Report of:

Assessment of M&E System of the Non-Health Sector of HIV Response in Nigeria

Rapid Assessment of M&E System and DHIS Implementation of the Non-Health Sector Response and Development of Capacity-Building Plan

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Assessment of M&E System of the Non-Health Sector of HIV Response in Nigeria (November 2024).
Rapid Assessment of M&E System and DHIS2 Implementation of the Non-Health Sector Response and Capacity Development Plan

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Foreword

In the face of the ongoing HIV epidemic, the commitment to effectively monitor and evaluate our response is more crucial than ever. This assessment represents a pivotal step toward strengthening the Monitoring and Evaluation (M&E) capacity of Nigeria's HIV response system, laying a robust foundation for data-driven decision-making and sustainable health outcomes.

The severity of the HIV/AIDS epidemic in Nigeria demands a response that is not only comprehensive but also informed by evidence. As such, this national assessment aims to identify existing M&E capacities and gaps within our systems, ensuring that our strategies are aligned with global best practices and tailored to the unique challenges we face in our communities.

This report draws on a wealth of information collected from various stakeholders, including governmental bodies, non-governmental organizations, healthcare providers, and community representatives. By fostering a multi-stakeholder engagement approach, we aim to capture a holistic view of our M&E landscape, emphasizing collaboration as fundamental to enhancing our collective capacity to respond to the HIV crisis.

To combat the epidemic effectively, we must collect and analyse data and translate these findings into actionable insights. The recommendations outlined in this assessment will serve as a critical resource for policymakers, program implementers, and advocates, guiding them in their pursuit of improved health outcomes for all Nigerians affected by HIV.

As we move forward, our commitment to transparency, accountability, and continuous improvement in the M&E processes will be integral to achieving our ultimate goal—reducing the incidence and impact of HIV in Nigeria thus attaining epidemic control by 2030. Together, we can transform data into empowerment, ensuring every individual receives the support and care they require.

We express our gratitude to all who contributed to this assessment, reflecting the collective effort and dedication that drives our pursuit of an HIV-free Nigeria. Let this assessment serve not only as a tool for evaluation but also as a call to action for all stakeholders involved in the non-health sector national HIV response.

Together, we can strengthen our Non-Health Sector M&E systems and achieve impactful results, providing hope and healing for countless lives.

Dr. Temitope Ilori
Director-General
National Agency for the Control of AIDS (NACA)

November, 2024.

Acknowledgments

We wish to thank the Director-General of the National Agency for the Control of AIDS (NACA), Dr Temitope Ilori for approving and supporting the Assessment of the M&E system of the Non-Health Sector of the Response to HIV/AIDS in Nigeria. Our sincere gratitude also goes to the Director of the Department of Research Monitoring and Evaluation (RM&E) of NACA, Mr Francis Agbo, for providing managerial and technical oversight for the exercise. Our appreciation also goes to the Senior Staff and all the tireless staff of the Department of RM&E for providing institutional support for conducting the Assessment, especially, Dr Uduak Essen and Mr. Lawrence Kwaghga.

We acknowledge the Management and staff of all agencies working in the Non-Health Sector space in Nigeria at the national and subnational, for their meaningful contribution and participation in the Assessment exercise, and to all Implementing Partners that participated in all the build-up processes that culminated in a very successful exercise. Our deep appreciation also goes to the Management and staff of SACA in the 36+1 states of the federation who threw open the doors of the M&E system of their respective Agencies to be assessed in such an in-depth way, using the 12-Components Monitoring and Evaluation Capacity Assessment Toolkit (MECAT).
Our gratitude goes to Dr. David Boone of JSI in the United States of America for willingly supporting the exercise and sharing his thoughts on the use of an appropriate tool for the Assessment. Our thanks also go to Dr. Adedayo Adeyemi for his useful input on the proposal. Our profound appreciation also goes to all the state team assessors who traveled to the states for the fieldwork.

We most sincerely express thanks to the Global Fund which provided the financial assistance to conduct this timely M&E System Assessment. Our special thanks go to Mr. Samson Bamidele, the Lead Consultant for the conduct of the entire Assessment process, for his thoroughness, knowledge of the art, and perseverance, and for working with everyone in NACA and other stakeholders for the success of the Assessment exercise.

Thank You All.

Mr. Francis Agbo
Director, Research Monitoring & Evaluation
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List of Abbreviations

ADP	- Annual Development Plan
AIDS	- Acquired Immuno-deficiency Syndrome
API	- Application Protocol Interface
BCC	- Behaviour Change Communication
CBO	- Community-Based Organizations
CSO	- Civil Society Organization
C&S	- Care and Support
DBMS	- Database Management System
DHIS	- District Health Information System
eNNRIMS	- electronic Nigerian National Routine Information Monitoring System
FLHE	- Family Life Health Education
FMWA	- Federal Ministry of Women Affairs
FMoE	- Federal Ministry of Education
GBV	- Gender-Based Violence
HIV	- Human Immunodeficiency Virus
HIVST	- HIV Self Testing
HTS	- HIV Testing Services
IP	- Implementing Partners
LACA	- LGA Action Committee on AIDS
M&E	- Monitoring and Evaluation
KP-ART	- Key Population - Antiretroviral Therapy
KPI	- Key Performance Indicators
MDA	- Ministries, Departments, and Agencies
MECAT	- Monitoring and Evaluation Capacity Assessment Toolkit
MOU	- Memorandum of Understanding
NACA	- National Agency for the Control of AIDS
NCH	- National Council on Health
NDPC	- Nigeria Data Protection Commission
NDPR	- Nigerian Data Protection Regulation
NEMIS	- National Education Management Information System
NHS	- Non-Health Sector
NITDA	- National Information Technology Development Agency
NMRS	- Nigerian Medical Records System
NOMIS	- National OVC Management Information System
OSS	- One Stop Shop
PrEP	- Pre-Exposure Prophylaxis
RM&E	- Research Monitoring and Evaluation
SACA	- State Agency for the Control of AIDS
SDP	- Service Delivery Point
SSP	- State Strategic Plan
UNESCO	- United Nations Educational, Scientific and Cultural Organization

Executive Summary

Nigeria is making significant progress in the reduction of the incidence of HIV. A vision to achieve an AIDS-free society by the year 2030 has been cast and efforts to attain this and all programmatic goals and objectives are on course for a remarkable epidemic control. Investment in the component of the Response that generates information for tracking progress, sound decision-making, learning, and demonstration of accountability is therefore imperative to identify gaps and make recommendations for a strong, responsive, and sustainable approach to tracking NHS results.

The National Agency for the Control of AIDS (NACA) has therefore embarked on a rapid assessment of the M&E system of the Non-Health Sector and the implementation of DHIS2 in managing NHS data, the outcome of which led to the development of a capacity development plan for NACA, SACAs, and NHS-entities. The UNAIDS' M&E Capacity Assessment Toolkit (MECAT), framed around the 12 components of the M&E system was used for the Assessment. The approach used for the assessment included; a desk review of existing policy and guideline documents, group and personal interviews, adoption of checklists, and extensive data abstraction from the eNNRIMS DHIS2 platform.

The Assessment was successfully conducted in all the 36+1 States of Nigeria. Findings from the assessment show that NHS has a robust database structure and adequate tools to capture data from all SDPs, Data on all key NHS intervention areas are available in the eNNRIMS DHIS2 database, quarterly data validation meetings are held in most states, and organizational structures exist for all states except Edo whose SACA was not constituted at the time of the exercise. Recommendations were however made for the expansion of eNNRIMS DHIS for development and linkage with related information systems through the NACA Dataecosystem to achieve optimality and best practices.

The assessment also showed that the M&E system is largely run by inexperienced staff without clear contractual agreements, and the data quality is low. As a result, they can easily disengage from SACA if better opportunities arise elsewhere. The M&E system of SACA and NHS entities are grossly underfunded, the process for implementing the eNNRIMS DHIS2 platform and data demand and use needs extensive improvement. Equipment for M&E activities such as computers, printers, and well-furnished office space were not available. The assessment further showed that

most of the states do not have M&E plans and workplan. It is therefore challenging to track the performance and progress of their respective contributions to the Response. M&E systems across most of the states are therefore limited to activity reporting at best.

The assessment made it possible for the following documents to be developed and embedded in this report:

- Completed checklist for all SACA M&E systems, depicting their status (strengths, weakness, opportunities, and challenges) across the 12 components of the M&E system and their associated dashboards. Recommendations for improvement in each component were also advanced.
- Gaps in States' implementation of the eNNRIMS DHIS2 platform were identified and recommendations for improvements were articulated.
- Based on observed overarching gaps, a Capacity Development Plan for the M&E system of NHS covering national and sub-national levels was developed.

It is hoped that these documents will serve as strong advocacy and resource mobilization tools for a robust and sustainable M&E system in the Non-Health Sector Response of Nigeria.

Introduction

A key hallmark of a functional M&E system is its ability to provide quality data to guide decisions during program implementation and help generate necessary information for accountability and learning for program efficiency and improvement. The M&E system of the Non-Health Sector for the response to HIV and AIDS in Nigeria is relatively nascent when compared with its Health Sector counterpart and efforts are being made to strengthen it for it to be able to achieve its purpose. An assessment of the status of the M&E component of the Non-Health Sector is therefore crucial and necessary.

Furthermore, the Nigerian Health Sector response data is largely managed with customized DHIS2 platforms, a modular web-based, free open-source software built on Java frameworks. District Health Information System (DHIS) is a global toolkit for monitoring and managing health-related data, including HIV/AIDS data. Nigeria has customized the DHIS 2 for the management of the Non-Health Sector data across intervention areas in the non-health sector. Efforts to align the deployment of DHIS2 for health data management in the Health and Non-Health Sectors are ongoing.

With the plan to develop a National Operation Plan (2025 – 2027) in line with the existing National Strategic Framework (2023 – 2027), a rapid assessment of the status of the M&E system of the Non-Health Sector alongside the DHIS2 utilization is imperative to identify strengths and weaknesses to develop a capacity development plan for a stronger M&E system for the Response.

Overview of the Non-Health Sector in HIV/AIDS Response in Nigeria:

The National Agency for the Control of AIDS (NACA) has the core mandate to coordinate both the Health and Non-Health Sectors' Response to HIV/AIDS in Nigeria. There is increasing knowledge of the fact that many factors that affect health fall outside of the healthcare delivery sector. To address the health question accurately, therefore, attention must be paid to the Non-Health Sector. This is particularly relevant to the HIV and AIDS response, where numerous entities have the potential to make significant contributions to HIV programming. The Non-Health Sector response comprises all efforts aimed at addressing the challenge of HIV/AIDS from outside the

health sector both at the private and public levels, which include education, labour, youth and social welfare, gender, and human rights.

Recently, NACA has begun to address the apparent neglect of the Non-Health Sector through the harnessing of the non-health sector data, especially with the revision of obsolete tools that could not capture required data adequately for use and the overhaul of the processes of the current dynamics of the non-health sector landscape. The proposed assessment of the M&E component and its associated database (DHIS2) is part of the efforts aimed at rejigging the Non-Health Sector of the Response.

Goals and Objectives of the Assessment:

The goal of the assessment is to conduct a rapid assessment of the M&E system of the Non-Health Sector and the implementation of DHIS2 in managing Non-health Sector data of the national response to HIV and AIDS in the 36+1 states of Nigeria. The outcome of the assessment will lead to the development of a capacity-building plan for each of the 36+1 states of Nigeria.

The specific objectives of this exercise are:

1. To examine the status of the M&E system of the Non-Health Sector in the Response at the national and sub-national levels to identify the existing strengths and gaps, and come up with recommendations for improvement.
2. To evaluate the current utilization and effectiveness of the DHIS2 for the Non-Health Sector data management in the states and explore opportunities for greater implementation.
3. To identify the capacity-building requirements for the M&E system of the Non-Health Sector.

Assessment Methodology

The mixed method approach was used for the assessment, involving the collection of quantitative and qualitative data. The UNAIDS' M&E Capacity Assessment Toolkit (MECAT) was adopted and used to elicit information from respondents at the state and national levels. The design of MECAT is framed around the "12 Components" approach used by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to strengthen M&E systems worldwide. MECAT is a set of tools used to assess the capacity of the M&E system of an organization through the identification of gaps and suggestions for improving the M&E system.

The following five steps were used in the assessment and results were triangulated with responses from the qualitative data collection. The steps are:

- A Pre-Assessment Desk Review of relevant organizational documents.
- Individual self-assessment through consultations with key M&E professionals in the NHS of the response.
- Key informant interviews with strategic personnel that are operating the M&E system of the NHS response. These include M&E stakeholders, program, and other technical staff.
- Participatory group assessment of M&E entities and organizations.
- Data abstraction from reports and the DHIS2 platform to analyze trends and patterns over time.

With this approach, the M&E system of NHS was accurately assessed and individual and systemic strengths and weaknesses were well captured. A capacity development plan was then developed based on the evidence generated.

Below is a brief description of the steps used for the assessment:

1. *Pre-Assessment Desk Review*

a) ***National***: A 5-day comprehensive review of existing reports, policies, guidelines, and mechanisms for data sharing within the operators of the non-health sector involved in HIV/AIDS programs. The consultant worked extensively with relevant staff of the RM&E Department at the National Headquarters of NACA in Abuja. The Desk Review helped in identifying the status of the M&E system of NHS at the national level, the level of data utilization, and the challenges of the M&E system.

b) ***States:*** The desk review described in (a) above was repeated at the state level with SACAs and other stakeholders including relevant line ministries operating in the state.

c) ***Dissemination of Findings of the Desk Reviews***: The report of the national and state level desk reviews was disseminated during a national Dissemination workshop which was held virtually.

2. Data Abstraction from DHIS: This was carried out to establish the level of use of DHIS in the Non-Health Sector and the reporting rate by all states. This entails the abstraction of data from the eNNRIMS database with secondary analysis and the outcome was reported during the Dissemination Workshop. Extracted data was submitted to the RM&E department of NACA.

3. Administration of the MECAT*:*

a) ***Design of Tools and Preparation for the National Assessment***: After sourcing for the appropriate tool, it was presented during a 3-day NHS Stakeholders' Technical meeting in Abuja for ratification and adoption for use.

b) **Deployment and Training of Assessors:** After the finalization of the assessment tool by the stakeholders, there was a two-stage training of all assessors on the use of the Monitoring and Evaluation Capacity Assessment Tool. In addition to the tool, a Capacity Development Plan template was also designed by the consultant, and part of the training was spent in training the assessors on how to complete the template.

Two national officers and two state officers were engaged for five days to conduct the assessment in each state and to develop a draft Capacity Development Plan for each state.

4. Report Writing Workshop: At the end of fieldwork in the states, a five-day Report Writing workshop was conducted with participants from RM&E, line Ministries, and representatives of NHS Implementing Partners.

5. Dissemination of Results: After the submission of the draft report by the Consultant, a one-day National Dissemination meeting was held to validate and disseminate the report of the assessment to a larger stakeholder including states.

Overview of the Non-Health Sector Response to HIV/AIDS in Nigeria

Even though significant progress has been made in the reduction of the incidence of HIV in Nigeria, it remains a leading public health and developmental challenge. For this cause, the National Agency for the Control of AIDS (NACA) with the core mandate to coordinate the Multisectoral Response to the challenges of HIV and AIDS, has continued to strive towards the attainment of Vision 2030. In the Non-Health Sector, for example, NACA has led efforts in the harmonization and revision of indicators and tools. Significant strides have also been made in line with the principle of "Three Ones" (one National AIDS Strategic Framework, one Coordinating body, and One M&E System). NACA has also been carrying out several activities to strengthen multisectoral coordination through the harmonization of the National Operational Plan, revision of the strategic information management framework, and strengthening of coordinating entities at the federal, state, and local levels. The Non-Health Sector Response to HIV and AIDS comprises all efforts at the national and sub-national levels, aimed at addressing the challenge of HIV/AIDS from outside the health sector, private and public, which include education, labour, social welfare, gender, and human rights and all other efforts driven by CSOs and CBOs. It involves engaging with all relevant bodies on issues related to HIV/AIDS Prevention, Treatment, and Care and Support.

These coordination responsibilities imply the need for greater investments in information generation and in particular, the M&E system of the NHS. The M&E system would also require more attention for it to continue to play its traditional role of providing essential data for planning, program implementation, program improvement identification, and ensuring accountability at all levels.

To attain Vision 2030, the M&E system of NHS needs to be repositioned to be effective and efficient in the delivery of its core mandate and ensure progress that produces and utilizes high-quality data for use. The assessment of the M&E system of NHS and its associated database (DHIS2) is therefore a step in the right direction as part of the efforts aimed at rejigging the Non-Health Sector of the Response.

Description of the M&E System of the Response to HIV/AIDS in Nigeria

The M&E system of the Response to HIV/AIDS is described in the conceptual framework below.

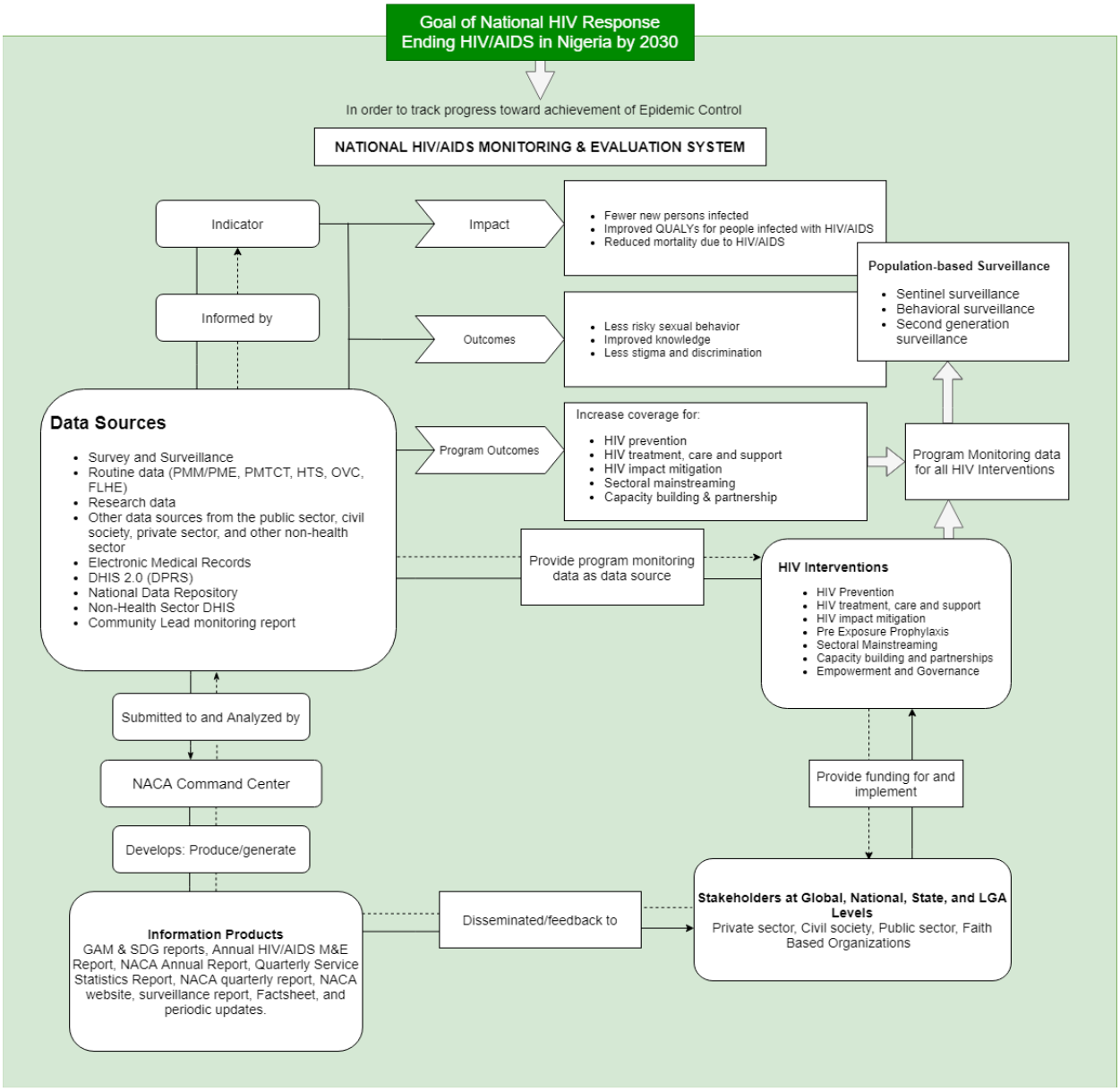

Figure 1: ***National M&E Conceptual Framework***

The National HIV and AIDS M&E system comprises routine and non-routine reporting systems. The routine system has a robust data collection and collation system, managed and implemented by DHIS2 and referred to as the Electronic Nigerian National Response Information Management

System (eNNRIMS) DHIS2 Platform. DHIS2 is a web-based DBMS and Analytical tool approved as a "national carrier" for health data by the National Council on Health. One major advantage of having eNNRIMS configured on a DHIS2 platform is that it promotes the compatibility and interoperability of national databases and other systems. Many Implementing Partners (IPs) in the Health Sector use DHIS2 as the standard database to capture data on program activities. The use of DHIS2 in the NHS helped in the creation of a handshake that fosters timely information sharing for decision-making. Furthermore, DHIS2 interoperates seamlessly with other platforms via APIs and direct uploads. DHIS2 works well with the Nigerian Medical Record System (NMRS), Power BI, and other standard systems that aid proper program intervention monitoring, evaluation, and analysis. DHIS2 implementation in the NHS aims at effective use, sustainability, flexibility, allowance for continuous capacity building/strengthening, and innovation for best practices.

The diagram below describes the data flow in the eNNRIMS DHIS platform, with data entry taking place at the Service Delivery Point (SDP).

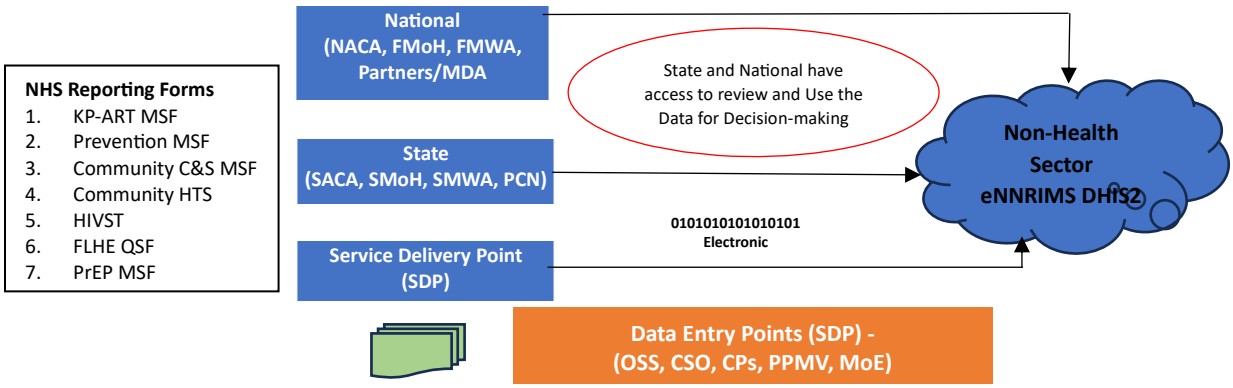

*Figure 2: **Data Flow in the eNNRIMS DHIS2.***

Assessment Results

The Assessment of the M&E system of the NHS is presented as follows:

1. Pre-Assessment Desk Review: Documents related to the Non-Health Sector such as policies, reports, and guidelines were collected and reviewed to verify specific responses related to some of the assessment statements. While these were sighted at the national level, most of the States do not have them. A few states however have obsolete copies of some of these guiding documents. The key reason given by the states for not having the guiding documents is financial constraints. Most States depend on NACA to produce for them. It is recommended that states should make effective use of the guidelines and policy documents they adopt from NACA.
2. Data Abstraction from eNNRIMS DHIS2 platform: Data abstracted for 14 NHS Key Performance Indicators (KPI) that are routinely reported into the eNNRIMS database by states and some entities (line Ministries, OSS, and CBOs). Findings show that all states have a seamless reporting process on the national platform (eNNRIMS DHIS2 platform) through which all services in the nine (9) core intervention areas of NHS are documented. The reporting platform which is powered by the DHIS2 architecture is robust, having the capacity to transmit all data. It was however observed that reporting of data into the eNNRIMS platform is done quarterly and not monthly like in the Health Sector. The process of NHS service data reporting into the platform by states should therefore be strengthened and harmonized with the Health Sector timeline. With this harmonization, national data aggregates for Health and Non-Health Sectors can be done at the same time. It was also found that some states could report directly to the platform while some largely depend on their IPs for such.
3. Key findings of the M&E system Assessment based on the 12 components of the M&E system, identifying gaps and challenges experienced in the NHS. This section also shows the performance of each state across the nine (9) core intervention areas of the Non-Health Sector.
    i. Component 1: Organisational Structures with HIV M&E Functions***:*** Organizational structures in the Non-Health Sector help to clarify roles and responsibilities and pave the way for accountability and transparency, facilitating

communication and collaboration, supporting strategic planning and decision-making, and ultimately improving program effectiveness and efficiency.

Our findings show that states across the six (6) geopolitical zones have clearly defined organizational structures for M&E as there are at least, full or part-time staff that man M&E roles and functions in SACAs. The common challenge to all of them is that of knowledge gaps, underfunding, and inadequate equipment and infrastructure to work with.

The chart below gives the summary of the performance of some states across the 12-Components and intervention areas:

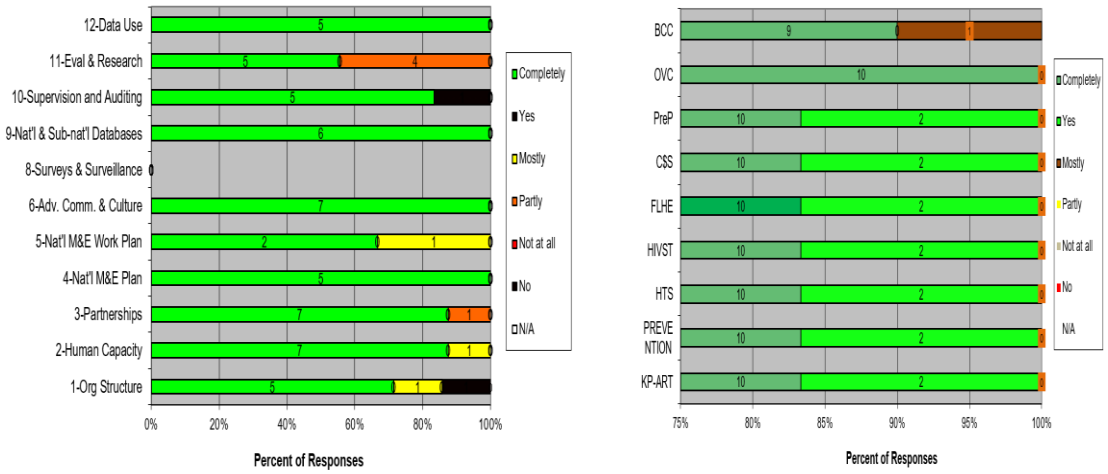

*Figure 3: **Performance across the 12-Components and Intervention areas in Kano State***

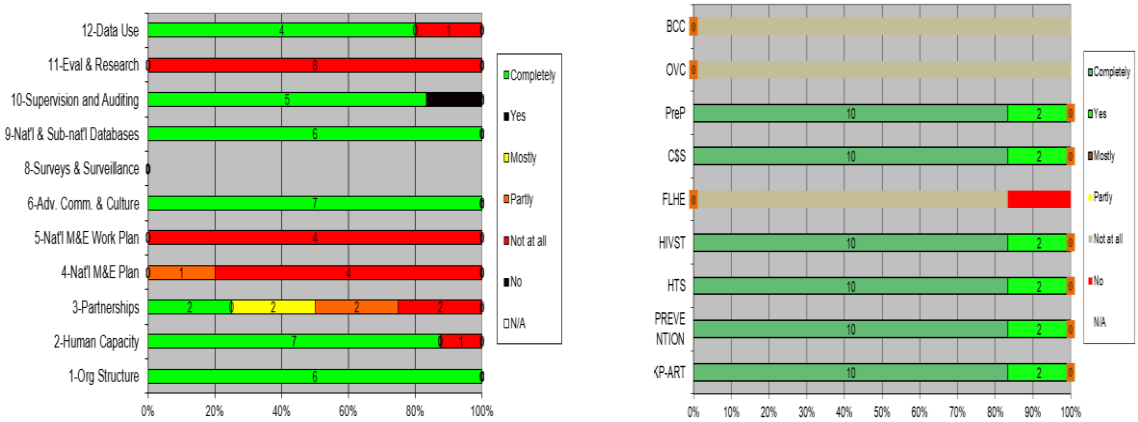

*Figure 4: **Performance across the 12-Components and Interventions areas in Adamawa State***

The report of services into the eNNRIMS DHIS2 platform is optimal except in the intervention areas where services are not available.

ii. Component 2: Human Capacity for M&E System of NHS Response of HIV is critical for effective Monitoring and Evaluation (M&E) in HIV programs. It encompasses the skills, knowledge, and competencies required to collect, analyze, and use data for informed decision-making.

Findings from the Assessment show that staff skills at the state level and competencies within SACA have not been conducted in all states. In the North East zone, only two SACAs (i.e. Gombe and Bauchi) have a human capacity development plan in place. In the South West zone, only Ekiti and Ondo States have a human capacity development plan in place. In the North-West Zone, Kaduna and Katsina States have no human capacity development plan while in the North Central zone, only Kogi State has no human capacity development plan.

The common challenges across zones are; the non-conduct of skills audit for staff, lack of or weak human capacity development plan for staff, lack of training and retraining of staff, inadequately skilled staff for M&E functions, and brain drain of the few M&E professionals in the system.

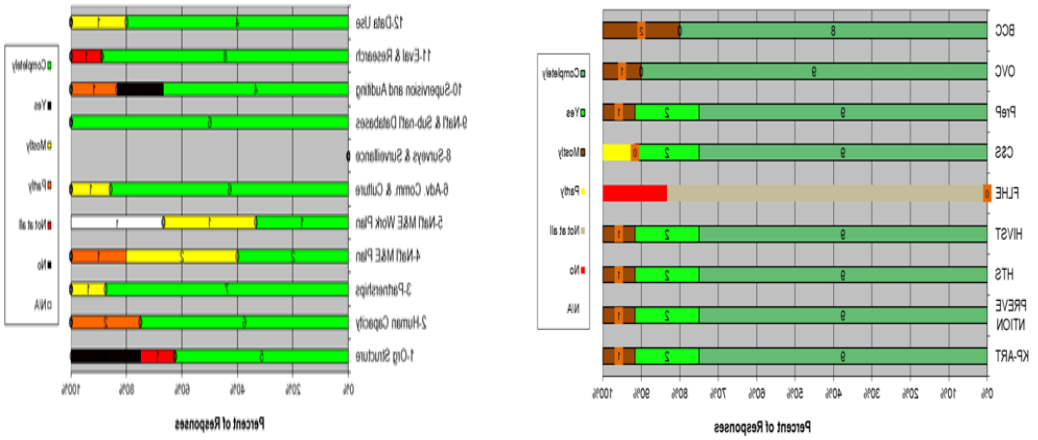

Figure 5: **Performance across 12-Components and Intervention Areas in Ekiti State**

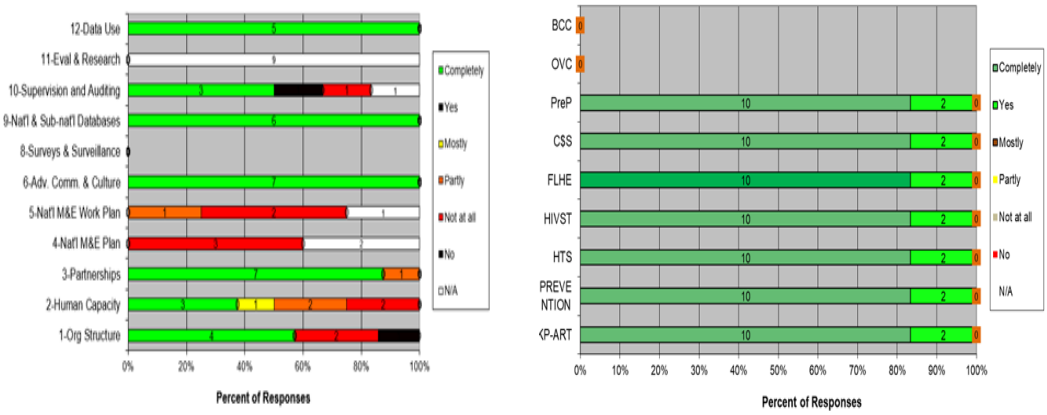

*Figure 6: **Performance across 12-Components and Intervention areas in Gombe State***

iii. Component 3: Partnerships to plan, coordinate, and manage the M&E System of NHS of HIV Response**:** Partnerships play a vital role in planning, coordinating, and managing Monitoring and Evaluation (M&E) systems. Partnerships enable effective collaboration and coordination among stakeholders, ensuring that M&E systems are robust, sustainable, and impactful.

From our findings, Quarterly Data Validation meetings are held in all the states except in Borno and Edo. Common challenges are weak coordination of partners, limited utilization of the outputs of the quarterly validation meetings, a weak collaboration between SACAs and stakeholders on one hand and among stakeholders on the other, and inadequate resource mobilization for M&E activities. It was observed that the regularity of quarterly validation meetings across the states is because NACA is providing support for this activity, otherwise, the state would not have been able to score any success on this activity.

The chart below shows the performance of some states during the period under review.

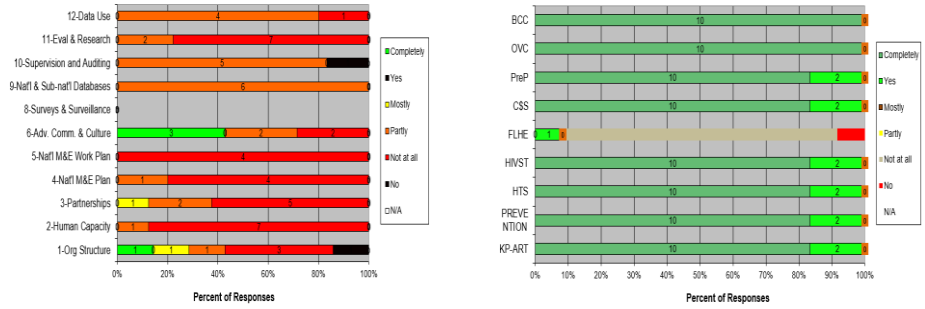

Figure 7: Performance across 12_Components and Intervention areas in Borno State

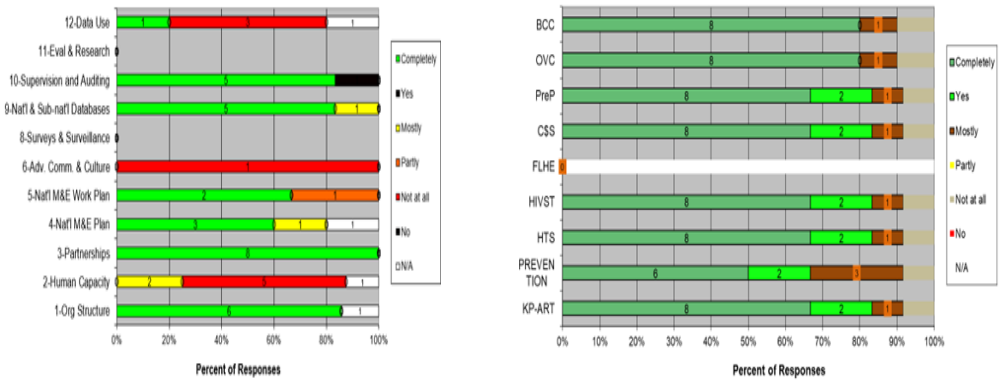

Figure 8: ***Performance across 12-Components and Intervention areas in Cross River State.***

iv. Component 4: National M&E Plan of NHS of the HIV Response: The M&E Plan helps to define, implement, track, and improve the monitoring and evaluation strategy of a project. For this assessment, we examined the availability of M&E plans in the states and at the national, their capacity to guide M&E implementation and track output, outcomes and impact, constraints, and whether they have mechanisms for plan updates.

It was observed that no state has a functional and current M&E plan. Some of them do have some that were out of the range of the period that the assessment reviewed while some make use of their Strategic Plan in place of the M&E plan. At the national level, NACA and the Federal Ministry of Women's Affairs have a multi-year plan. Due to knowledge gaps, some relevant officers at the state level do not know the importance of the M&E plan. All the states looked up to NACA to lead the process of their having a functional M&E plan.

It was however observed that many states have State Strategic Plans (SSPs) and Annual Operational Plans (AOPs), but most states do not have an M&E Plan to guide the tracking of the implementation.

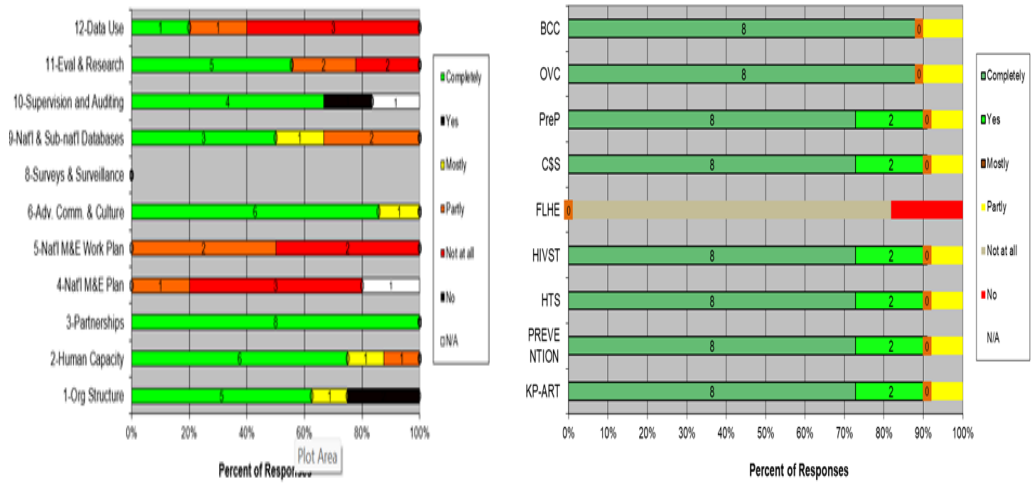

*Figure 9: **Performance across 12-Components and Intervention areas in Bauchi State.***

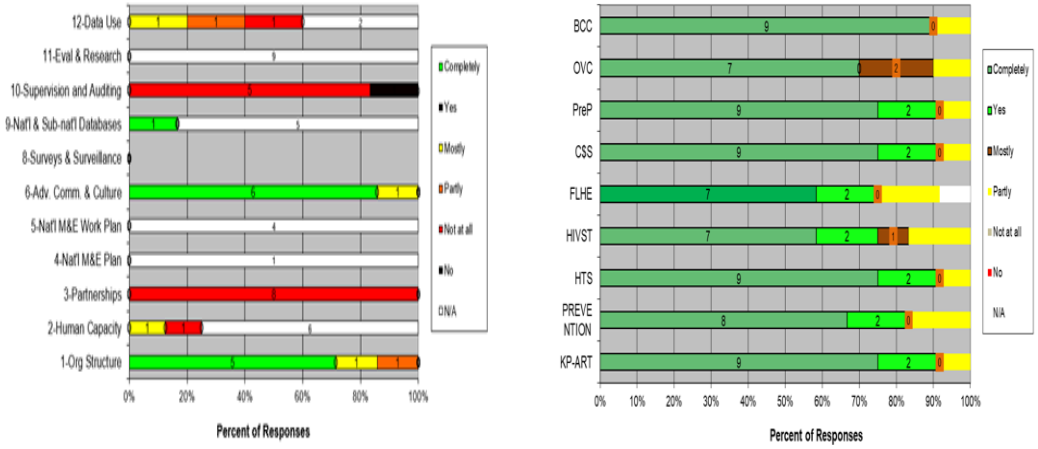

*Figure 10: **Performance across 12-Components and Intervention areas in Bayelsa State.***

v. Component 5: Costed M&E Work Plan of NHS of HIV Response***:*** One of the best practices of M&E implementation is to have an associated costed workplan to an M&E plan that further details the operationalization of the plan with an attached cost for an agreed period. Since most states do not have an M&E plan, there was no costed workplan across the states. Some states however have budget provisions for implementing their M&E plan, but were largely not approved by their respective governments.

In the North Central Zone, only Plateau State reported the availability of a costed workplan, In the North East, Only Kebbi reported to have a costed work plan while

in the South East, Anambra and Imo States reported to have. In the South-South zone, Cross River and Delta states are reported to have costed workplan. Almost all the states in the South West zone are reported to have costed workplan except Ondo state.

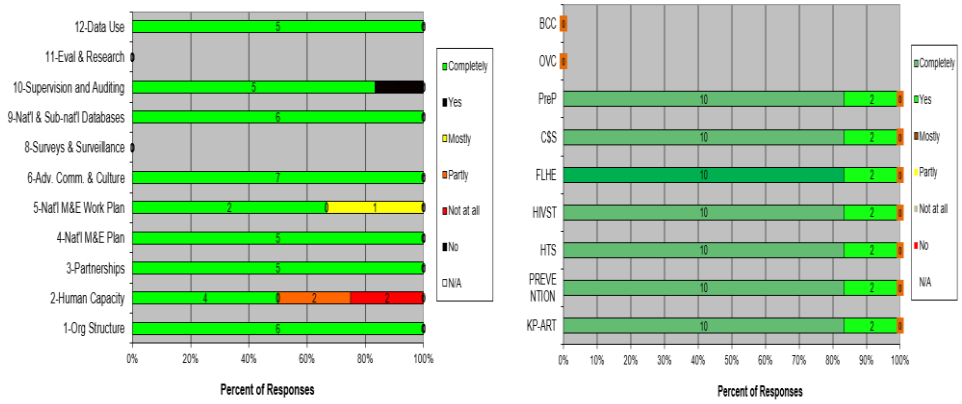

*Figure 11: **Performance across the 12-Components and Intervention areas in Ogun State.***

vi. Component 6: Communication, Advocacy, and Culture for M&E System of NHS of HIV Response**:** Effective communication, advocacy, and cultural alignment are pivotal in fostering an enabling environment for successful HIV responses. An effective communication strategy can mobilize stakeholders, promote behavioral change toward data demand use, and ensure that interventions reach the most vulnerable populations. Similarly, advocacy efforts can secure policy support, resource allocation, and community engagement. Moreover, a culture that promotes openness, inclusivity, and stigma reduction is crucial for encouraging testing, treatment, and adherence.

All of the States in the North Central, North East, and North West except Kogi, Taraba, and Kaduna reported strong communication, advocacy, and culture for M&E.

All the States in South East, South West, and South-South have strong communication, advocacy, and culture for M&E although in Cross River and Rivers, communication of NHS data to policymakers is weak. Nevertheless, Edo State has no SACA and this has led to weak communication, advocacy, and culture for M&E.

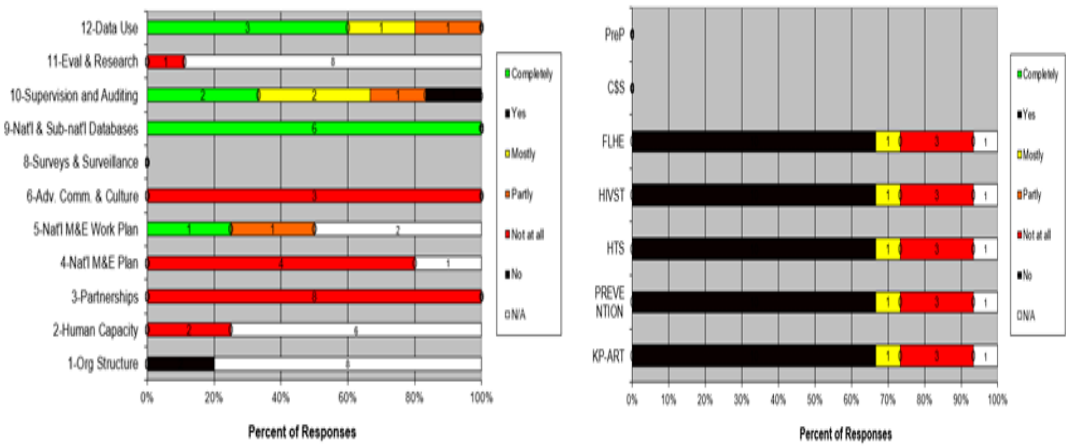

Figure 12: ***Performance across the 12 Components and Intervention Areas in Edo State.***

vii. Component 7: Routine HIV Programme Monitoring for the NHS ***(KP-ART, Prevention, HTS, HIVST, FLHE, Care & Support, PrEP, VC, and BCC):*** Quality data are essential for tracking the effectiveness of NHS HIV interventions. Routine programme monitoring provides critical insights into the performance of HIV services, guides decision-making, and informs resource allocation. In this Assessment, the core NHS Intervention areas of focus are the nine (9) areas listed above. It was observed that data was available for all intervention areas, except where services were not delivered. The reason for this ease of data transmission through the eNNRIMS DHIS2 platform is the application of DHIS2 infrastructure which allows for data to be entered at Service Delivery Points.

In the North Central zone, states reported effective routine programme monitoring in all the NHS areas of intervention except BCC and VC in the Federal Capital Territory. All the states in the North West zone reported similarly except Adamawa, Gombe, and Yobe states which reported challenges with BCC and VC. For Taraba, routine reporting was partially effective across the various programme areas.

In the North West zone, routine programme monitoring was effective in all the NHS areas of the intervention in all states except for HIVST in Katsina state.

In the South East zone, routine programme monitoring was effective in all the NHS areas of intervention except Ebonyi state which reported challenges with VC.

In the South-South zone, all states also reported that routine programme monitoring was effective in all the NHS areas of intervention. However, Rivers State reported that NHS tools were not in use. As mentioned earlier, routine programme monitoring was not effective in Edo state because of a lack of structure for NHS implementation. This requires urgent intervention.

VC and BCC programme reporting was the major challenge in programme monitoring in Ogun and Ondo in the States in South West zone. Oyo state also reported the non-use of programme tools during the period under review. Further investigation revealed that the non-use of programme tools was due to the challenge with tools distribution to Service Delivery Points (SDPs) by SACA.

The intervention for FLHE was suboptimal in all the states as the FLHE curriculum is outdated and needs to be revised. In some states, FLHE was reportedly integrated into the overall school curriculum. It was also revealed that UNESCO was supporting some states on FLHE directly without the knowledge and input of SACAs and NACA.

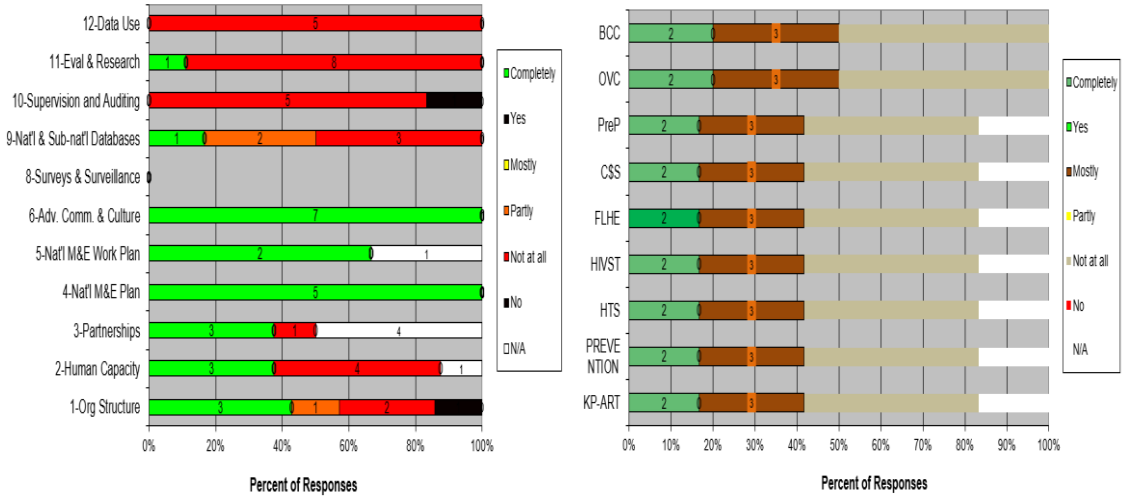

Figure 13: ***Performance across the 12 Components and Intervention Areas in Oyo State.***

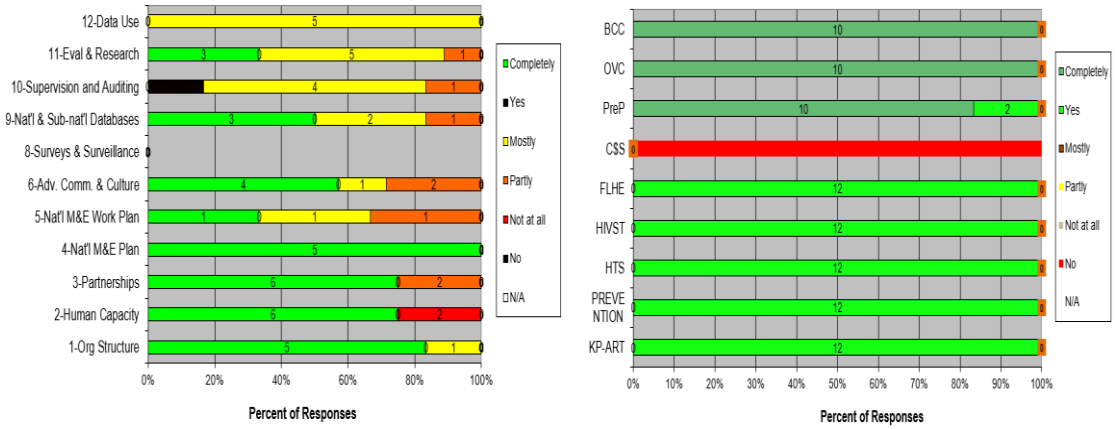

Figure 14: ***Performance across 12 Components and Intervention Areas in Lagos State.***

viii. Component 8: Surveys and Surveillance in NHS of HIV Response: Effective survey and surveillance activities advance the efforts of routine monitoring and empower programmers and policymakers to identify priority areas, allocate resources efficiently, and evaluate the impact of interventions.

Findings from the Assessment show that all States have a weak Surveys and Surveillance component. The probable reason for this is that most survey and surveillance activities are coordinated at the national level. Another reason could be due to the paucity of funds to conduct surveys and surveillance activities.

ix. Component 9: Database Structure in NHS of HIV Response*:* A database is necessary for the storage and management of project data, maximizing efficiency and optimizing resource use. Database management in NHS is implemented through the DHIS2 Platform. Findings from the assessment show that the eNNRIMS DHIS2 platform has been highly successful in collecting and transmitting NHS data from all the States to the national platform. It has made data availability for use much easier.

A major concern about the DHIS2 database for NHS is the quality of the data as a result of incomplete reporting across program areas in most states. There are also challenges with the reporting system by service delivery points. In some states, only the OSS reports into the database. All the states have challenges with IT

infrastructure and human resources thereby hindering the use of the eNNRIMS DHIS2 platform for optimal performance. It was also reported that access to the eNNRIMS DHIS2 platform is limited to the site level as access was not granted to IPs, thus making it difficult for IPs and other partners to make meaningful inputs to its development and use.

x. Component 10: Supportive Supervision and Data Auditing of NHS of HIV Response***:*** Supportive supervisory visits and data auditing are management techniques used in organizations, such as in the non-health sector. During the visits, the supervisors provide guidance, mentoring, and all other support to facility staff. The goal is to improve performance and data quality for decision-making. Data auditing is a significant and strategic facilitator for ensuring data quality in the non-health sector.

During the assessment, it was observed that all the zones embarked on supportive supervision and carried out some level of data auditing but these were found to be inadequate.

The challenges reported against this component include; failure to share supportive supervision reports with IPs and SACAs, paucity of funds, lack of strategy (or protocol for conducting supportive supervision and data auditing, and inadequate skilled personnel.

The chart below shows the performance of Abia State on the components of interest.

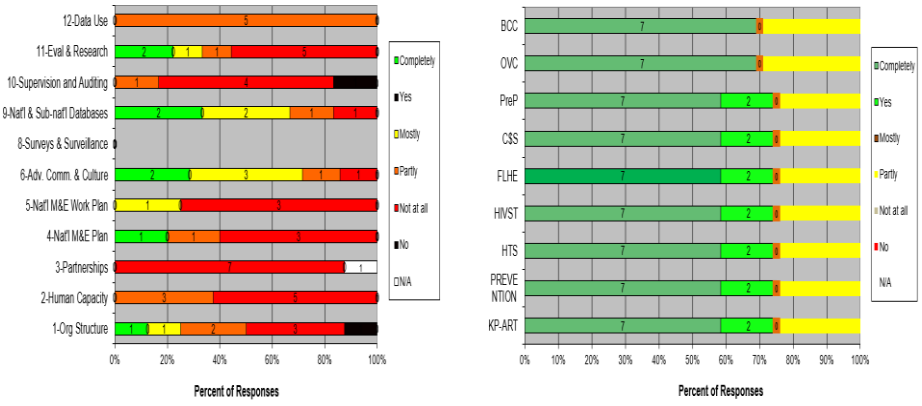

Figure 15: Performance across the 21-Components and Intervention Areas in Abia State.

xi. Component 11: HIV Evaluation and Research Agenda of NHS of HIV Response***:***

Evaluation and research agenda is a comprehensive and standards-based approach to identifying, developing and implementing HIV evaluations and using the findings to improve program and research. The evaluation and research agenda should be integrated into the national planning and implementation processes. This component aims to ensure that HIV programs are evidence-based and continuously improved through systematic evaluation and targeted research.

From the assessment findings, no state has a research agenda nor conducted any evaluation during the period under review. At the national level, however, few evaluations were reported to have been conducted during the review period. The key challenges of the implementation of this component are; lack of evaluation and research agenda at the sub-national level, poor communication and use of evaluation and research outcomes, especially at the sub-national level, and weak coordination of evaluation and research efforts in the Non-Health Sector.

xii. Component 12: Data Dissemination and Use in NHS of HIV Response***:*** Data dissemination and use are critical components of a Monitoring and Evaluation (M&E) system. Data dissemination involves the systematic sharing of collected and analyzed data with stakeholders, such as policymakers, program managers, and the public. This process ensures that the information reaches relevant audiences in a timely and accessible manner, often using formats like reports, presentations, or digital platforms. Data use refers to how these stakeholders interpret and apply the disseminated information to improve decision-making, enhance program design, and inform future strategies. In an effective M&E system, data use leads to evidence-based actions that help monitor progress, evaluate outcomes, and optimize resource allocation for achieving desired goals.

The assessment of this component focused on stakeholder information needs assessment, regular information products dissemination to the data providers and a wide variety of stakeholders, whether the information products meet the HIV stakeholders' information needs, and if stakeholders have access to the

data/information products in the public domain (online or central information center).

Most States reported having public domain access to data and information products, but a few states reported having no such platform.

The common challenges to this component across the states include; poor technical capacity to accomplish the task of regular information products preparation and dissemination to data providers and a wide variety of stakeholders, paucity of funds, limited data sharing process by SACAs, and poor use of data for planning.

Summary of Key Findings by the 12 Components

Component 1: Organisational Structure

- SACA structure is visible in all states except Edo; most require strengthening interventions.
- Staffing for the M&E position does not exist for some states; staff performing M&E functions are either seconded or temporarily engaged. There is no vertical career path for M&E professionals.
- The job description for the M&E position is not sighted in any state.
- Weak M&E structure in NHS entities evident at both national and subnational levels (Ministry of Women Affairs, Ministry of Education, Ministry of Youth and Sports Development, etc.).
- The contribution of LACA M&E Officers at the state level is not visible in most states.

Component 2: Human Capacity

- Capacity gaps exist among M&E staff as most were never trained. M&E leadership has changed across most SACAs and their entities, but these new people have not been trained or mentored on M&E processes for the NHS. This is also true to some extent at the national level.
- No nationally approved curriculum for training M&E professionals was sighted both at national and subnational levels.

Component 3: Partnerships

- There is weak M&E coordination at the state level.
- M&E Technical Working Group (TWG) is functional at the national level but weak in some states.

Component 4: M&E Plan

- Most states do not have a current plan to guide M&E operations; some rely wholly on the Strategic Plan; where the M&E plan exists, they do not contain relevant components to make it functional for NHS.
- Of all national NHS entities, only FMWA has a current and detailed M&E plan.
- Relevant staff do not understand the use of an M&E plan so they do not see the need to develop one.

Component 5: Costed M&E Workplan

- Most states do not have current M&E Workplan; some however rely on the health sector M&E Plan and Workplan.
- Underfunding of the M&E component of NHS.
- The cost of M&E operations in states not known.

Component 6: Advocacy, Communication and Culture

- Low advocacy support for M&E at the state level to address ownership and funding.
- Weak communication between SACAs and NHS entities.
- Inadequate generation of information products in many states.
- Weak feedback mechanism observed in many states.

Component 7: Routine Monitoring

- Tools for NHS services data collection are available across states and national entities to capture data on the nine (9) key intervention areas of NHS.
- Reporting of NHS interventions done in many states; although the quality of data is suboptimal in some states.
- FLHE, VC, and BCC programs are not well captured in many states. Some states reported that this was due to a lack of or inadequate resources (staff and funds).
- Data collection and reporting are not done monthly; thus, making it difficult to compare NHS data with that of the Health Sector of the same period.
- Underutilization of relevant guidelines for key NHS intervention areas by SACAs.

Component 8: Surveys and Surveillance

- Surveys and surveillance activities exist at the national level but are limited to the subnational level.

Component 9: Database Structure (DHIS eNNRIMS)

- Implementation of DHIS2 for collation and transmission of NHS data visible in all states.
- Staffing structure for database management remains a challenge in most states.
- Inadequate equipment (computers, printers, Screen monitors, internet connectivity, etc.) for eNNRIMS DHIS2 implementation was reported by many states.
- Limited reporting of VC and GBV data on eNNRIMS due to the existence of NOMIS.

Component 10: Supervision and Data Auditing

- Quarterly data validation holds regularly in all states and is supported by NACA and GF.
- National Joint DQA exercise is conducted at least once a year by NACA; there is however weak feedback and follow-up action on DQA findings.
- The existing Data Management Manual can be expanded.

Component 11: Evaluation and Research

- Research agenda visible at the national level only; agenda for evaluation not articulated.
- Most states do not have an Evaluation and Research Agenda.

Component 12: Data Dissemination and Use

- Inadequate use of information from the eNNRIMS DHIS2 platform in most states. Efforts at the NACA level can be improved.
- Few states produce information products but there is no institutionalized Data Demand and Use strategy at the national and sub-national levels.

Review of DHIS2 Implementation in the Non-Health Sector Response

The DHIS2 Platform is the database platform used to manage Non-Health Sector data in Nigeria. The platform is the Electronic Nigerian National Response Information Management Information System – the eNNRIMS DHIS2. One major advantage of having eNNRIMS configured on a DHIS2 platform is that it promotes the compatibility and interoperability of national databases and other systems. DHIS2 is a web-based DBMS and Analytical tool approved as a "national carrier" of health data by the National Council on Health. Many Implementing Partners (IPs) in the Health Sector use DHIS2 as the standard database to capture data on program activities. The use of DHIS2 in the NHS will therefore create a handshake that fosters timely information sharing for decision-making. Furthermore, DHIS2 interoperates seamlessly with other platforms via APIs and direct uploads. DHIS2 works well with the Nigerian Medical Record System (NMRS), Power BI, and other standard systems that aid proper program intervention monitoring, evaluation, and analysis.

Overview of the Implementation Status of DHIS2 in NHS Response

To fulfill its role as the coordinating agency for the control of HIV/AIDS in Nigeria, NACA requires data for decision-making from the health and non-health response programme implementation. To achieve this, NACA deployed the District Health information system (DHIS2) in 2012 as the information system for capturing, storing, analysing data, and presenting results for all health sector HIV reporting at the secondary and tertiary facilities across the country as well as the non-health sector.

After the restructuring that led to the ceding and transitioning of the HIV/AIDS Health Sector response data to NHMIS in 2024. The deployment of the eNNRIMS DHIS2 was established to manage the non-health sector reporting platform, starting the implementation of the minimum prevention package of intervention (MPPI) project. The eNNRIMS DHIS is aimed at having a strategic, simultaneous use of different classes of prevention activities (biomedical, behavioural, structural) that operates on multiple levels (individual, community, and societal/structural) to respond to the specific needs of audiences and modes of HIV transmission and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities across the 36+1 states in the country.

Later after its development, eNNRIMS DHIS was funded by the Global Fund with a four-year cloud server hosting subscription which provided the needed stability and stakeholder acceptance of the reporting platform. This development led to the successful implementation of the following:

- Customization of the reporting tools (Prevention, Vulnerable Children (VC), and Home-Based Care (HBC) Monthly Summary Forms (MSF)), which resulted in the harmonization of reporting tools for the Non-Health Sector with standard tools for reporting across the country in 2021. The tools include; Prevention MSF, PrEP MSF, Community Care & Support MSF, Community HTS MSF, KP ART MSF, FLHE Teacher National QSF, and HIVST MSF.
- Onboarding of the Civil Society Organizations for data reporting.
- Onboarding of users on the platform data entry and analysis.
- Provision of resource materials for self-training.
- Regular capacity building.
- Onboarding of implementing organizations for data reporting & Analysis (Org unit)
- Full data reporting by all NHS service delivery units
- Linkage with NACA Dataecosystem to provide an interface with related information systems.

Additional support was received from UNICEF in 2022 for the provision of cloud server hosting for two years. Another accomplishment in the implementation of eNNRIMS DHIS is the conduct of a national TOT for participants who stepped down the training on the new harmonized tools and use of the eNNRIMS-DHIS2 for data reporting in all the states of in the 36+1 states. This led to a significant expansion of the user base for eNNRIMS DHIS in Nigeria.

This assessment provided the opportunity for an extensive review of the DHIS2 implementation within NHS and the latitude of its improvement for optimality. We therefore recommend the expansion of the eNNRIMS DHIS2 based on best practices as follows:

a) Planning and Organizing

i. Structures for eNNRIMS Implementation

A DHIS Core Team of about 5 persons will be needed to administer the NHS Data Management System. The DCT will participate in DHIS2 Academies, and organize training and end-user support for various user groups in the country.

ii. Technical Steering Committee – to steer the coordination between the Non-Health and Health sectors. The steering committee will also be responsible for the coordination between NHS and other information systems such as NHMIS, NDR, and development partners for integration where necessary.

iii. Standardization for DHIS2 Implementation - Data collection needs: Which indicators are needed, what data variables will go into their calculation, and how should this data be collected? Design data elements, disaggregation categories, data sets, and collection forms.

Information for action (indicators, dashboards, other outputs): what are the information products the various users will need? Tables, charts, maps, dashboards. Routines for dissemination and sharing.

User management: Create user roles and groups, routines for managing users, define access to features, and appropriate sharing of content.

b) Integration efforts

DHIS2 implementation should look into integration and data exchange issues. This becomes critical for the harmonization of national indicators to monitor and track program performance. Integration should look into the harmonization of indicators, their sources, and the required data for their tracking. The third leg of integration should look into the issue of timeliness of data collection and reporting, to harmonize the process with that of the Health Sector.

DHIS2 governance document (roles by profile, how to change metadata and under what conditions) should be properly documented and shared with all units.

c) Equipment and Internet

One of the key challenges with DHIS2 implementation for NHS is inadequate equipment and infrastructure (especially computers, printers, and internet access connectivity). It is therefore recommended that more investment be made to address these at the national and sub-national levels. For computers, it should be noted that different categories of computers (desktops, laptops, tablets, and mobile phones) will be required for use at the different levels of NHS intervention. For this exercise, we will need to establish their availability and adequacy.

Efforts should also be made to consider Server and hosting alternatives for capacity, infrastructural constraints, legal framework, security, and confidentiality issues. Compatibility with third-party software such as Power BI for visualization and analytics should be taken into consideration. Also, options for mobile phone users and bulk SMS purchases directly from network providers should be given proper attention.

d) Capacity Building and Training

DHIS2 Core Team will need all the skillsets necessary for a sustainable, evolving system. This includes technical skills (DHIS2 adaptation, server maintenance), system knowledge (and architecture and design principles), organizational (integration strategies), and project management (organizing structured support and training).

To address the current knowledge gap in the management and use of DHIS2 at all levels, phased training on DHIS2 for all users should be carried out immediately. Training will typically be the largest investment in DHIS2 implementation over time. A plan should therefore be made to ensure that continuous training is given to categories of users of DHIS2 beginning from site-level training to advanced-level professionals offered through the DHIS2 Academy. A long-term training plan for new users and new system functionalities should be provided. All core DHIS2 staff at national and sub-national levels should be encouraged to be part of the DHIS2 Community of Practice.

DHIS2 Core Team should offer training relating to the implementation, and continuously thereafter to meet growing demands, system updates and staff turnover.

Adapting and developing training material and reference guides to reflect local information needs and local system content is important.

DHIS2 Core Team members should attend the regional/global DHIS2 Academy frequently (e.g. twice a year) to ensure high-quality training, continuous communication with the broader expert community, and to make sure the local team is up to date with new functionalities and enhancements in recent releases of the DHIS 2 platform. DHIS2 Core Team will be responsible for adapting and cascading this regional training curriculum to a broader group of users within the country.

e) Supervision and Regular Review of DHIS2 Implementation

To ensure sustainability and continuity, there shall be regular supervision and review of DHIS implementation to take care of needs that are not currently supported by DHIS2, an assessment of additional software development is necessary. These can be addressed locally by developing a custom web app or feed into the overall core platform development roadmap process. Issues around interoperability between the Health Sector DHIS2 platform and other information system platforms relevant to NHS such as NOMIS, NEMIS, etc. should be considered.

f) Hosting of eNNRIMS on the DHIS2 Platform

Although the hosting of the eNNRIMS DHIS2 platform does not pose any challenge during the time of the assessment, it is recommended that the hosting of the eNNRIMS DHIS2 platform be sustained on a national scale is a considerable undertaking that requires planning, provisioning, monitoring and management of potential complex hardware and/or cloud resources. Hosting plans should take into consideration the existing provisions of the Nigeria Data Protection Regulation (NDPR).

Capacity Development Plan for M&E System of the Non-Health Sector

During the assessment of the M&E system of the Non-Health Sector of the Response to HIV/AIDS in Nigeria, some critical issues were identified to serve as a bane for an effective system at the national and sub-national levels. A Capacity Development Plan was developed to address these gaps. The Plan seeks to address the identified key gaps, fostering improved collaboration among stakeholders within the Non-Health Sector, focusing on the development of a structured M&E plan, training of staff, resource mobilization, and improved stakeholder involvement. The Plan is presented in the matrix below:

National						
Objective 1: To create a structured framework that enhances project accountability and effectiveness, leading to improved outcomes and sustainable development. To facilitate collaboration among stakeholders through regular coordination meetings to align on goals. To enhance the integration and data-sharing capabilities between management information systems to facilitate seamless data flow across various sectors. To strengthen the capacity of personnel across various sectors of NHS to implement and evaluate NHS programs effectively.						
Expected Outcome(s): To increase transparency and informed decision-making, resulting in more effective resource allocation and enhanced program performance across various sectors. To improve data accuracy and accessibility, resulting in better-informed decision-making across non-health sectors. To foster stronger partnerships leading to better program implementation across non-health sectors. To Enhance competency and improve performance in program execution and evaluation processes, leading to more effective organizational outcomes in the non-health sector.						
Planned Activities		Endline	Responsible Organization (Person(s)	Supporting Organisation	Timeline	Cost
Main Activity	Sub-Activity				(Q1, Q2, Q3, Q4)	
Develop an M&E Plan	Define objectives and key performance indicators (KPIs)	2025-2027	NACA	IPs	Year 1 Q1	
	Identify data sources and collection methods					
	Establish roles and responsibilities for M&E					

Develop a Costed M&E Workplan	Draft a timeline for M&E activities	2025-2027	NACA	IPs	Year 1 Q1	
	Align M&E activities with overall project goals					
	Designate team members for each task					
	Estimate costs for each M&E activity					
	Identify funding sources and budget allocations					
	Create a financial tracking system					
Conduct mapping of Existing Platforms Relevant to Non-Health Sector	Conduct a landscape analysis of existing platforms	2025-2027	NACA/MSIT	IPs	Year 1 Q2	
	Identify key stakeholders in the non-health sector					
	Develop a report on findings and recommendations					
Develop a plan to achieve interoperability of NOMIS 3.0/GBV DB/NEMIS and NHS DHIS 2.0		2025-2027	NACA/MSIT/ FMoWA/ FMoE	IPs	Year 2 Q2	
	Develop and implement data exchange protocols to enable seamless data transfer between systems.					
	Conduct periodic reviews of the interoperability protocol's implementation to ascertain the data exchange's effectiveness and address any integration issues.					
	Train staff on database quality issues and feedback to enhance data assurance within the integrated data systems.					
	Monitor the data-sharing process to ensure ongoing data synergy and accuracy.					
Advocate for State Government Support to Strengthen SACAs, Led by the Director-	Outline specific objectives, key messages, and a timeline for advocacy efforts.	2025-2027	NACA	IP	Year 1 Q1	
	Arrange meetings between the DG NACA and state government leaders to discuss the importance of strengthening SACAs.					
	Create clear briefs and presentations that highlight the challenges SACAs face and the benefits of enhanced support.					

General of NACA	Collaborate with stakeholders to build support and enhance advocacy efforts.					
Institute a Data-Driven Decision-Making process for NHS	Conduct Regular Information Product Development Meetings	2025-2027	NACA	IPs	Year 1-3 Q1-Q4	
	Produce and Review Information Products					
		2025-2027	NACA	IP	Year 1-3 Q1-Q4	
Implement a Comprehensive Quality Assurance and Quality Improvement (QA/QI) Strategy for NHS to Resolve Data Quality Issues in Reporting	Conduct a Comprehensive Data Quality Assessment					
	Develop and Roll Out a QA/QI Framework					
	Establish Key Data Quality Indicators for Monitoring					
	Implement a regular Data Quality Review Process					
Conduct Regular coordination meetings among stakeholders to strengthen NHS	Organize National DHIS Review Meetings to evaluate the integration of data across various sectors, ensuring comprehensive assessment and collaboration among stakeholders.	2025-2027	NACA/FMoH/ FMoE/FMoWA /NCOS/IPs	NACA/FMoH/ FMoE/NCOS/IPs	Year 1-3 Q1-Q4	
	Organize Technical Working Group (TWG) meetings to evaluate specific non-health sector programs, ensuring thorough assessment and discussion.					
	Implement joint reviews of non-health sector programs with key stakeholders to ensure a comprehensive evaluation and alignment of objectives.					
	Strengthen the structure and effectiveness of data validation meetings at the state level to ensure consistent data quality.					
		2025-2027	NACA	IP	Year 1-3 Q1-Q4	
Conduct a series of targeted	Conduct workshops that provide an in-depth overview of each program area, focusing on					

training sessions to enhance understanding of reporting mechanisms across all program areas	objectives, key indicators, and how they relate to the DHIS. outline the roles and responsibilities of states in administering program areas to the appropriate IPs, including reporting processes Conduct sessions on how to effectively match program areas with the appropriate IPs, ensuring clarity on who is responsible for reporting what data. Introduce a framework for monitoring and evaluating the effectiveness of administration to IPs and the accuracy of reporting on DHIS, including key performance indicators.					
Conduct M&E Training to fill the knowledge gap	Create a comprehensive curriculum tailored to the specific M&E needs of SACAs, including guidelines, frameworks, and practical resources. Organize and deliver training sessions to equip SACA staff with the necessary skills and knowledge in M&E practices, focusing on practical applications	2025-2027	NACA	IPs	Year 3 Q2	
Sub-National						
Objective 1: To create a structured framework that enhances project accountability and effectiveness, leading to improved outcomes and sustainable development. To Strengthen the capacity of M&E personnel across various sectors of NHS to implement and evaluate NHS programs effectively.						
Expected Outcome(s): To increase transparency and informed decision-making, resulting in more effective resource allocation and enhanced program performance across various sectors. To enhance competency and improve performance in program execution and evaluation processes, leading to more effective organizational outcomes in the non-health sector.						
Planned Activities		Endline	Responsible Organisation (Person(s)	Supporting Organisation	Timeline	Cost
Activity	Sub-Activity				(Q1, Q2, Q3, Q4)	

Develop a state-specific M&E Plan for all states	Define objectives and key performance indicators (KPIs)	2025-2027	SACA	NACA/IP	Year 1 Q2	
	Identify data sources and collection methods					
	Establish roles and responsibilities for M&E					
Develop a state-specific costed M&E Work Plan	Draft a timeline for M&E activities	2025-2027	SACA	NACA/IP	Year 1 Q2	
	Align M&E activities with overall project goals					
	Designate team members for each task					
	Estimate costs for each M&E activity					
	Identify funding sources and budget allocations					
	Create a financial tracking system					
Conduct capacity Training Needs Assessment to Identify Skills Gaps and Inform Targeted Training Programs.	Establish clear goals for the assessment, focusing on specific skills and knowledge areas needed for effective program implementation	2025-2027	SACA	NACA/IP	Year 1-3 Q1-Q4	
	Create a detailed action plan outlining specific training programs, timelines, and responsible parties based on the assessment findings,					
	Establish mechanisms to monitor the effectiveness of the training programs and evaluate their impact on capacity building in the states.					
Conduct regular training on NHS DHIS 2.0 (eNNRIMS)/One Data Connect	Develop training curriculum and materials	2025-2027	SACA	NACA/IPs	Q3	
	Schedule training sessions for staff					
	Conduct hands-on training workshops					
	Gather feedback and assess training effectiveness					

Summary and Conclusion

The overarching goal of any M&E system is to provide quality data that will guide decisions in programme improvement, create learning opportunities, and demonstrate accountability. The assessment was conducted to achieve these for the NHS and support the drive for a stronger and more sustainable system.

The Non-Health Sector for the response to HIV and AIDS in Nigeria is growing steadily and its M&E component needs to be strengthened for it to be continually relevant and fit for purpose.

The outcomes of the assessment have led to the identification of inherent gaps and the imbalances of DHIS2 implementation between the Health and Non-Health Sectors, and the recommendations in the Capacity Development Plan will be succinctly attended to. Since the Health and Non-Health Sectors for HIV Response are like the two sides of a coin, the assessment has helped to identify the gaps, thus paving the way for harmonization of M&E systems of the Response. This document will serve both as an advocacy tool to all stakeholders (at national and sub-national levels), and a resource mobilization tool to willing partners.

We look forward to the immediate implementation of the recommendations both at the national and sub-national levels.

Recommendations

Component One – Organizational Structures

- Provide regular capacity-building opportunities for M&E staff; also develop context-specific M&E strategies and implement standard guidelines.
- NACA and SACAs to make plans for adequate funding for M&E infrastructure, programmes, and activities.
- Recruit full-time M&E staff to enhance sustainability.
- Revive Edo SACA.
- Identify innovative solutions for data collection in hard-to-reach areas (e.g., mobile technology) in the North-West zone.

Component Two: Human Capacity

- Conduct comprehensive staff skills and competency assessments immediately.
- Develop and implement human capacity development plans for all SACAs.
- Provide regular training, coaching, mentoring, and capacity-building opportunities.
- Recruit and retain an adequate number of skilled M&E personnel.
- NACA should support Gombe and Bauchi SACAs to implement their human capacity development plans.
- NACA to support SACAs to develop their M&E and human capacity development plans in the remaining 34+1 states.

Component Three- Partnerships

- Enhance SACA coordination and partnership through quarterly data validation meetings.
- Foster collaboration between SACAs, stakeholders, and non-health sectors; consider monthly data validation meetings instead of quarterly. Support some states (e.g. Borno) to establish this meeting.
- Establish clear roles and responsibilities for stakeholders.
- Develop a Memoranda of Understanding (MoU) among partners to promote ownership and commitment.
- NACA to build the capacity of SACAs on partnership and M&E coordination.

- Develop and implement partnership strategies and expand the current stakeholder base to include new ones.
- SACAs to advocate for M&E of NHS at the sub-national levels.
- NACA to engage and collaborate with UNESCO on their support to FLHE

Component Four – M&E Plan

- NACA to provide technical assistance for states to develop M&E plans.
- NACA should lead and guide states and entities in developing their M&E plans.
- Include the development of M&E Plan in the M&E training curriculum.
- Establish a Monitoring and Evaluation Framework for SSPs.

Component Five: Coste M&E Workplan

- NACA should develop a multi-year (2025-2027) National M&E plan with the Non-Health Sector activities well-articulated and also provide technical support to states to develop their state M&E plan.
- States should do more advocacy to ensure that their activities are well-funded – NACA should engage state government on this.
- The national and state costed M&E workplan should also be derived from the national and state M&E Plan respectively.
- SACAs to prioritize Resource Mobilization for M&E system strengthening.

Component Six: Advocacy, Communications and Culture

- The National M&E plan should have a chapter in Communication, Advocacy, and Culture for M&E that guides expectations and key results; this should be replicated for states.
- Periodic bulletins, policy briefs and factsheets on NHS achievements tailored to different target audiences such as policymakers, young persons, beneficiaries, etc. should be institutionalized at national and sub-national levels.
- The M&E Plan should contain a data release calendar that is developed with consideration for timelines for budgeting, funding, and programmatic decisions.

Component Seven: Routine Monitoring

- The M&E plan and costed M&E workplan should reinforce the principle that the entity that is funding an intervention is also responsible for all aspects of M&E implementation for the intervention, including the provision of tools.
- NACA to engage with FMoE to strengthen FLHE reporting.
- NACA to engage with FMWA on how to reflect NOMIS data on eNNRIMS - through states or FMWA.

Component Eight: Surveys and Surveillance

- NACA to encourage/support states to carry out survey and surveillance activities relevant to their level.

Component Nine: Database Structure

- Improve QA/QI strategy for NHS to address Quality control gaps. Data quality issues are prevalent in reported data.
- IT infrastructure should be purchased and made available to the states for data capture and other database use. The provision will address gaps in supply of IT equipment and supplies
- IT personnel should be recruited to manage database equipment by state. Database officer for the management of DHIS.
- The capacity of IT and M&E personnel should be built to enhance the effective maintenance of database infrastructure and use of tools
- Expand access to the eNNRIMS database to include IP and other partners for meaningful participation.

Component Ten: Supervision and Data Auditing

- Improve state organization's ability to financially support supportive supervisory visits to SDPs.
- Reports of supportive supervision should be disseminated to relevant stakeholders at the end of each cycle of supportive supervision visits to SDPs
- Development of the Capacity of personnel in the state to enable them to be able to conduct supportive supervisory visits and Data Quality Assessments.

- NACA to expand existing data management protocols and share with SACAs

Component Eleven: Evaluation and Research

- NACA to support states to develop an Evaluation and Research Agenda.

Component Twelve: Data Dissemination and Use

- NACA to establish a Data Demand and Use Strategy for the Non-Health Sector.
- Include Data Demand and Use in the M&E training curriculum.
- Provision of guidance by NACA to SACA on the development and dissemination of DHIS-related information products both manually and electronically.
- NACA to fast-track the full operationalization of its current Data Ecosystem.
- SACAs to consider a joint SRM with the Health Sector at the state level.

References

1. UNAIDS Monitoring and Evaluation Reference Group (MERG), 2009a. 12 Components Monitoring & Evaluation System Assessment. Guidelines to support the use of Standardized tools: 12 Components Monitoring and Evaluation System Strengthening Tool, Geneva: UNAIDS, 2009a.
2. International Bank for Reconstruction and Development/The World Bank, 2009. Making Monitoring and Evaluation Systems Work: A Capacity Development Toolkit/Marelize Gorgens and Judy Zall Kusek, 2010.
3. Federal Ministry of Health, 2020. Nigeria Health Information System Policy, 2020.
4. Federal Government of Nigeria. National Monitoring and Evaluation Policy of Nigeria, August 2022.
5. National Agency for the Control of AIDS (NACA), 2020. The National Response Information Management System Operational Plan III (2021 – 2025).
6. Federal Ministry of Women Affairs, 2023. Monitoring and Evaluation Plan for Vulnerable Children's Response in Nigeria, 2023 – 2030.
7. National Agency for the Control of AIDS, 2023. National HIV/AIDS Strategic Plan (2023 – 2027).
8. National Agency for the Control of AIDS (NACA), 2024. Rapid Assessment of M&E Systems and DHIS2 Implementation of the Non-Health Sector Response and Development of Capacity Development Plan; Technical Proposal by Samson Bamidele; July 2024.
9. National Agency for the Control of AIDS (NACA), 2024. National HIV/AIDS Operational Guide for the HIV Non-Health Sector M&E Reporting.

Appendices

Implementation Plan for the Assessment of NHS M&E System & DHIS Implementation in the NHS Response in Nigeria										
S/N	Main Activity	Sub Activity	Responsible	Locale	# of Days	Timeline				Remark
						Wk1	Wk2	Wk3	Wk4	
1	Desk Review (National)	1.1. Briefing, Team Formation & Orientation	Director RM&E, NACA	Abuja	1					This is a consultative process with key actors at the national level
		1.2. Identification & Collation of Reference Materials	Dr. Uduak							
		1.3. Consultations	Consultant		1					
		1.4. Review of NHS Documents	Consultant		1					
2	Desk Review (States)	2.1. In-briefing	Consultant/National Team	States	2					This is a consultative process with key actors at the state level
		2.2. Desk review	SACA PM							
		2.3. Debriefing	Consultant/National Team							
3	Dissemination of Report of the Desk Reviews:	3.1. Preparation of results of Desk Review	Consultant	Abuja/Virtual	2					Consultant working with NACA and other national level stakeholders
		3.2. Consultation with relevant stakeholders	Consultant							
4	Data abstraction from eNNRIMS DHIS	4.1. Abstract relevant data from the eNNRIM DHIS	NACA team	Abuja/Virtual	3					Consultants will work with NACA Team
		4.2. Analyse abstracted data	Consultant/NACA Team							
5	Design of Tools and Preparation for NHS M&E Assessment	5.1. Design MECAT for assessing M&E of NHS	Consultant/NACA Team	Abuja/Virtual	3					In concert with relevant national stakeholders through consultation
		5.2. Design KII Guide	Consultant/NACA Team							
		5.3. Review and Finalization of	All participants							

		MECAT and KII guide								
6	Deployment of Assessment Tool	6.1. Train all Assessors on the MECAT and the Assessment guide	Consultant	Virtual	5					This is a virtual training for all assessors on the tool and additional information on the assessment exercise.
		6.2. Assess the M&E component of NHS using MECAT in 36+1 states	National Team	States						Consultant and National team members will be allocated to states
		6.3. Assess the M&E component of NHS of relevant agencies at the national level		Abuja	1					Consultant and NACA Team to conduct this.
7	Report Writing Workshop	7.1. Collation and analysis of State reports	Consultant/National Team	Abuja	4					The consultant and National Team will engage all POC in the states.
		7.2. Report writing	National Team/Consultant	Abuja	5					
8	Dissemination Meeting	8.1. Submission of report to NACA	Consultant	Abuja	1					
		8.2. National dissemination meeting	Director RM&E, NACA		1					
					30					

Photos