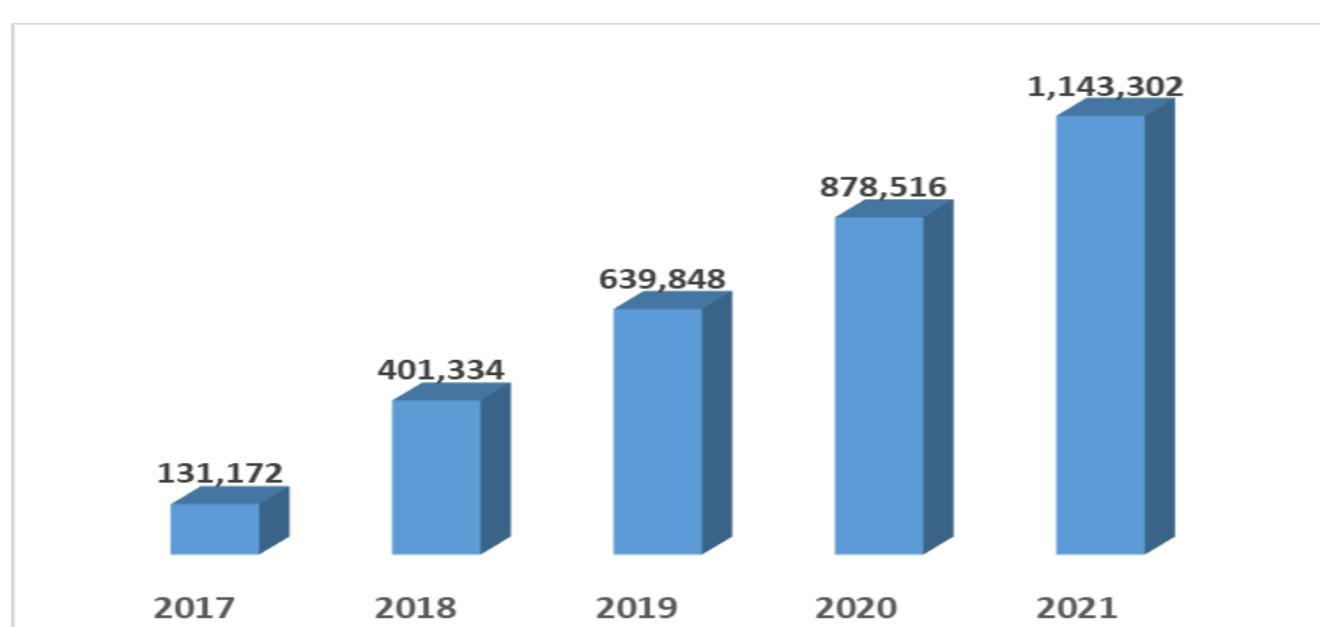
This depicts the number of people currently receiving treatment disaggregated by sex and age in 2021. It shows that people within the age group 25-49yrs were more on treatment compared to other age group.

**Currently on ART Vs Viral Suppression**



**Figure 5.2.3: Number of PLHIV on ART with viral load suppressed**

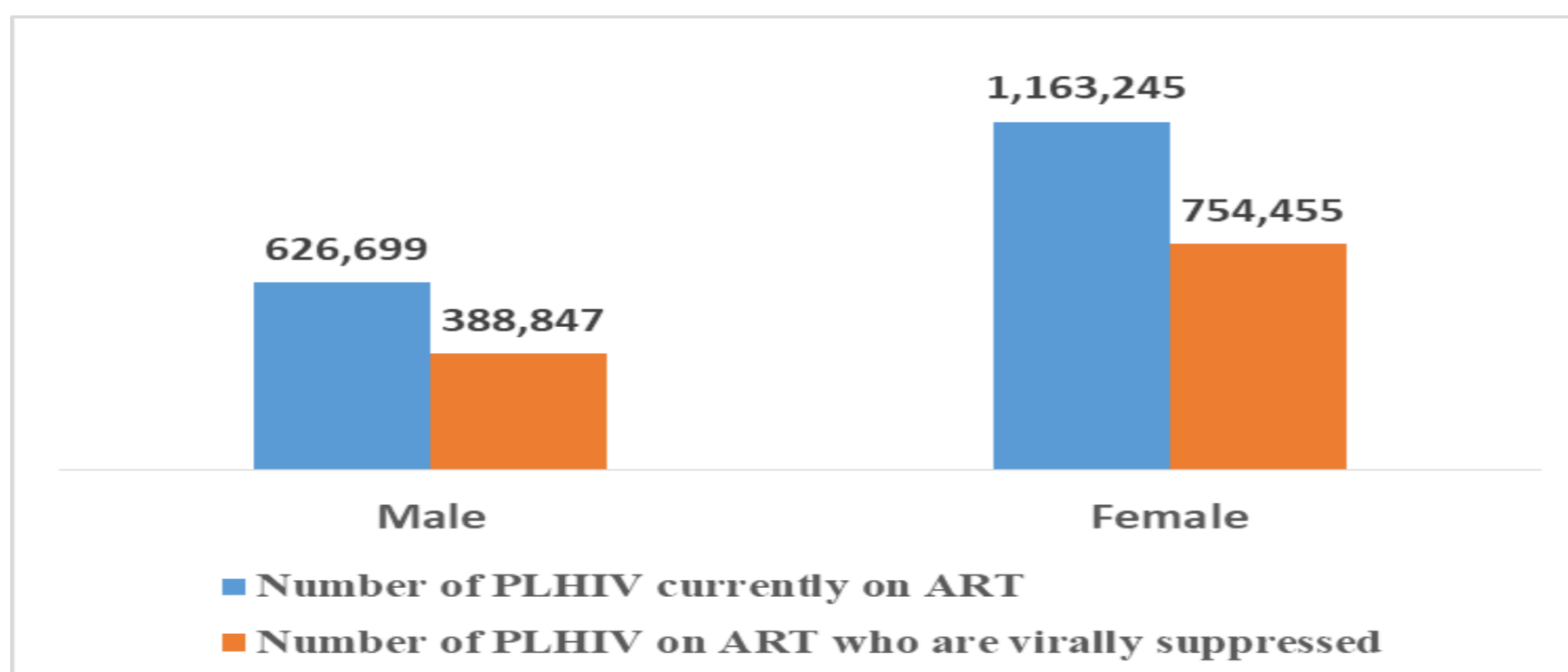
Out of the total number of 1,789,944 currently receiving treatment, about 64% have their viral load suppressed in the year 2021.



**Figure 5.2.4: Number of PLHIV on ART who are virally suppressed (2017-2021)**

The number of people living with HIV and on ART who are virally suppressed has maintained exponential increase from 131,172 in 2017 to 1,143,302 in 2021.

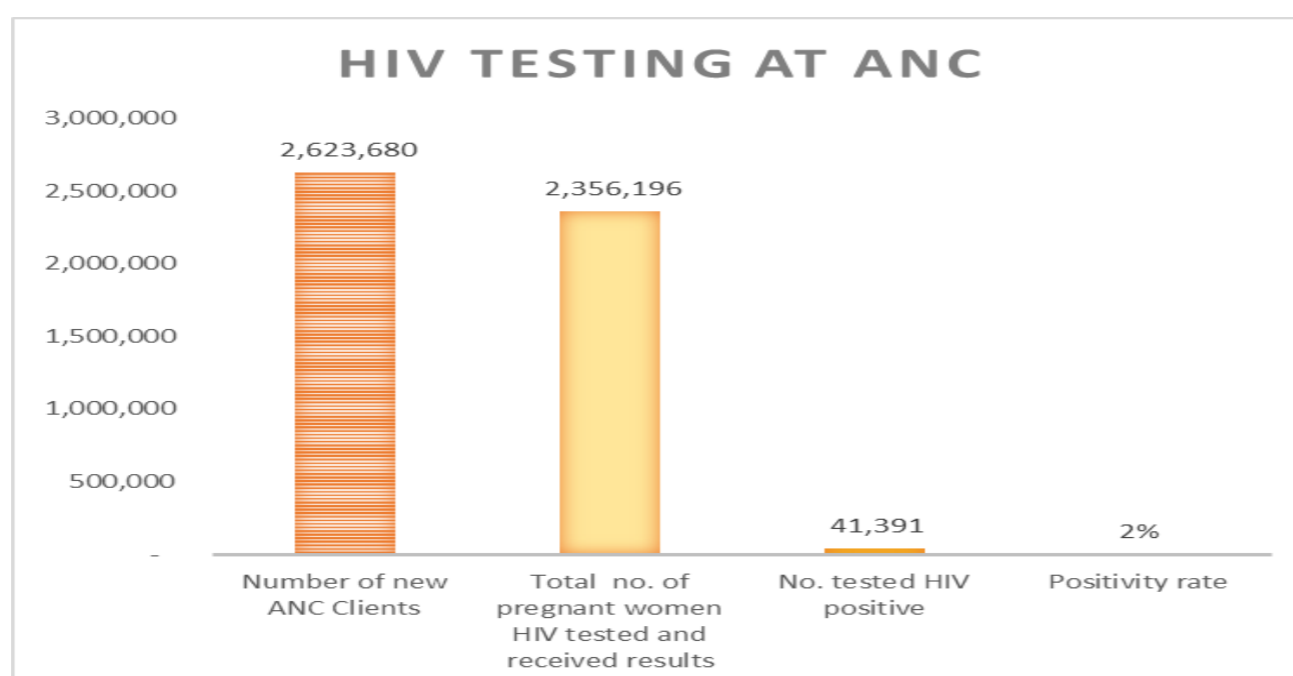
### Comparison of Viral Load suppression in Male and Female



**Figure 5.2.5 Viral Load Suppression among Male and Female 2021**

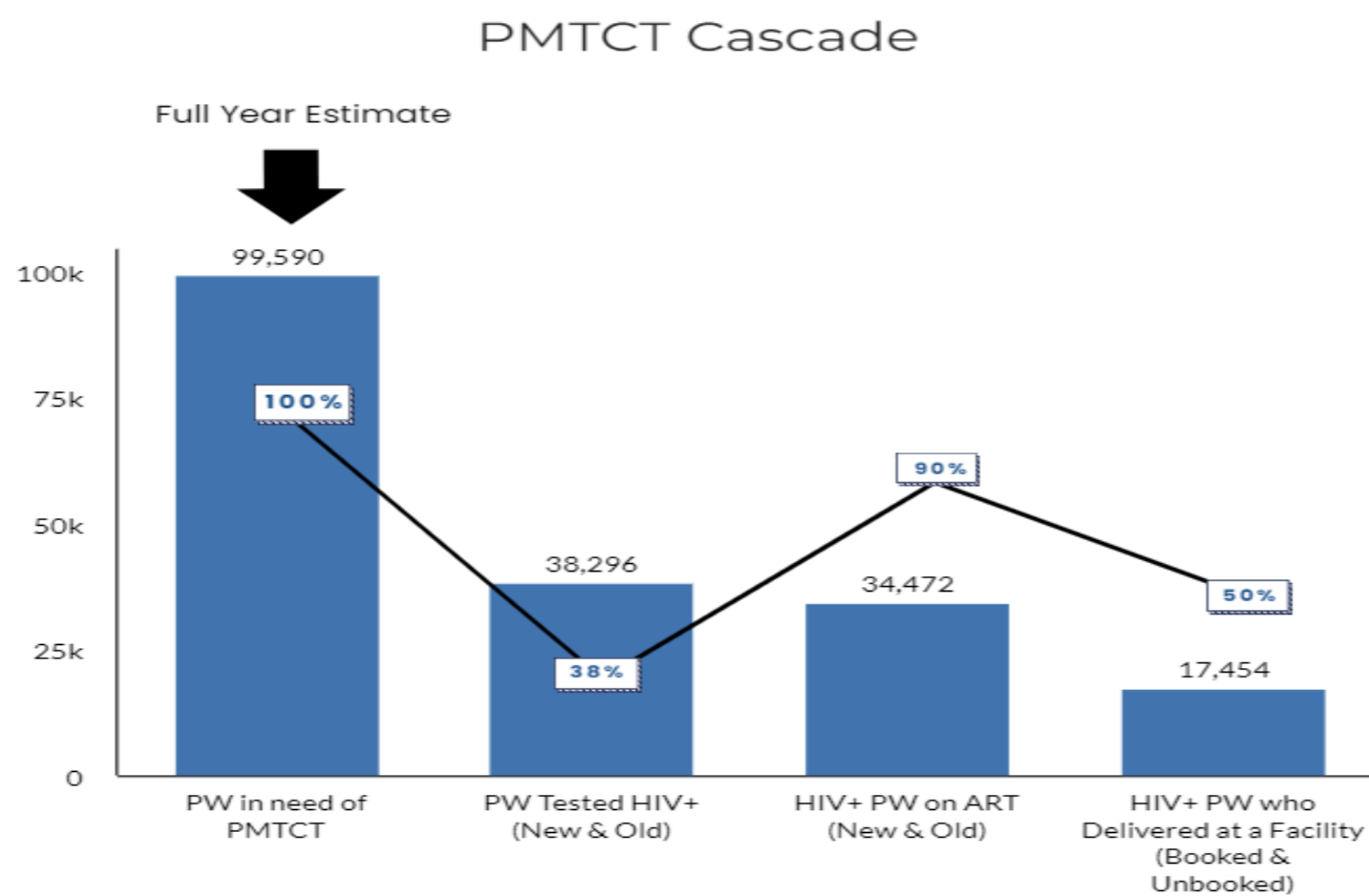
The data indicates that out of the 626,699 PLHIV on treatment for males, about 62% were virally suppressed. Similarly, about 65% were virally suppressed from 1,163,245 PLHIV on treatment for females. Hence, female were more virally suppressed than male.

### Prevention of Mother to Child Transmission



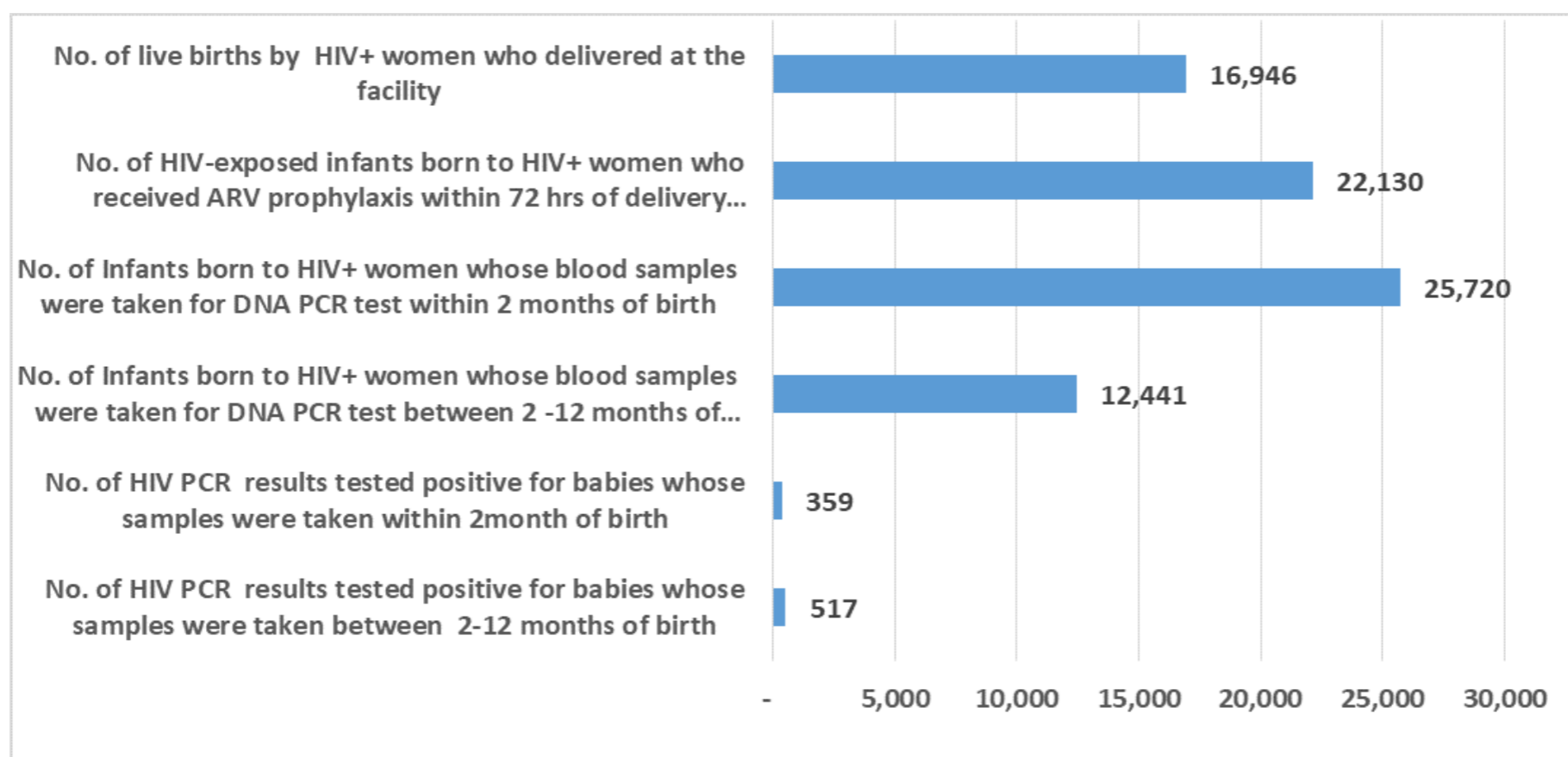
**Figure 5.3.0: HIV testing at ANC**

The HIV testing coverage at ANC was 89.8% while the positivity rate was 2%. This shows that new infection among pregnant women in 2021 remains higher than the national HIV prevalence of 1.3% (NAIIS 2018).



**Figure 5.3.1: PMTCT Cascade 2021**

The PMTCT cascade showed that 38% of pregnant women in need of PMTCT (99,590) tested HIV positive while about 22% were new positive for HIV (8,379). The number of HIV positive pregnant women on ART was 34,472 which accounted for 90% of the total number of pregnant women who tested positive (old & new). Among pregnant women on ART, 50% delivered at a facility.



**Figure 5.3.2: Early Infant Diagnosis (EID) 2021**

## KEY POPULATION

### 5.1 Table Prevention of HIV in Key Population

S/N	INDICATORS	2017	2018	2019	2020	2022
1	Number of FSWs reached with minimum prevention package of intervention (MPPI)	133,120	118,429	94,160	198,073	220825
2	Number of MSM reached with minimum prevention package of intervention (MPPI)	33,746	35,125	29,493	103,906	212,269

3	Number of PWID reached with minimum prevention package of intervention (MPPI)	13,988	41,816	12,292	43,723	75536
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The table above shows that more KPs were reached with prevention interventions in 2022 compared to other years. However, PWID were the least KP typology reached with prevention interventions.

### HIV TESTING SERVICES

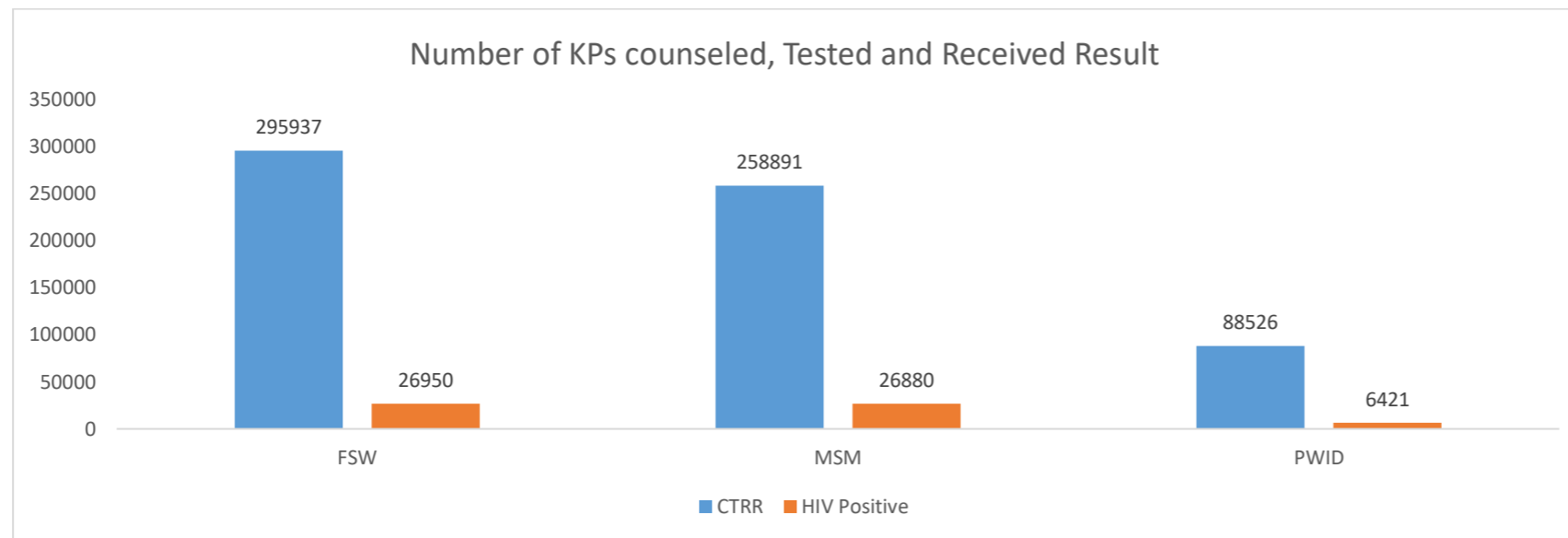


Figure. 5.4 Number of KPs counseled, Tested and Received Result

### Condom Distribution Among Key Population

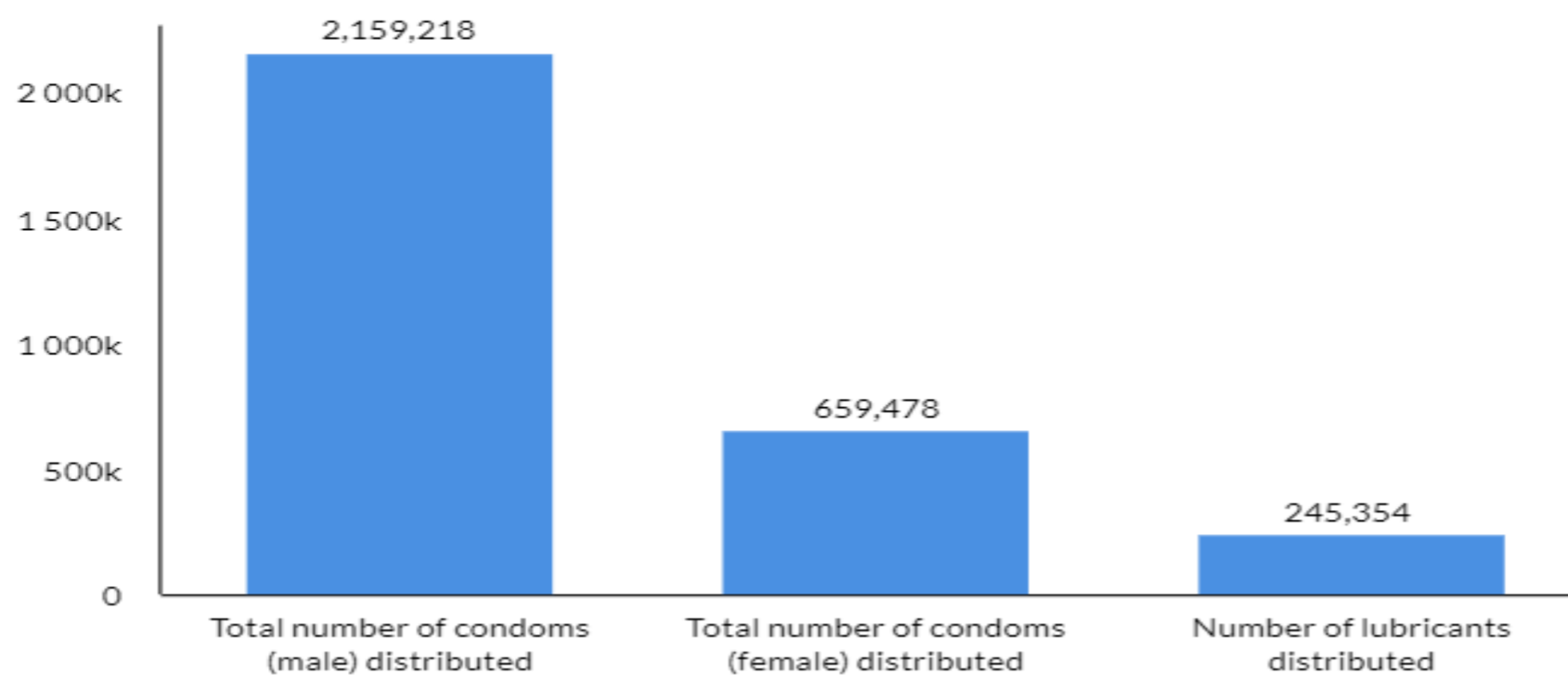


Figure 5.5 Number of condom distribution among KP

The total number of condoms (male and female) distributed was 2,818,696. Female condoms accounted for 23% of the total condom distributed.

Number of KPs newly enrolled on oral antiretroviral preexposure prophylaxis (PrEP) to prevent HIV during the reporting period

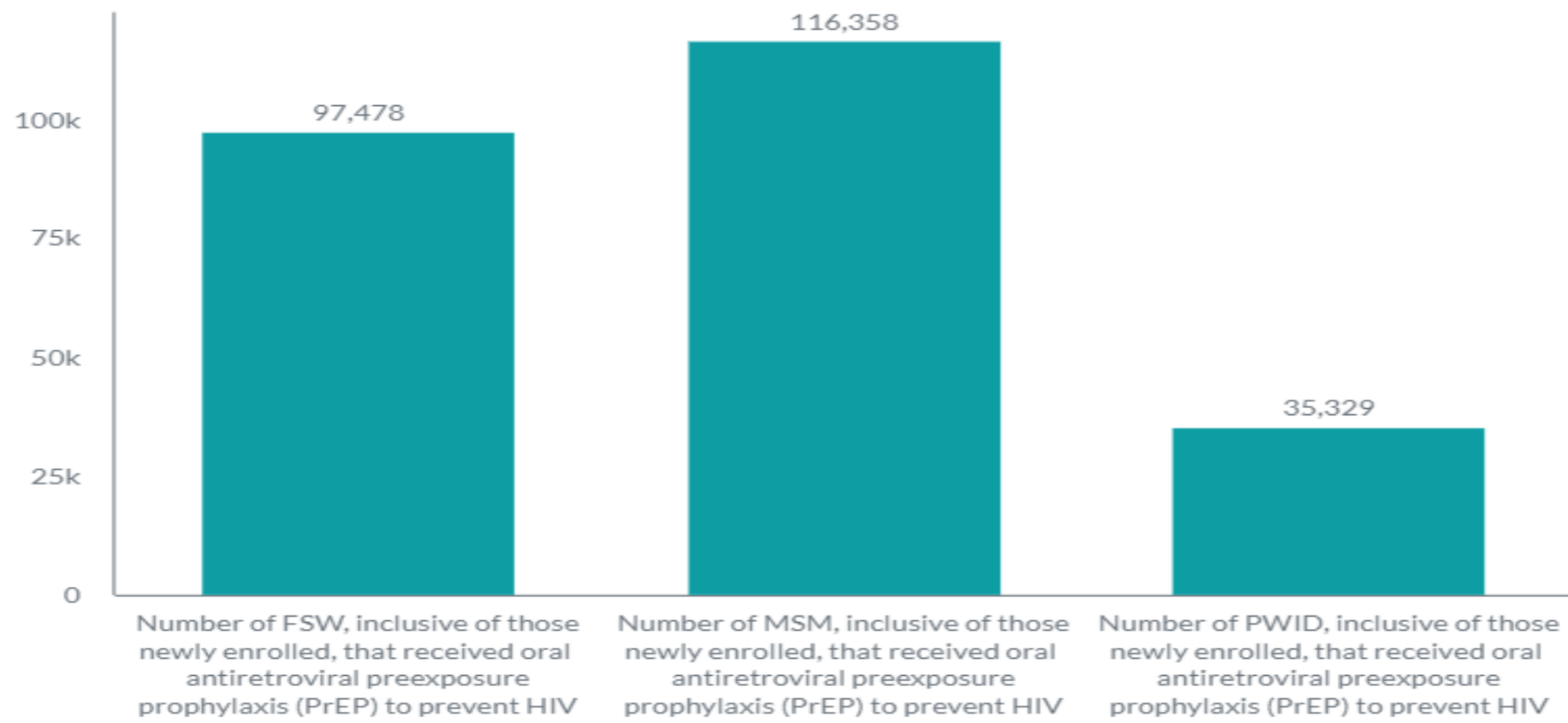


Figure 5.6 Number of KPs newly enrolled on treatment

Number of key populations currently on antiretroviral therapy 2021.

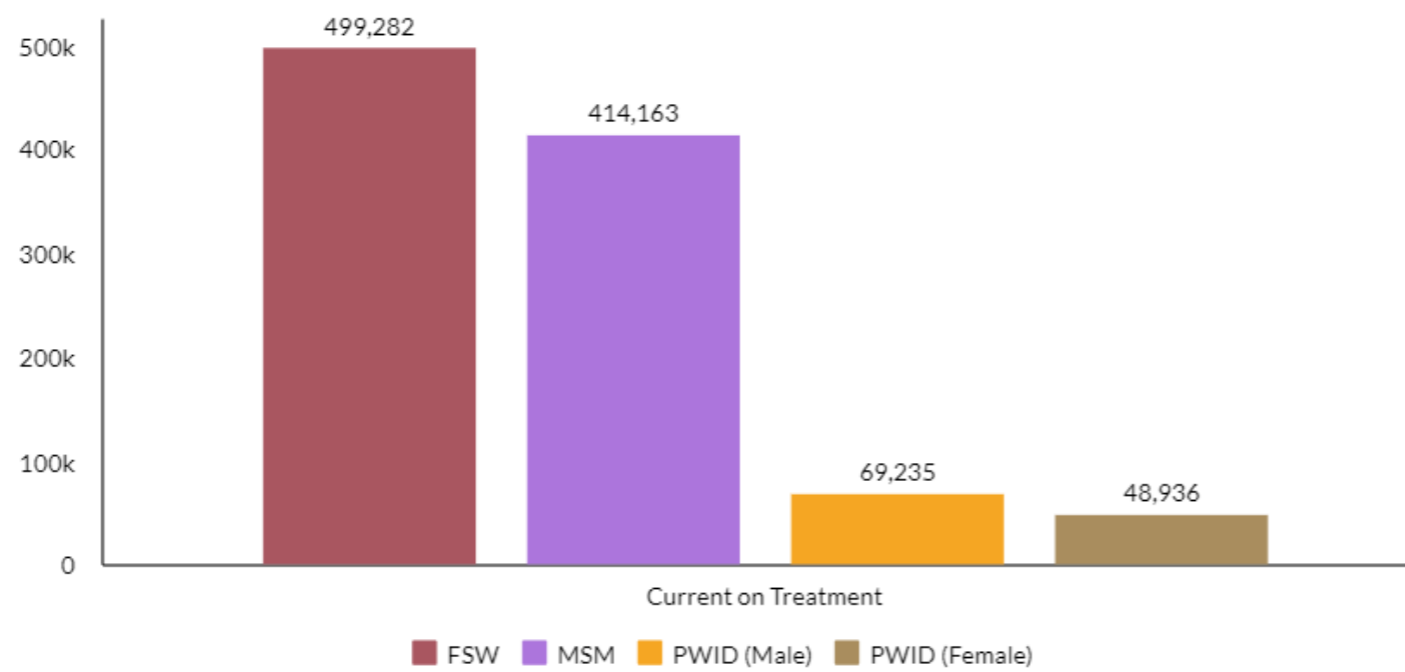


Figure 5.7 Number of KPs currently on treatment

## Community Care and Support

## Number of orphans and vulnerable children provided with intervention

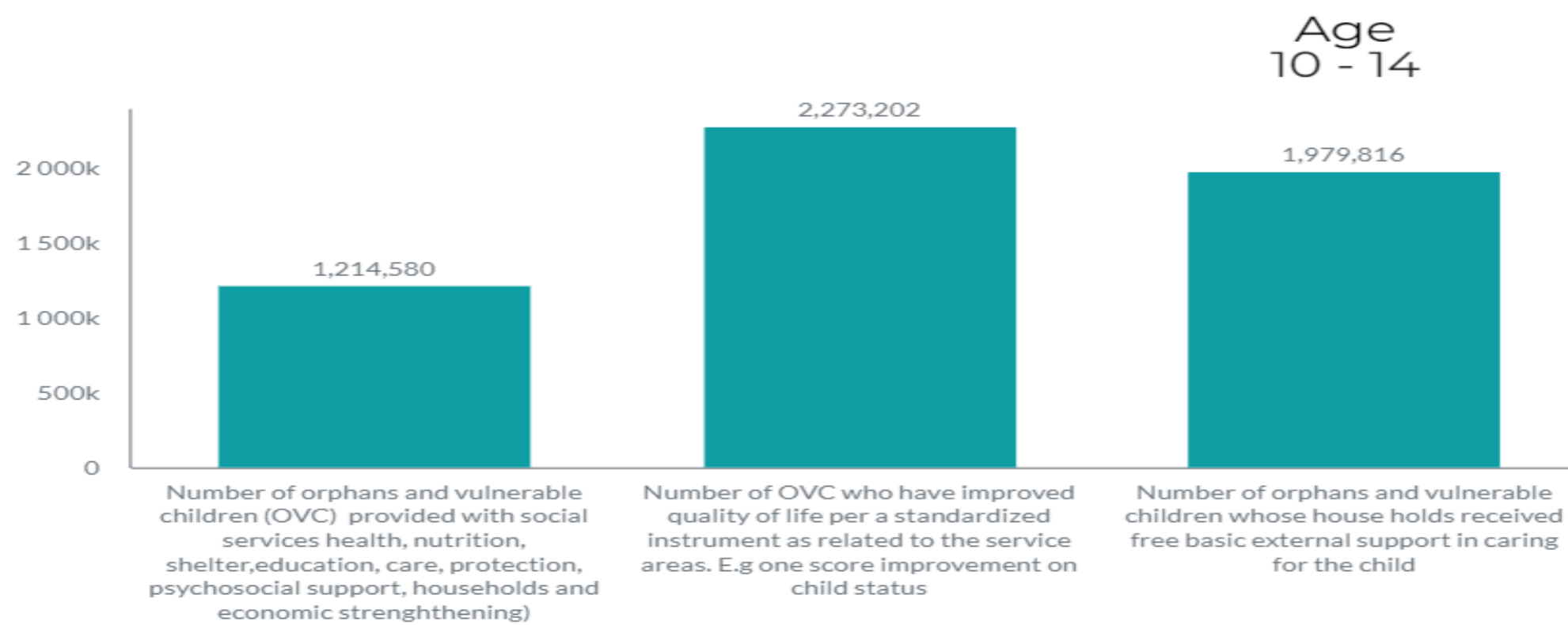


Figure 5.8 Number of Orphans and vulnerable children provided with intervention

Number of orphans and vulnerable children (OVC) provided with social services health, nutrition, shelter, education, care, protection, psychosocial support, households and economic strengthening) was 1,214,580 with a slight increase compared the number (1.0 million) reached in 2020. The Number of OVC who have improved quality of life per a standardized instrument as related to the service areas. E.g one score improvement on child status shows a similar pattern while 87% of OVCs that have improved quality of life have their house-holds received free basic external support in caring for the child.

# CHAPTER SIX: Photo Gallery



*(L-R) Chairman on ATM, Alh. Sarki Dahiru; Director General National Agency for the Control of AIDS (NACA) Dr. Gambo Aliyu and Country Director of UNAIDS, Erasmus Morah at the presentation of stewardship of the HIV response in Nigeria 2007-2021 at the NACA HQs in Abuja*



DG NACA, Dr. Gambo Aliyu flanked by representatives of UNICEF, UNFPA, USAID, JSI, FMOH and Director CPCS- NACA, Mr. Alex Ogundipe, at the lunch of the National Condom Strategy Operational Plan and National Condom Quantification Plan, in Abuja.



L-R: Director Community Prevention, Care and Support Services (NACA), Mr. Alex Ogundipe; Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Country Director US Department of Defence PEPFAR, Dr. Laura Chittenden; and Director of Administration & Operations Henry Jackson Foundation for Medical Research International, Mr. Eddie Bloom, during the Consolidated service Delivery



Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Executive Secretary, National Human Rights Commission (NHRC), Anthony Okechukwu Ojukwu Esq; UNAIDS Country Director, Dr Erasmus Morah; and UNAIDS Executive Director, Mrs. Winnie Byanyima, during the NACA/NHRC MoU Signing ceremony at the NHR Commission HQ in Abuja

NACA HIV PREVENTION EMPOWERMENT PROGRAMME





*Presentation of Certificate of attendance to participants: The Commissioner of Works Jigawa State, the DG, Dr. Gambo Aliyu, the Jigawa State SACA DG and one of the beneficiaries at the empowerment programme in Jigawa. NACA also presented HIV Self-Test Kits to the Jigawa SACA.*



*Dr. Aliyu Gambo, NACA DG presenting a certificate of attendance to a participant at the Empowerment programme for HIV prevention in Lagos*



*NACA Board Chairman, Senator Otadipo O. Odujinrin, MFR with the NACA DG, Dr. Gambo Aliyu at the NACA Empowerment for HIV Prevention programme in Lagos*

*Empowerment for HIV Prevention programme in Adamawa State*



*The DG presenting a gift to the Emir of Gumel during his trip to Jigawa State in respect of the HIV prevention empowerment programme. The Commissioner of Works Jigawa State, The DG, The Jigawa State SACA DG and one of the beneficiaries at the empowerment programme in the State*



The Commissioner of Works Jigawa State, The DG, The Jigawa State SACA DG and one of the beneficiaries at the empowerment programme in Jigawa State1



The Commissioner of Works Jigawa State, the DG, Jigawa State SACA DG and one of the beneficiaries at the empowerment programme in Jigawa State1



NACA Board Chairmen addressing participants @ NACA HIV prevention empowerment program in Lagos



Mr. Huck Kudumi representing the DG at the NACA Empowerment closing ceremony in Yola, Adamawa State.



Dr. Zainab Kwonchi, NACA Board member (in Yellow), and Mr. Garba Danjuma, NE Zonal Coordinator (in brown) at the NACA empowerment programme in Gombe



(Center) Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Director Community Prevention, Care and Support Services (NACA), Mr. Alex Ogundipe and International Partners and Stakeholders, during the Launching of the National HIV and Self-Testing and Pre-Exposure Prophylaxis Communication Strategy in Abuja



Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Ag. Director Community Prevention, Care and Support Services (NACA), DR. Oki and International Partners and Stakeholders. During the Launching of the National HIV and Self-Testing and Pre-Exposure Prophylaxis Communication Strategy in Abuja

#### The World AIDS Day (WAD) Commemoration and Achievements



(Center) Director Surveillance, Research, Monitoring & Evaluation, Dr Greg Ashefor; Deputy Director MR. Peter Onuigbo, Assist. Director Compliance Unit Special Duties (NACA); NACA Staffs and NYSC Corp at the 2021 World AIDS Day Road Campaign in Abuja.



(L-R) NACA Board Chairman, Senator Oladipo Olusoga Odujinrin MFR; Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Boss Mustapha Secretary to the Government of the Federation (SGF); Minister of Health, Federal Ministry of Health Hon. Dr Osagie Emmanuel Ehanire and UNAIDS Country Director, Dr Erasmus Morah at the 2021 WAD Program at the State House in Abuja.



(R-L) Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; NACA Board Chairman, Senator Oladipo Olusoga Odujinrin MFR; UNAIDS Country Director, Dr Erasmus Morah and Former Director General National Agency for the Control of AIDS (NACA), Dr. Sani Aliyu. During the 2021 WAD Program at the State House in Abuja.



Cross session of Adolescent and Young People During the AYP Program and Symposium in Abuja.



Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu and Director Performance Management & Resource Mobilisation Mrs. Kalu Josephined during the AYP Program and Symposium in Abuja.



The NACA Board Chairman, DG NACA, Comptroller General of the Nigerian Custom Services, Colonel Hameed Ibrahim Ali and NACA Management Staff during the DG NACA and Management Staff paid a courtesy visit to the Customs HQs in Abuja.



Director General Dr Gambo Aliyu and Stakeholder at the Presentation of an Assessment of the Pilot Needle and Syringe program by the institute for Global Public Health, University of Manitoba, held at the NACA HQs in Abuja.



(Center) Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Head of Public Relations and Protocol (PR&P) NACA; Director Community Prevention, Care Services NACA, Dr. Funke Oki, Partners and Stakeholders. During the international Condom Day Celebration in Abuja



(L-R) NACA Board Chairman, Senator Oladipo Olusoga Odujinrin MFR; Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; UNAIDS Country Director, Dr Erasmus Morah; GMD/CEO Access Bank Plc and Chairman, Board of Trustees, Dr Herbert Wigwe at the DG NACA Visit to the GMD/CEO Access Bank Plc HQs in Lagos.



(L-R): Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Minister of Women affairs and Social Development, Dame Pullen Talen, during the official press briefing on Risk Communication and Community Engagement (RCCE) project, under UN Basket Fund support to the National COVID-19 multi sectoral pandemic response in Nigeria,



The Taraba State Governor, Darius Dickson Ishaku; Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; Kathleen FitzGibbon Charge the Affairs of US Embassy and Director Surveillance, Research and Monitoring and Evaluation (NACA), Dr Greg Ashefor. During a Courtesy Visit to Jalingo, Taraba State.





(R-L) NACA Board Chairman, Senator Oladipo Olusoga Odujinrin MFR; Director General National Agency for the Control of AIDS (NACA), Dr. Gambo G. Aliyu; UNAIDS Country Director, Dr Erasmus Morah; GMD/CEO Access Bank Plc and Chairman, Board of Trustees, Dr Herbert Wigwe at the DG NACA Visit to the GMD/CEO Access Bank Plc HQs in Lagos.

# LIST CONTRIBUTORS

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## OF

1. Dr. UDUAK ESSEN
2. FELIX ONWUCHEKWE
3. OSHAGBAMI SEUN
4. SHIMSUGH CHAGBE
5. CHIDIEBERE EZEOKAFOR
6. FESTUS IDEPEFO
7. EKEH DORIS
8. JAMES ONUH
9. DENIS
10. ILUYOMADE OLUSEYI
11. MERCY EGEMBA
12. AGBERAGBA
13. PROMISE NWOSU
14. AKINTUNDE AKINULIOLA
15. OBEHI
16. EMEKA
17. CHIOMA
18. EMMANUEL OMAGA
19. JOY EZENEKWE
20. EFEREBO
21. SAMUEL ELEMI
22. ANDREW ABRAHAM
23. JOY EGWU
24. RAMATU MAGAJI-ALIYU
25. ABDULMUMIN AISHATU



[www.naca.gov.ng](http://www.naca.gov.ng)  
[info@naca.gov.ng](mailto:info@naca.gov.ng)



## ACKNOWLEDGEMENT

We acknowledge the HIV/AIDS Division of the Federal Ministry of Health

For further information please contact:

National Agency for the Control of **AIDS**.

No 3, Ziguinchor Street, off IBB Way Behind Abuja Electricity Distribution Company, Wuse, Zone 4, FCT, Abuja, Nigeria

