

Populated Printable COP

Excluding To Be Determined Partners

2007

Nigeria

Country Contacts

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes

No

Description:

USG Nigeria Changes to the Five Year Strategy

The 2005 ANC showed a slight decline to 4.4%, with a rate of 4.6% in urban areas, and 3.9% in rural areas. An AIDS Indicator Survey (AIS) with biomarkers is planned with COP06 funds to complement the ANC data and will provide a clearer picture of the epidemic in the more generalized population. Focal areas for transmission continue to be in the South, along the Cameroonian border, and along transport corridors.

The geographic areas in which the USG is operates are negotiated annually with the Government of Nigeria (GON). We currently operate in over 20 states. Due to the increasing capacity to expand, the emerging networks of care that often develop across state borders and a growing discordance in services provided in states where PEPFAR provides support and those that it does not, more flexibility is needed in state and site selection. The USG team is negotiating new states with the GON and hopes to operate nationwide (36 States & the Federal Capital Territory) by FY08. The USG team is currently awaiting feed back on this request, and will adapt the approved strategy accordingly over the coming months.

Although Nigeria has made steady progress in reaching PEPFAR targets, the annual achievements have not hit the initially defined targets. A protracted start combined with the insufficient funding levels in early COP years contributed to the discordance between the initial strategy and the achieved targets. With judicious reprogramming and resource leveraging, USG Nigeria estimates that 126,000 direct ART targets will be achieved by COP07.

This represents a rapid increase from COP06, and will position Nigeria to achieve out year treatment targets. Through a strategic shift initiated in COP05, USG Nigeria is in a position, at a minimum, to achieve over 300,000 ART targets by the end of the COP08 period. This strategy involves a balance between scaling up targets and scaling out to new sites, and hinges on a recognition that the ability to rapidly increase ART targets relies both on the number of sites that are fully operational and on the number of individuals on treatment at any point in time. To eliminate the target deficit in Nigeria, the team has focused on extensive site build out while continuing to initiate large numbers of patients on therapy. This is combined with establishing networks of care so that patients can be referred up or down as necessary to efficiently manage rapid enrollment. The goal is to have a large number of sites fully operational, but not at maximum capacity going into the FY08 year. This should allow very rapid absorption at these sites and has allowed USG Nigeria to absorb large budgetary increases quickly through rapid target achievement.

An additional update to the 5 year strategy is the ratification of the National Strategic Framework in 2005, which now serves as the guiding policy document replacing the HEAP mentioned in the 5 year strategy.

A key implementation approach detailed in the 5 year strategy was to leverage the contributions of other donors. Two key issues have impeded the USG team's ability to fully execute this strategy. The first is the loss of the Global Fund to Fight AIDS, Tuberculosis and Malaria Round 1 grants for PMTCT and ART. Additionally the pre-election climate has had a chilling effect on other bilateral donors' willingness to contribute to establishing or scaling up HIV/AIDS interventions. As such, traditional partners have been reluctant to invest in new or ongoing programs until the future can be more readily discerned.

Changes to the staffing plan in the 5-year strategy are documented in the M&S Program Area Context and the Staffing Matrix.

Table 2: Prevention, Care, and Treatment Targets**2.1 Targets for Reporting Period Ending September 30, 2007**

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 1,145,545			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		12,986	3,709	16,695
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		198,349	105,960	304,309
Care				
	End of Plan Goal: 1,750,000			
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		237,039	56,000	293,039
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		29,757	11,200	40,957
Number of OVC served by OVC programs		122,828	0	122,828
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		631,839	20,000	651,839
Treatment				
	End of Plan Goal: 350,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		102,531	20,000	122,531

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 1,145,545			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		28,114	7,070	35,184
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		497,222	201,340	698,562
Care				
	End of Plan Goal: 1,750,000			
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		576,498	66,335	642,833
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		46,451	10,067	56,518
Number of OVC served by OVC programs		78,370	10,500	88,870
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		1,413,753	100,000	1,513,753
Treatment				
	End of Plan Goal: 350,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		237,008	30,167	267,175

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PHRPlus

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5270
Planned Funding(\$): \$ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: ABT Associates
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4161

Planned Funding(\$): \$ 1,025,000.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: Africare

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 485,000.00

Early Funding Request Narrative: Care and Support: \$110,000

Africare will continue C&S services which commenced in COP06 in Lagos and Rivers states in COP07. In COP07, Africare will work with additional three (3) primary health care facilities for the provision of HIV care and support services.

The scale up in C&S activities will require more funding and support to Africare's partner organizations and health facilities working in the project. The project will procure basic care kits and palliative care materials and supplies. Africare's funding mechanism type is "headquarters", and due to the time needed to process funds release and local transfer, Africare therefore requests for early funding in COP07 for the care and support activities for effective project implementation.

TB/HIV: \$25,000

In COP07, Africare will expand activities in the health facilities where HIV C&T is carried out to include tuberculosis (TB) program. Africare will work with additional three (3) primary health care facilities for the HIV C&T, which will include screening/diagnosis for TB and referrals for treatment.

Africare is a new USG partner in HIV-TB area and will require funding and support to project partner organizations and health facilities to integrate TB-HIV activities. To ensure standardized practice, staff and partners will be trained at the initial point and subsequently at different levels. Project will procure materials and supplies to support already existing TB programs in project facilities.

C&T: \$350,000

The scale up in C&T project activities will require more funding and support to organizations and health facilities in partnership with Africare. To ensure standards in project implementation, project will carry out different trainings through out the year. Several procurements and supplies will be made, which the project needs to carry out HIV C&T services.

Early Funding Associated Activities:

Program Area:HBHC - Basic Health Care and Support

Planned Funds: \$375,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in Counseling & Testing (#6673), TB/HI

Program Area:HVCT - Counseling and Testing

Planned Funds: \$550,000.00

Activity Narrative: ACTIVITY DESCRIPTION: In COP07, Africare will provide HIV C&T services at 8 service outlets (5 in C

Program Area:HVTB - Palliative Care: TB/HIV

Planned Funds: \$100,000.00

Activity Narrative: ACTIVITY DESCRIPTION Africare's TB-HIV program is also related to Basic Care and Support (6672), Cou

Sub-Partner: Society for Women And AIDS in Africa
Planned Funding: \$ 17,051.67

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Peculiar Peoples Ministry
Planned Funding: \$ 17,051.67

Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Sub-Partner: Rhema Care Partners
Planned Funding: \$ 17,051.66

Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Mechanism Name: APHL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6173
Planned Funding(\$): \$ 350,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American Public Health Laboratories
New Partner: Yes

Mechanism Name: HHS/CDC Track 2.0 - ASCP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5272
Planned Funding(\$): \$ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American Society of Clinical Pathology
New Partner: Yes

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5332
Planned Funding(\$): \$ 1,920,422.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: Track 2.0

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4162

Planned Funding(\$): \$ 19,131,328.00

Agency: HHS/Health Resources Services Administration

Funding Source: GHAI

Prime Partner: Catholic Relief Services

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 6,876,513.00

Early Funding Request Narrative: LAB: \$350,000

The procurement, delivery, installation of lab equipment plus training of lab personnel takes at least 4 months prior to delivery of lab services.

PMTCT: \$112,500

Early funding will ensure continuum of care at current and new LPTFs, an uninterrupted supply of PMTCT services and avoid interruptions.

Safe Injections: \$6,250

Early funding will provide services for the first quarter and ensure the scale up of safe injection services.

TB/HIV: \$133,432.75

Early funding will ensure continuity of care at all of our COP06 LPTFs and for the new COP07 ones that will be brought on board during this quarter.

OVC: \$72,000

Previous funding enabled us to work in 3 LPTFs. We need to scale up in all of our current COP06 LPTFs and start activities with the COP07 LPTFs early in the year.

CT: 308,750

To meet COP 07 ART targets, we will scale up VCT activities as early as possible. Early funds enable training activities for new LPTFs and salary support for FBOs.

ARV Services: 1,300,000

To continue our supply chain for lab reagents, prevent ARV drug stock out, and ensure that all ART services are un-interrupted, early funding is required.

SI: 100,000

Early funding is required to continue IT support for all of our LPTFs including the purchase of computers and hardware plus the installation of software for data analysis.

ARV Drugs: \$3,420,000

To keep our supply chain and prevent stock out of ARVs, early funding is required to procure drugs and ensure a continuous pipeline for ARVs (since orders and payments for ARVs must be placed 6 months in advance).

Care and Support: \$1,048,080.

Early funding will be used to train 315 health care workers and increase the capacity at LPTFs to diagnose and manage common OIs.

Blood Safety:

Early funding is required to procure commodities and other related services for the first quarter since we have not been providing extensive blood safety services at most of our current LPTFs.

Early Funding Associated Activities:

Program Area:HVSI - Strategic Information
Planned Funds: \$400,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity relates to all HIV/AIDS activities particularly PMTCT (#6683), Ba

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$1,630,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This activity relates to activities in PMTCT (#6683), HKID (#6679), HMBL (#667

Program Area:HMBL - Blood Safety
Planned Funds: \$0.00
Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG. ACTIVITY DESCRIPTION This

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$1,033,750.00
Activity Narrative: ACTIVITY DESCRIPTION This activity will be linked to activities in Basic Care and Support HBHC (667

Program Area:HTXS - ARV Services
Planned Funds: \$5,457,211.00
Activity Narrative: Track 1 and 2 funds are combined for this activity ACTIVITY DESCRIPTION This activity relates to act

Program Area:HKID - OVC
Planned Funds: \$288,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity is also linked to HMBL (6676), HVTB (6677), HVCT (6681), HTXD (66

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: \$2,019,342.00
Activity Narrative: ACTIVITY DESCRIPTION This activity relates to MTCT (6683), HMBL (6684), HVTB (6677), HKID (6679), HV

Program Area:HVCT - Counseling and Testing
Planned Funds: \$1,025,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in ARV services (#6678), ARV drugs (#6

Program Area:MTCT - PMTCT
Planned Funds: \$1,150,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in counseling & testing (#6681), Care

Program Area:HMIN - Injection Safety
Planned Funds: \$25,000.00
Activity Narrative: ACTIVITY DESCRIPTION AIDSRelief (AR) local partner treatment facilities (LPTFs) consist largely o

Program Area:HTXD - ARV Drugs
Planned Funds: \$6,103,025.00
Activity Narrative: ACTIVITY DESCRIPTION AIDSRelief will procure ARV drugs in COP07 to treat 18,304 patients including 1

Sub-Partner: Faith Alive, Jos
Planned Funding: \$ 587,768.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Al-Noury, Kano City

Planned Funding: \$ 248,988.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Vincent De Paul Hospital, Kubwa

Planned Funding: \$ 226,562.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Ahmadiyyah Hospital, Kano City

Planned Funding: \$ 115,633.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Grimard Catholic Hospital, Ayingba
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Holy Rosary Hospital, Onitsha
Planned Funding: \$ 73,136.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Camillus Hospital, Uromi

Planned Funding: \$ 123,490.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Gerard's Hospital, Kaduna
Planned Funding: \$ 339,219.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Louis Hospital, Zonkwa
Planned Funding: \$ 114,138.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Vincent's Hospital, Aliade
Planned Funding: \$ 138,069.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Our Lady of Lourdes Hosp. Ihiala
Planned Funding: \$ 89,861.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Faith Mediplex, Benin City
Planned Funding: \$ 108,816.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Evangel Hospital, Jos
Planned Funding: \$ 391,455.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Mary's Hospital, Nigeria
Planned Funding: \$ 411,589.61
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Our Lady of Apostles, Jos
Planned Funding: \$ 177,250.71
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Plateau State Specialist Hospital, Jos

Planned Funding: \$ 234,035.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Regina Caeli Maternity Hospital Awka
Planned Funding: \$ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Institute of Human Virology, Nigeria
Planned Funding: \$ 4,017,764.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Constella Futures
Planned Funding: \$ 750,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Bishop Murray Medical Center, Makurdi

Planned Funding: \$ 141,521.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Kizito Clinic, Lekki Idi-Araba
Planned Funding: \$ 165,026.71
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Theresa's Clinic, Amukoko
Planned Funding: \$ 168,226.71
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Sabina DOC
Planned Funding: \$ 168,226.71

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Monica Hospital, Adikpo

Planned Funding: \$ 134,967.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Anthony Catholic Hospital, Zaki-biam

Planned Funding: \$ 41,010.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Luke's, Zaria

Planned Funding: \$ 176,391.90

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. John's Catholic Hospital, Kabba

Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Muslim Hospital, Saki

Planned Funding: \$ 177,330.71

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Amahdiya Muslim Hospital

Planned Funding: \$ 165,391.52

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HMIN - Injection Safety
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXD - ARV Drugs
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Community Support and Development Initiative

Planned Funding: \$ 77,009.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Ancilla Hospital

Planned Funding: \$ 15,000.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: El Gilead, Lagos

Planned Funding: \$ 15,000.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: St. Thomas Hospital, Ihugh

Planned Funding: \$ 22,000.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Father Mathias, Benue

Planned Funding: \$ 22,000.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Family Support Center, Makurdi
Planned Funding: \$ 22,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: St. Catherine's Hospital
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Michael Hospital
Planned Funding: \$ 15,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: St. Joseph Hospital
Planned Funding: \$ 48,559.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Holy Family Medical Center, Lagos
Planned Funding: \$ 15,000.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Evangelic Reform Church of Christ Alushi, Nasarrawa
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Muslim Specialist Hospital, Zaria
Planned Funding: \$ 15,000.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Evangelical Church of West Africa Hospital, Egbe
Planned Funding: \$ 22,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Spring of Life, Los
Planned Funding: \$ 15,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Annunciation Specialist Hospital, Emene, Enugu
Planned Funding: \$ 130,003.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Gembu Center for AIDS Advocacy, Nigeria
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Holy Rosary Hospital Emekuku, Imo
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Mother of Christ Hospital Specialist, Enugu
Planned Funding: \$ 75,410.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: Our Lady of Apostles, Akwanga
Planned Funding: \$ 89,398.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Francis Jambutu, Yola
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St. Mary's Okpoga, Otupo

Planned Funding: \$ 117,016.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Sub-Partner: St Patrick's Hospital, Mile Four, Abakiliki

Planned Funding: \$ 61,581.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HMBL - Blood Safety
HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure
HVSI - Strategic Information

Mechanism Name: 7 Dioceses

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4163
Planned Funding(\$): \$ 3,320,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Archdiocese of Abuja
Planned Funding: \$ 97,308.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Archdiocese of Benin City
Planned Funding: \$ 156,968.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Diocese of Idah, Nigeria
Planned Funding: \$ 66,324.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Archdiocese of Jos
Planned Funding: \$ 86,380.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Archdiocese of Kaduna
Planned Funding: \$ 93,064.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Diocese of Kafanchan, Nigeria
Planned Funding: \$ 89,763.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Diocese of Lafia, Nigeria

Planned Funding: \$ 89,651.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Diocese of Minna, Nigeria

Planned Funding: \$ 31,430.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HVSI - Strategic Information

Sub-Partner: Diocese of Makurdi, Nigeria

Planned Funding: \$ 71,650.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Diocese of Otukpo, Nigeria

Planned Funding: \$ 60,417.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Virgilius Memorial Health Centre, Namu

Planned Funding: \$ 24,140.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: St. Mathias, Naka

Planned Funding: \$ 27,499.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: St. Thomas Hospital, Ihugh

Planned Funding: \$ 29,928.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Irruan Antenatal Clinic, Bankpor
Planned Funding: \$ 22,867.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: St. Kizito Clinic, Lekki Idi-Araba
Planned Funding: \$ 56,961.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Divine Mercy, Minna
Planned Funding: \$ 20,290.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: St. Elizabeth, Vandekiya
Planned Funding: \$ 26,403.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Adoka Maternity, Adoka
Planned Funding: \$ 70,632.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Ancilla Hospital
Planned Funding: \$ 21,906.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Mile 4 Catholic Hospital, Abakaliki
Planned Funding: \$ 27,906.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Evangelical Church of West Africa Hospital, Egbe
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding: \$ 101,126.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVMS - Management and Staffing

Sub-Partner: Grimand Catholic Hospital, Ayangba
Planned Funding: \$ 52,980.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: St. Anthony Catholic Hospital, Zaki-biam
Planned Funding: \$ 33,935.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: St. Kizito Clinic, Idi-Araba
Planned Funding: \$ 34,607.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Mechanism Name: OVC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4164
Planned Funding(\$): \$ 2,050,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding: \$ 166,929.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Archdiocese of Abuja
Planned Funding: \$ 144,041.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Archdiocese of Benin City
Planned Funding: \$ 140,758.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Idah, Nigeria
Planned Funding: \$ 43,052.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Archdiocese of Jos
Planned Funding: \$ 79,978.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Archdiocese of Kaduna
Planned Funding: \$ 70,114.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Kafanchan, Nigeria
 Planned Funding: \$ 88,385.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Lafia, Nigeria
 Planned Funding: \$ 85,940.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Minna, Nigeria
 Planned Funding: \$ 62,553.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Makurdi, Nigeria
 Planned Funding: \$ 118,929.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Diocese of Otukpo, Nigeria
 Planned Funding: \$ 100,553.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: APS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5267
Planned Funding(\$): \$ 7,170,750.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Centre for Development and Population Activities
New Partner: Yes

Sub-Partner: Women and Children of Hope
 Planned Funding: \$ 14,040.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
 HVOP - Condoms and Other Prevention
 HBHC - Basic Health Care and Support

Sub-Partner: Church of Nigerian Anglican Communion , Lagos West Diocese
 Planned Funding: \$ 13,574.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Anglican Diocese of Gwagwalada
Planned Funding: \$ 16,437.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Ummah Support Group
Planned Funding: \$ 13,756.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Federation of Muslim Women Associations of Nigeria
Planned Funding: \$ 16,410.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Raham Bauchi
Planned Funding: \$ 16,871.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Taimako Support Group, Kano
Planned Funding: \$ 23,777.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Council for Positive People, Kano
Planned Funding: \$ 14,787.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Society for Women and AIDS in Africa, Edo, Nigeria
Planned Funding: \$ 13,892.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Keep Hope Alive, Edo
 Planned Funding: \$ 13,597.00
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Areas: HVAB - Abstinence/Be Faithful
 HVOP - Condoms and Other Prevention
 HBHC - Basic Health Care and Support

Sub-Partner: Presbyterian Community Services and Development
 Planned Funding: \$ 12,845.00
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Areas: HVAB - Abstinence/Be Faithful
 HVOP - Condoms and Other Prevention
 HBHC - Basic Health Care and Support

Sub-Partner: Positive Development Foundation
 Planned Funding: \$ 13,869.00
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Areas: HVAB - Abstinence/Be Faithful
 HVOP - Condoms and Other Prevention
 HBHC - Basic Health Care and Support

Sub-Partner: Hopegivers Organization, Anambra
 Planned Funding: \$ 8,578.00
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Areas: HVAB - Abstinence/Be Faithful
 HVOP - Condoms and Other Prevention
 HBHC - Basic Health Care and Support

Sub-Partner: Save the World Organization, Anambra
 Planned Funding: \$ 15,810.00
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Program Areas: HVAB - Abstinence/Be Faithful
 HVOP - Condoms and Other Prevention
 HBHC - Basic Health Care and Support

Sub-Partner: AIDS Program for Muslim Ummah
 Planned Funding:
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Areas: HVAB - Abstinence/Be Faithful
 HBHC - Basic Health Care and Support

Sub-Partner: Anglican Communion HIV/AIDS Program, Abuja
 Planned Funding:
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Areas: HVAB - Abstinence/Be Faithful
 HBHC - Basic Health Care and Support

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4165
Planned Funding(\$): \$ 175,665.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Christian Aid
New Partner: No

Mechanism Name: APS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5266
Planned Funding(\$): \$ 1,634,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Christian Aid
New Partner: No

Sub-Partner: Gospel Health and Development Services
Planned Funding: \$ 60,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Anglican Diocesan Development Services
Planned Funding: \$ 60,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Association of Women with HIV/AIDS in Nigeria
Planned Funding: \$ 23,093.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5273
Planned Funding(\$): \$ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Clinical and Laboratory Standards Institute
New Partner: Yes

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4166

Planned Funding(\$): \$ 15,075,702.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: Columbia University Mailman School of Public Health

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 2,600,000.00

Early Funding Request Narrative: ARV Drugs: \$1,000,000

For both new and ongoing sites an assured supply of ART are required. ICAP Nigeria orders ART via UNICEF Supply Division. Payment is required prior to ART orders being placed with manufacturers. Once an order is placed delivery time can take up to 3 months. For this reason ICAP-Nigeria requests an early release of funds.

ARV Services: \$1,000,000

HIV/AIDS care and treatment, including ARV services will expand in COP07 to seven (7) additional ART Services sites. Most of them will require substantial infrastructural renovations. One key lesson learned in COP 06 for these activities, particularly those involving infrastructure support, is that considerable lead-time is required for planning and execution.

For both new and ongoing sites, the patients enrolled in the ARV services program require initial/ongoing clinical and laboratory services to either start them on ARV drugs or and monitor response to treatment, screen for toxicity, and manage new and ongoing medical problems, such as opportunistic infection. Advance preparation of a facility facilitates high quality care as well as rapid expansion of ART services.

Lab: 600,000

In COP07, lab services including HIV testing, immunologic monitoring, chemistry, and hematology will be expanded to 7 secondary hospital labs. One key lesson learned in COP 06 was the need for early planning and execution. Similarly, purchase of laboratory machines frequently requires advance payment.

Most of the General Hospitals being provided with support did not have running water or adequate electricity. Space and infrastructure were also deficient. Consequently, there is need to provide basic infrastructure support, renovation and reorganization of laboratory and phlebotomy space, procurement of reagents, consumables, manual and automated machines, training, and ongoing supervision.

Early Funding Associated Activities:

Program Area:HTXS - ARV Services

Planned Funds: \$4,300,560.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to Palliative Care (#6697), OVC (#6694), VCT (#6695), PMT

Program Area:HTXD - ARV Drugs

Planned Funds: \$4,845,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity is linked to Counseling and Testing (#6695), PMTCT (#6699), ARV s

Program Area:HLAB - Laboratory Infrastructure

Planned Funds: \$1,410,000.00

Activity Narrative: ACTIVITY DESCRIPTION (6693): This activity also relates to activities in ART (6690), HBHC (6697), OV

Sub-Partner: Women and Children of Hope

Planned Funding: \$ 50,000.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Catholic Action Committee on AIDS Hospitals
Planned Funding: \$ 39,037.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Mother's Welfare Group, Kaduna
Planned Funding: \$ 64,692.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Sustainable Health Initiative
Planned Funding: \$ 5,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Catholic Relief Services
Planned Funding: \$ 372,076.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Pathfinder International
Planned Funding: \$ 329,996.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Safe Blood for Africa Foundation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMBL - Blood Safety

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Sub-Partner: General Hospital Ogoja

Planned Funding: \$ 86,167.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: United Nations Children's Fund
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Areas: HKID - OVC

Sub-Partner: Partnership for Supply Chain Management
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: HTXD - ARV Drugs

Sub-Partner: HIV/AIDS Restoring Hope and Lives Trust Nigeria
Planned Funding: \$ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Tulsi Chanrai Foundation
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Ganty's AIDS for Widows, Orphans, and Needy Foundation
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Rekindle Hope
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Fantsuam Foundation
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Grassroots HIV/AIDS Counselors
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Association for Reproductive and Family Health
Planned Funding: \$ 207,219.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC
HVMS - Management and Staffing

Sub-Partner: Southern Kaduna Support
Planned Funding: \$ 10,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Catholic Archdiocese of Ogoja
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Gwamna Awan Hospital, Kaduna
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Yusuf Dan Tsoho Hospital, Kaduna
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing
HTXS - ARV Services

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4182

Planned Funding(\$): \$ 0.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)

New Partner: Yes

Mechanism Name: GHAIN**Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4167**Planned Funding(\$):** \$ 54,809,545.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Family Health International**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 15,226,473.00**Early Funding Request Narrative:** GHAIN is requesting the early release of \$15,226,473 to ensure continuation of existing projects beyond March 2007 and initiate new activities in support of proposed projects for COP 07.

The early release of funds request includes \$7,489,125 or 50 percent of the amounts budgeted for commodities in the following program elements: safe injection (10,000); blood safety (20,000); prevention of mother to child transmission (PMTCT) - (698,673); care and support (943,090); orphans and vulnerable children (OVC) - (103,455); adult drugs (4,552,836); paediatric drugs (505,871); and laboratory infrastructure (655,200.)

The early release of funds request also includes \$7,737,348 being 25 per cent of total operational costs for the initial COP 07 period of three months, covering all program elements. Funds required under this category include the following: safe injection (26,250); blood safety (88,750); condoms and other prevention (500,000); PMTCT (225,664); counselling and testing (667,656); care and support (345,006); TB-HIV (383,582); OVC (128,272); adult drugs (761,082); paediatric drugs (84,565); adult ART services (3,174,121); paediatric ART services (67,500); laboratory infrastructure (722,400); and strategic information (562,500.)

Early Funding Associated Activities:

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$2,283,000.00
Activity Narrative: ACTIVITY DESCRIPTION: The goal of the tuberculosis (TB) component is to reduce the burden of TB and

Program Area:HKID - OVC
Planned Funds: \$1,115,000.00
Activity Narrative: Reprogramming 9/07: CEDPA will provide non-clinical services for each OVC supported by GHAIN in thos

Program Area:HVCT - Counseling and Testing
Planned Funds: \$4,307,795.00
Activity Narrative: ACTIVITY DESCRIPTION: The Global HIV/AIDS Initiative Nigeria (GHAIN) will provide counselling and t

Program Area:HTXS - ARV Services
Planned Funds: \$15,540,370.00
Activity Narrative: ACTIVITY DESCRIPTION With support from the Emergency Plan through United States Agency for Internat

Program Area:HVSI - Strategic Information
Planned Funds: \$2,150,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity relates to PMTCT (#6706), Basic Care and Support (#6708); TB-HIV

Program Area:HTXD - ARV Drugs
Planned Funds: \$15,540,370.00
Activity Narrative: ACTIVITY DESCRIPTION This activity has several components namely: forecasting and procurement, inven

Program Area:MTCT - PMTCT
Planned Funds: \$3,635,000.00
Activity Narrative: ACTIVITY DESCRIPTION: Prevention of mother to child transmission (PMTCT) services will continue to

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: \$2,290,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in VCT (#6702), ARV services (#6703),

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$3,013,750.00
Activity Narrative: ACTIVITY DESCRIPTION The GHAIN PC in the focal states relates to activities in GHAIN 3.3.10 (6705),

Program Area:HLAB - Laboratory Infrastructure
Planned Funds: \$4,809,260.00
Activity Narrative: ACTIVITY DESCRIPTION ACTIVITY DESCRIPTION The Global HIV/AIDS Initiative Nigeria (GHAIN) laborator

Program Area:HMBL - Blood Safety
Planned Funds: \$0.00
Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG. ACTIVITY DESCRIPTION This

Program Area:HMIN - Injection Safety
Planned Funds: \$125,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This activity is linked to Medical transmission/Blood Safety (#6710) Condom an

Sub-Partner: Axios Foundation
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Howard University
Planned Funding: \$ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Central Hospital Auchi, Edo
Planned Funding: \$ 61,473.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Central Hospital Uromi, Edo
Planned Funding: \$ 16,802.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Lagos Island Maternity Hospital, Lagos
Planned Funding: \$ 70,071.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Society for Women And AIDS in Africa
Planned Funding: \$ 505,632.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Life Link Organization
Planned Funding: \$ 77,158.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Murtala Mohammed Specialist Hospital
Planned Funding: \$ 150,947.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Massey St. Children's Hospital, Lagos
Planned Funding: \$ 79,814.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: General Hospital Onitsha
Planned Funding: \$ 116,156.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Holy Rosary Maternity Hospital Onitsha
Planned Funding: \$ 14,440.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT

Sub-Partner: St. Mary's Hospital, Nigeria
Planned Funding: \$ 62,656.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HMBL - Blood Safety
HVTB - Palliative Care: TB/HIV
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: General Hospital Abaji
Planned Funding: \$ 16,985.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: District Hospital Maitama
Planned Funding: \$ 84,498.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Nigerian Custom Hospital, Karu
Planned Funding: \$ 16,985.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Nyanya
Planned Funding: \$ 16,985.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Wudil General Hospital
Planned Funding: \$ 25,185.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HKID - OVC
HTXS - ARV Services

Sub-Partner: Sabo Bakin Zuwo Hospital
Planned Funding: \$ 21,477.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Calabar
Planned Funding: \$ 185,604.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Central Hospital Benin
Planned Funding: \$ 109,017.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: General Hospital Wuse
Planned Funding: \$ 56,668.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Lagos Mainland General Hospital, Lagos
Planned Funding: \$ 144,698.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: General Hospital Ekwulobia, Anambra
Planned Funding: \$ 48,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Awka, Anambra
Planned Funding: \$ 77,476.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital, Ugep, Yakurr L.G.A
Planned Funding: \$ 238,086.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Holy Family Catholic Hospital Ikom
Planned Funding: \$ 123,973.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Notre Dame Hospital
Planned Funding: \$ 14,440.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Kubwa
Planned Funding: \$ 64,835.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Surulere General Hospital
Planned Funding: \$ 33,172.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: General Hospital Gwarzo, Kano
Planned Funding: \$ 27,316.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Nuhu Bamalli Hospital
Planned Funding: \$ 23,948.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Ajeromi, Lagos
Planned Funding: \$ 61,496.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Badagry, Lagos
Planned Funding: \$ 71,085.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Epe, Lagos
Planned Funding: \$ 25,897.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Ikorodu, Lagos
Planned Funding: \$ 73,909.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Isolo, Lagos
Planned Funding: \$ 61,517.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Infectious Disease Hospital, Kano
Planned Funding: \$ 259,754.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Family Health International
Planned Funding: \$ 2,250,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVSI - Strategic Information

Sub-Partner: General Hospital, Obanliku
Planned Funding: \$ 64,397.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: MTCT - PMTCT
HMBL - Blood Safety
HKID - OVC
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital, Akpet
Planned Funding: \$ 51,929.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT
HTXS - ARV Services

Sub-Partner: Primary Health Centre, Ikot Omin
Planned Funding: \$ 14,957.00

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Primary Health Centre, Ofatura
Planned Funding: \$ 14,957.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: National Union of Road Transport Workers, Nigeria
Planned Funding: \$ 230,078.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Salvation Army
Planned Funding: \$ 187,535.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Apapa Comprehensive Health Center, Lagos
Planned Funding: \$ 26,095.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Ebute Meta Health Center
Planned Funding: \$ 27,901.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Igando Ikotun Primary Health Care Center, Lagos

Planned Funding: \$ 25,724.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Gbagada, Lagos
Planned Funding: \$ 27,439.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mushin Primary Health Care Clinic, Lagos
Planned Funding: \$ 29,742.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Fortress for Women
Planned Funding: \$ 97,581.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: General Hospital Kura, Kano
Planned Funding: \$ 48,780.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Danbatta, Kano
Planned Funding: \$ 26,679.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: St. Charles Borromeo
Planned Funding: \$ 111,471.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Redeemed Christian Church of God - Lagos, Nigeria
Planned Funding: \$ 198,299.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Lagos State AIDS Control Agency
Planned Funding: \$ 80,361.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: All Saints Clinic, Abuja
Planned Funding: \$ 81,344.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Bwari
Planned Funding: \$ 62,421.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Catholic Action Committee on AIDS Hospitals
Planned Funding: \$ 132,163.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Kuje
Planned Funding: \$ 62,441.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Kwali
Planned Funding: \$ 56,668.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: State Action Committee on AIDS Kano
Planned Funding: \$ 52,267.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Anambra State Action Committee
Planned Funding: \$ 59,440.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: ECWA Clinic and Maternity
Planned Funding: \$ 45,621.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Tiga General Hospital
Planned Funding: \$ 52,279.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Hasiya Bayero Pediatric Hospital
Planned Funding: \$ 52,279.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Matage Health Center, Kano State
Planned Funding: \$ 52,940.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Sheikh Mohammed Jidda Hospital
Planned Funding: \$ 27,316.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: St. Louis Catholic and Maternity Raham Rawun
Planned Funding: \$ 53,441.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Specialist Hospital Ossiomo
Planned Funding: \$ 24,678.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: General Hospital Iruokpen
Planned Funding: \$ 48,623.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Federal Polytechnic Oko Medical Center
Planned Funding: \$ 29,806.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Edel Trant Community Hospital Nkpologu
Planned Funding: \$ 54,132.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Nwafor Orizu College of Education Medical Center Nsugbe
Planned Funding: \$ 24,894.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Oriade Primary Health Centre
Planned Funding: \$ 31,951.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Orile Agege General Hospital
Planned Funding: \$ 31,224.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Comprehensive Health Centre Ikom, Cross River
Planned Funding: \$ 24,751.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Presbyterian Tuberculosis and Leprosy Hospital Mbembe
Planned Funding: \$ 23,524.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: St. Benedict Tuberculosis and Leprosy Hospital Moniaya-Ogoja
Planned Funding: \$ 28,157.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Calabar Medical Centre
Planned Funding: \$ 22,547.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: St. Mary's Catholic Hosp. Gwagwalada
Planned Funding: \$ 142,326.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Nnewi Diocesan Hospital, Nnewi
Planned Funding: \$ 31,980.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Regina Mundi Catholic Hospital, Mushin
Planned Funding: \$ 39,342.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Lutheran Hospital Yahe, Yala
Planned Funding: \$ 21,475.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Nigerian Armed Forces Program on HIV/AIDS Control
Planned Funding: \$ 19,582.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Primary Health Center Utanga, Obanliku
Planned Funding: \$ 14,957.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: St. Philomena Catholic Hospital, Benin
Planned Funding: \$ 40,123.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Crusade for Greater Nigeria
Planned Funding: \$ 31,537.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: General Hospital Lagos
Planned Funding: \$ 43,755.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Primary Health Center Ikot Okpora, Biase
Planned Funding: \$ 16,102.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Primary Health Care, Boki
Planned Funding: \$ 16,012.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Primary Health Center Efraya, Etung
Planned Funding: \$ 53,268.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Primary Health Center Obudu Ranch, Obaniku
Planned Funding: \$ 8,485.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: National Union of Road Transport Workers Edo
Planned Funding: \$ 37,887.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: National Union of Road Transport Workers FCT
Planned Funding: \$ 33,080.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Planned Parenthood Federation of Nigeria
Planned Funding: \$ 39,390.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Nka Iban Uko
Planned Funding: \$ 32,040.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Society Against the Spread of AIDS
Planned Funding: \$ 31,928.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: General Hospital Oju
Planned Funding: \$ 102,909.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Gboko
Planned Funding: \$ 102,909.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Katsina-Ala
Planned Funding: \$ 102,909.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Oban
Planned Funding: \$ 36,636.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services

Sub-Partner: General Hospital Obubra
Planned Funding: \$ 38,545.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services

Sub-Partner: General Hospital Akampa
Planned Funding: \$ 37,705.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mambilla Baptist Hospital, Gembu
Planned Funding: \$ 119,245.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: First Referral Hospital, Mutum-Biyu
Planned Funding: \$ 102,456.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Zing
Planned Funding: \$ 102,456.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Kontagora
Planned Funding: \$ 103,909.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Suleja
Planned Funding: \$ 106,829.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Minna
Planned Funding: \$ 104,607.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Wukari
Planned Funding: \$ 102,756.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Mohammed Abdullahi Wase Hospital
Planned Funding: \$ 21,477.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Enugwe Ukwu
Planned Funding: \$ 21,101.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Regina Caeli Maternity Hospital Awka
Planned Funding: \$ 42,805.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Immaculate Heart Hospital and Maternity Nkpor
Planned Funding: \$ 43,354.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Iyi Enu Hospital
Planned Funding: \$ 42,805.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: General Hospital Ankpa
Planned Funding: \$ 166,305.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: District Hospital, Agbani
Planned Funding: \$ 166,305.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: District Hospital, Udi
Planned Funding: \$ 166,305.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: District Hospital, Enugu Ezike
Planned Funding: \$ 164,717.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Obi
Planned Funding: \$ 170,122.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital Nassarawa
Planned Funding: \$ 170,122.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Federal Medical Center, Jalingo
Planned Funding: \$ 160,026.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital, Bali
Planned Funding: \$ 175,549.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital, Oji River
Planned Funding: \$ 32,229.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital, Biu
Planned Funding: \$ 173,594.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital, Bama
Planned Funding: \$ 181,228.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: State Specialist Hospital, Maiduguri
Planned Funding: \$ 180,083.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Nigeria Armed Forces, Ministry of Defense Headquarters, Abuja
Planned Funding: \$ 76,924.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital, Warri
Planned Funding: \$ 165,771.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: General Hospital, Ekpan
Planned Funding: \$ 40,356.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Sapele, Delta State
Planned Funding: \$ 40,356.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4168
Planned Funding(\$): \$ 3,500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Federal Ministry of Health, Nigeria
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6072
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Federal Ministry of Health, Nigeria
New Partner:

Mechanism Name: Track 1.5

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4169
Planned Funding(\$): \$ 443,656.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Food for the Hungry
New Partner: No

Sub-Partner: Christian Reformed World relief Committee
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Operation Blessing International
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Salvation Army
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5330
Planned Funding(\$): \$ 12,410,577.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Harvard University School of Public Health
New Partner: No

Mechanism Name: Track 2.0

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4170
Planned Funding(\$): \$ 35,857,643.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Harvard University School of Public Health
New Partner: No

Sub-Partner: AIDS Alliance Nigeria
Planned Funding: \$ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: 68 Military Hospital, Lagos
Planned Funding: \$ 884,073.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Lagos University Teaching Hospital, Lagos
Planned Funding: \$ 1,074,632.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: National Institute of Medical Research, Lagos
Planned Funding: \$ 1,346,511.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Jos University Teaching Hospital, Plateau
Planned Funding: \$ 2,502,935.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University College Hospital, Ibandan
Planned Funding: \$ 954,569.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Maiduguri Teaching Hospital
Planned Funding: \$ 1,178,669.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mother's Welfare Group, Kaduna
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: John Snow, Inc.
Planned Funding: \$ 160,929.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVMS - Management and Staffing

Sub-Partner: Crown Agents
Planned Funding: \$ 43,220.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXD - ARV Drugs

Sub-Partner: Ahmadu Bello Teaching Hospital
Planned Funding: \$ 1,144,882.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kuramo APIN STD/HIV Clinic
Planned Funding: \$ 264,461.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Omotayo Maternity Hospital
Planned Funding: \$ 131,659.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Ijebu-Ode Maternity Hospital
Planned Funding: \$ 131,659.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Eleta Hospital
 Planned Funding: \$ 131,659.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
 HTXS - ARV Services

Sub-Partner: Solat Women Hospital
 Planned Funding: \$ 156,702.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Vom Christian Hospital
 Planned Funding: \$ 156,702.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Pankshin General Hospital
 Planned Funding: \$ 156,702.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Barkin Ladi General Hospital
 Planned Funding: \$ 156,702.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Seventh Day Adventist Hospital
 Planned Funding: \$ 156,702.00

Funding is TO BE DETERMINED: No
 New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Panyam Maternity Hospital
 Planned Funding: \$ 156,702.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Our Lady of Apostles, Jos
 Planned Funding: \$ 463,254.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Adeoyo Specialist Hospital
 Planned Funding: \$ 206,898.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mashiah Foundation
Planned Funding: \$ 90,174.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HMIN - Injection Safety
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services
HLAB - Laboratory Infrastructure

Sub-Partner: Makurdi Federal Medical Center
Planned Funding: \$ 1,272,066.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: HaltAIDS VCT
Planned Funding: \$ 53,020.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Association for Reproductive and Family Health VCT
Planned Funding: \$ 50,353.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: University College Hospital VCT, Saki
Planned Funding: \$ 56,020.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: International Dispensary Association Foundation
Planned Funding: \$ 12,086,255.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXD - ARV Drugs

Sub-Partner: Catholic Lantoro Hospital
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Federal Medical Center, Nguru
Planned Funding: \$ 217,481.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Nursing Home Maiduguri, Maiduguri
Planned Funding: \$ 167,255.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ogun State Teaching Hospital
Planned Funding: \$ 6,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: State Specialist Hospital, Maiduguri
Planned Funding: \$ 201,530.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Lagos Mainland General Hospital, Lagos
Planned Funding: \$ 144,698.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Northwestern University, Chicago
Planned Funding: \$ 1,426,194.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVMS - Management and Staffing

Sub-Partner: Partners HealthCare
Planned Funding: \$ 170,556.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVMS - Management and Staffing

Mechanism Name: Track 1.5

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4171
Planned Funding(\$): \$ 470,272.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Hope Worldwide South Africa
New Partner: No

Sub-Partner: Anglican Communion, Lagos West Diocese, Lagos
Planned Funding: \$ 7,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Church of Nigerian Anglican Communion , Lagos West Diocese
Planned Funding: \$ 7,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Skill on Better Business Enterprise Network
Planned Funding: \$ 5,000.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Ikorodu Community Development Council

Planned Funding: \$ 5,000.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4172

Planned Funding(\$): \$ 820,000.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: International Foundation for Education and Self-Help

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 200,000.00

Early Funding Request Narrative: PMTCT: \$200,000

The International Foundation for Education and Self- Help (IFESH) will increase the PMTCT sites it supports from 8 in COP06 to 12 in COP07 and provide counseling and testing to 3,500 pregnant women and provide Antiretroviral (ARV) prophylaxis to 150 clients.

In COP 07, 80 PMTCT service providers will be trained using the National PMTCT Training Manual. Significant changes between 2006 and 2007 will include the training of more lay counselors and Community Health Extension Workers (CHEWs) to encourage home-based CT and follow-up of all clients that pass through the PMTCT program ensuring that referrals are followed through.

The PEPFAR COP06 year ends on Feb 28, 2007 but the funds for the next COP07 may not be released immediately. To ensure a continuum of PMTCT services, early funding is required to procure ARVs and provide other services to those needing them for the first quarter of COP07.

IFESH funding for PMTCT services in COP07 stands at US\$250,000. We will require US\$200,000 of these funds as early funding. This is to ensure continuum of care our COP06 and the new COP07 sites that will be brought on board during this quarter. This will also ensure uninterrupted supply of PMTCT services for our clients and avoid treatment interruptions.

Early Funding Associated Activities:

Program Area: MTCT - PMTCT

Planned Funds: \$345,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in care & support (#6672), ARV service

Mechanism Name: Safe Injections - Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5331
Planned Funding(\$): \$ 532,822.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Safe Injections - Track 2.0

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4173
Planned Funding(\$): \$ 1,433,281.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HMIN - Injection Safety

Sub-Partner: Academy for Educational Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HMIN - Injection Safety

Mechanism Name: Leadership, Management, and Sustainability

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5271
Planned Funding(\$): \$ 4,350,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 1,500,000.00
Early Funding Request Narrative: AB: \$1,500,000 for early funding

In COP 07 the Leadership, Management and Sustainability (LMS) Program will provide institutional capacity building support to up to 12 Nigerian Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) that are chosen as new Emergency Fund Implementing Partners from the USG Nigeria Annual Program Statement (APS). For many of these partners, Emergency Plan funds will be their first tranche of money from the US Government. To build new partner capacity, LMS will develop new partner's leadership, management and financial skills thereby strengthening their internal management and operational systems. Since successful COP 07 program implementation is predicated upon strong management and operational systems, it is imperative that new partner capacity is built quickly.

While LMS was not a partner in COP 06, USG Nigeria was eager for them to initiate activities prior to receipt of COP 07 funds. As a result, core funds were used to forward fund LMS activities in COP 06 since many awards to new partners were made under the USG Nigeria APS in COP 06. LMS activities are therefore already in progress.

Given the importance of bringing on new partners, and due to the financial obligation of paying back forwarded core funds, USG Nigeria requests early funding for the LMS activity.

Early Funding Associated Activities:

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: \$2,750,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity relates to the Strategic Information (3.3.13) and Other Policy

Mechanism Name: HHS/HRSA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4175
Planned Funding(\$): \$ 300,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4181
Planned Funding(\$): \$ 19,015,316.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: HIV Prevention Project for Vulnerable Youth in Northern Nigeria

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4176
Planned Funding(\$): \$ 825,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Sub-Partner: Adolescent Health and Information Projects
Planned Funding: \$ 52,965.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Federation of Muslim Women Associations of Nigeria
Planned Funding: \$ 53,625.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Islamic Education Trust
Planned Funding: \$ 52,305.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Construction

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5333
Planned Funding(\$): \$ 0.00
Agency: Department of State / European and Eurasian Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5329
Planned Funding(\$): \$ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Sub-Partner: Society for Family Health-Nigeria
Planned Funding: \$ 75,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HMBL - Blood Safety

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: HMBL - Blood Safety

Mechanism Name: Track 2.0

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4177
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: Track 2.0

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4178
Planned Funding(\$): \$ 594,500.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: CIHPAC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4179
Planned Funding(\$): \$ 9,905,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Society for Family Health-Nigeria
New Partner: No

Sub-Partner: Population Services International
Planned Funding: \$ 149,529.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Voices for Humanity
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5292
Planned Funding(\$): \$ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: The American Society for Microbiology
New Partner: Yes

Mechanism Name: ENHANSE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4180
Planned Funding(\$): \$ 3,800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: Internews
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Johns Hopkins University Center for Communication Programs
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Africare
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Pathfinder International
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Academy for Educational Development
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: KNCV Tuberculosis Foundation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6171
Planned Funding(\$): \$ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Tuberculosis Control Assistance Program, KNCV Foundation
New Partner: Yes

Sub-Partner: Management Sciences for Health
Planned Funding: \$ 200.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: World Health Organization
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVTB - Palliative Care: TB/HIV
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Family Health International
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4184

Planned Funding(\$): \$ 56,881,902.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: University of Maryland

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 4,615,000.00

Early Funding Request Narrative: ARV Drugs: 4,375,000 Early Funding Request

ACTION is requesting 25% of the ARV Drug award as early funding. This is to facilitate the placement of drug orders which requires 50% of the cost of the order paid upon placement of the order. Generally, 1/3-1/2 of the ARVs required for a fiscal year are included in the first order. Most pharmaceutical companies will not reserve the order until the deposit is paid. Once the order is reserved, a 2-4 month period is required prior to arrival of the ARVs at the frontier in Nigeria. In order to meet targets, it is necessary to place orders prior to the start of the fiscal year.

LAB: \$240,000 Early Funding Request

ACTION is requesting \$240,000 of the Lab Infrastructure award as early funding. This is to facilitate the placement of orders for laboratory equipment necessary for new sites. Companies generally require 50% of the cost of the order paid upon placement of the order and the remainder upon arrival at the frontier. All equipment will be needed early in the fiscal year. Once the order is placed, a 2 month period is required prior to arrival of the equipment at the frontier in Nigeria. In order to meet targets, it is necessary to place equipment orders prior to the start of the fiscal year.

Early Funding Associated Activities:

Program Area:HLAB - Laboratory Infrastructure

Planned Funds: \$4,565,000.00

Activity Narrative: Reprogramming 9/07: \$350,000 in FY07 funding toward COP08 targets from reprogramming to be reduced f

Program Area:HTXD - ARV Drugs

Planned Funds: \$19,850,000.00

Activity Narrative: Reprogramming 9/07: \$1.3 million in FY07 funding toward COP08 targets from reprogramming to be reduced

Sub-Partner: Lagos University Teaching Hospital, Lagos

Planned Funding: \$ 26,039.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Calabar Teaching Hospital

Planned Funding: \$ 45,067.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Benin Teaching Hospital

Planned Funding: \$ 115,858.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: National Hospital Abuja
Planned Funding: \$ 132,084.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Gwagwalada Specialist Hospital
Planned Funding: \$ 132,557.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Asokoro Hospital
Planned Funding: \$ 169,259.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Amino Kano Teaching Hospital
Planned Funding: \$ 138,585.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Nmamdi Azikiwe Teaching Hospital
Planned Funding: \$ 157,227.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Association of Public Health Laboratories
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Nigerian Institute of Pharmaceutical Research & Development
Planned Funding: \$ 41,775.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: National Tuberculosis and Leprosy Training Centre
Planned Funding: \$ 71,121.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Axios Foundation
Planned Funding: \$ 1,623,901.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HTXD - ARV Drugs

Sub-Partner: Bauchi Specialist Hospital

Planned Funding: \$ 30,774.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support

HKID - OVC

HLAB - Laboratory Infrastructure

Sub-Partner: Federal Medical Center, Azare

Planned Funding: \$ 37,469.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: federal Medical Center, Keffi

Planned Funding: \$ 65,935.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: General Hospital, Otukpo

Planned Funding: \$ 70,336.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Church of Christ in Nigeria TB Rehabilitation Hospital

Planned Funding: \$ 69,219.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Specialist Teaching Hospital, Irua

Planned Funding: \$ 8,818.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support

HLAB - Laboratory Infrastructure

Sub-Partner: Plateau State Virology Institute

Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HLAB - Laboratory Infrastructure

Sub-Partner: Zankli Hospital

Planned Funding: \$ 10,000.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: International Dispensary Association Foundation
Planned Funding: \$ 10,058,641.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HTXD - ARV Drugs

Sub-Partner: General Hospital, Mararaba
Planned Funding: \$ 249.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Waziri Shehu Gidado Maternity Hospital
Planned Funding: \$ 2,347.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital, Dutse
Planned Funding: \$ 2,347.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital, Toro
Planned Funding: \$ 1,423.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Akwanga General Hospital
Planned Funding: \$ 249.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Comprehensive Health Center, Nneni
Planned Funding: \$ 1,600.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Comprehensive Health Center, Ukpo
Planned Funding: \$ 1,407.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Trauma Center, Oba
Planned Funding: \$ 1,610.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Dalhatu Araf Specialist Hospital
Planned Funding: \$ 48,944.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Ilorin Teaching Hospital, Kwara State
Planned Funding: \$ 10,364.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Federal medical Centre, Bida, Niger State
Planned Funding: \$ 10,364.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Comprehensive Health Center, Umunya (Anambra)
Planned Funding: \$ 1,421.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Mothers Welfare Group
Planned Funding: \$ 69,614.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Society for Youth Awareness and Health Development, Kano
Planned Funding: \$ 7,087.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Goal of a Woman Association, Dutse
Planned Funding: \$ 7,540.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Safe Environmental Watch, Nasarawa State
Planned Funding: \$ 7,246.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Poorest of the Poor
Planned Funding: \$ 18,829.00
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Nasarawa Network of PLWHA (NasNet), Lafia

Planned Funding: \$ 6,952.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hope Worldwide Nigeria

Planned Funding: \$ 21,446.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Idoma Imeli Support Group, Otukpo

Planned Funding: \$ 6,476.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: StopAIDS

Planned Funding: \$ 50,794.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Talent Initiative

Planned Funding: \$ 2,949.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Diocese of Nnewi, Nigeria

Planned Funding: \$ 2,571.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Help International, Mangu

Planned Funding: \$ 2,540.00

Funding is TO BE DETERMINED: No

New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: General Hospital Alkaleri, Bauchi

Planned Funding: \$ 1,624.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Tafawa Balewa, Bauchi

Planned Funding: \$ 1,370.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Kafin Madaki, Bauchi Stae
Planned Funding: \$ 2,019.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Dass, Bauchi State
Planned Funding: \$ 1,616.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Ningi, Bauchi State
Planned Funding: \$ 1,694.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Urban Maternity Clinic, Bauchi
Planned Funding: \$ 1,887.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Misau, Bauchi
Planned Funding: \$ 1,991.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Shirayana, Bauchi State
Planned Funding: \$ 1,991.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: General Hospital Gamawa, Bauchi
Planned Funding: \$ 1,991.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Mechanism Name: Measure Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4185
Planned Funding(\$): \$ 1,475,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding: \$ 850,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Constella Futures
Planned Funding: \$ 625,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: USAID Agency Funding

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4186
Planned Funding(\$): \$ 6,728,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: HHS/CDC Agency Funding

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4187

Planned Funding(\$): \$ 5,390,740.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 3,500,000.00

Early Funding Request Narrative: HHS/CDC GAP Nigeria request early funding to support staff salaries, travel, communications and training during the first half of FY2007. Funding will also be used to procure 3 additional vehicles to support staff and to place orders for supplies to be used in the 2007 ANC survey beginning in January 2007.

Early Funding Associated Activities:

Program Area:HVSI - Strategic Information

Planned Funds: \$1,350,000.00

Activity Narrative: ACTIVITY DESCRIPTION The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria h

Program Area:HVMS - Management and Staffing

Planned Funds: \$1,050,000.00

Activity Narrative: ACTIVITY DESCRIPTION: This funding completes the CDC M&S budget which is fully described in activit

Mechanism Name: HHS/CDC Agency Funding

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4188

Planned Funding(\$): \$ 3,056,000.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: PHE

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6098

Planned Funding(\$): \$ 600,000.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: US Centers for Disease Control and Prevention

New Partner:

Mechanism Name: DoD Agency Funding

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4193
Planned Funding(\$): \$ 2,405,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DoD Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4189
Planned Funding(\$): \$ 7,001,033.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: Inter-agency coordinator operations/support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4190
Planned Funding(\$): \$ 275,000.00
Agency: HHS/Office of the Secretary
Funding Source: GHAI
Prime Partner: US Department of Health and Human Services
New Partner: No

Mechanism Name: Public Affairs Section

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4192
Planned Funding(\$): \$ 60,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Sub-Partner: University of Calabar Teaching Hospital
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kano State University of Technology, Wudil
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: University of Lagos

Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Lagos State University
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: University of Benin Teaching Hospital
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Igbinedion University
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Benson Idahosa University
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Nnamdi Azikiwe University Medical Center Awka
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Ahmadu Bello University, Zaria
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Federal University of Agriculture, Abeokuta
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Federal University of Technology, Yola
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Usman Danfodiyo University, Sokoto
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: University of Maiduguri Teaching Hospital
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Niger Delta University
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Society for the Proper Education of Youths Against Drug Abuse
Planned Funding: \$ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Mr. Lekan Olagunju
Planned Funding: \$ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Mrs. Chinwe A. Agbakoba
Planned Funding: \$ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Comforch Development Communications
Planned Funding: \$ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: APS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5268
Planned Funding(\$): \$ 2,399,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Winrock International
New Partner: Yes

Sub-Partner: Redeemed Action Committee on AIDS, Lagos
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Ummah Support Group
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Society for Community Development
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Rural Women Foundation, Abuja
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Jehovah Jireh Resources, Ibadan
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Dorcas Eunice Foundation, Ibadan
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Virtue Initiative, Isieke Umuahia
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Teens and Youth Capacity Enhancement and Education, Abuja
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Women Gender Developers, Kano
Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Mechanism Name: Track 2.0

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4191
Planned Funding(\$): \$ 800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Health Organization
New Partner: No

Sub-Partner: National Tuberculosis and Leprosy Control Programme, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area: **\$ 18,925,000.00**

Program Area Context:

USG Nigeria's strategy for COP07 PMTCT activities will build on COP 06 activities and increase the geographic spread and availability of PMTCT services in Nigeria. HIV prevalence among antenatal clinic attendees was estimated to be 4 % in the 2005 National HIV Antenatal Serosurvey in Nigeria. PMTCT coverage is estimated to be below 5 % nationwide. As such, the five areas of strategic focus for COP07 are: (1) to rapidly expand PMTCT services to more sites in a broader geographic area; (2) to prioritize the development of secondary and primary level facilities that are closer to communities; (3) to strengthen networks of care that increase ARV service access to women who receive PMTCT services at community sites; (4) to increase diagnostic capacity, follow up, and care provision for infants born to HIV infected mothers; and (5) to define innovative strategies with the Government of Nigeria (GON) and other donors that will significantly increase PMTCT coverage in the immediate future.

In COP06, PEPFAR is supporting PMTCT services at 106 sites in 10 Nigerian states. In COP 07, this will double to provide direct PMTCT services at 219 sites in 18 states. 211,104 pregnant women will be counseled, tested and receive results at these facilities. Approximately 13,984 of those tested will require and receive a complete course of ARV prophylaxis. To achieve this, 1,525 Health Care Workers (HCW) including clinicians, pharmacists, laboratory, and medical records personnel will be trained to provide quality PMTCT services using a tiered delivery model consistent with the WHO and National PMTCT guidelines.

A major emphasis for COP07 is the further actualization of prevention, care, and treatment networks that employ appropriate referral systems and demonstrate tiered service delivery. Particular focus will be on increasing community based activities including the establishment of more secondary and primary health care facilities offering services. PMTCT services, along with TB/HIV, and VCT services will be a critical component of this expansion plan, as they allow for site engagement with a lower level of initial capital investment (i.e., compared to tertiary labs, etc.). Thus, initiating a site with PMTCT services allows for a rapid increase in sites, and these sites can later be expanded to provide a wider array of HIV services. Pivotal to the success of this strategy is the strengthening of linkages to higher tiered facilities in the network for medical complications and clinical assessment of pregnant HIV positive women who may require ART for their HIV disease. Downward referrals from tertiary facilities will also be encouraged to bring HIV positive pregnant women back to their communities for care. This year will see a significant expansion into faith based sites with the potential of reaching even higher numbers of clients.

Routine opt-out counseling, couples counseling, and testing at the point of service with rapid same day results will be implemented. A previously missed opportunity with HIV negative women will be harnessed, giving effective and consistent messages during post test counseling to emphasize increased vulnerability during pregnancy, thus encouraging HIV negative women to remain negative. Another missed opportunity of counseling and testing during labor and post labor will be corrected, with all facilities putting in place effective C&T during labor and post labor. Partner testing and family centered care models will be implemented where feasible. The family centered model of care is already in place in some facilities in Kano and Lagos States.

Women, who qualify for HAART based on their health, will receive triple therapy, while those who do not qualify, will get AZT from 28 weeks and sdNVP during labor. Women presenting in labor will receive sdNVP. Infants will receive sdNVP at birth and AZT for 6 weeks. Cotrimoxazole (CTX) prophylaxis to prevent opportunistic infections for all HIV exposed children from the age of six weeks until proven HIV negative will be supported.

Issues on Infant Feeding Counseling have hitherto been a challenge and will receive more focus in COP 07. Counseling on infant feeding choices (IFC) will start during ANC with BMS identified as a viable feeding option only if the woman meets the AFASS criteria. Community support for mothers on their IFC will be

ensured by all partners, with preference given to PLWHA groups to provide such support. The USG and its partners have supported the GON in developing a joint and standardized IF Counseling manual, which will be used to train a wide variety of counselors. Strong linkages to treatment and home based care will be established in all 18 states so that women and children will not be lost post delivery.

Regional facilities for DNA PCR for early infant diagnosis will be established for COP07 that will be accessible to all USG partners using dried blood spots. The USG is piloting early infant diagnosis among USG sites in October 2006. It will work with the GON to define a network that can serve all PMTCT sites in Nigeria. Availability of pediatric ARV formulations will be ensured and pediatrics training prioritized for COP07. Support to GON for printing of national registers will continue with zonal and facility based training carried out as needed to ensure proper completion and reporting back on information collected. Such information will be used to improve programming at sites.

USG will continue to collaborate with the GON on expansion plans, training, and policy development, and will increase partnerships with other donors supporting PMTCT and pediatric care programs in Nigeria, including the Global Fund, The Clinton Foundation, and UNICEF. Leveraging resources through donor relations and joint planning will be a cornerstone of expansion and will ensure maximal efficiencies and avoid duplication of effort. In particular, the Global Fund Round 5 grant has designated significant resources for PMTCT, and the USG team and IP's will continue to take an active role in planning and support the implementation of this award. The Clinton Foundation has plans to reduce pediatric drug prices and to provide substantial laboratory support for infant diagnosis, both identified by the USG as priority areas in recent meetings with that group.

Upstream support will focus on five key areas: enabling access to essential PMTCT commodities in states, roll-out of counseling and testing support tools and job aides, assistance in implementing the Nigerian national PMTCT monitoring systems, zonal trainings on PMTCT, and periodic site visits for supportive supervision. Various partners are supporting the National and state government responses to achieve these goals.

The USG will also devote three full-time staff to PMTCT to facilitate scale-up by providing technical assistance to the Nigerian government and acting as liaisons between the USG partners and local governments. The USG PMTCT Team will hold quarterly working group meetings. This will serve as another avenue to ensure best practices among partners. It will work with the GON to adopt the Basic Care package, Standard Operating procedure and HIV testing and counseling materials as National tools. There will be a quarterly assessments of the PMTCT program by the USG.

These activities, when taken together, will significantly strengthen both the quality and geographic coverage of PMTCT services in Nigeria during the COP07 year. It will also position Nigeria for an even more rapid expansion of services in the following year.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	219
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	13,984
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	211,104
Number of health workers trained in the provision of PMTCT services according to national and international standards	1,525

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6683
Planned Funds: \$ 1,150,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in counseling & testing (#6681), Care & support (#6675), ARV Services (#6678), OVC (# 6679) and laboratory infrastructure (#6680). AIDSRelief will increase the PMTCT sites it supports from 12 in COP06 to 30 in COP07 in 15 states, provide counseling and testing to 21,000 pregnant women, and provide Antiretroviral (ARV) prophylaxis to 1,300 clients. This activity will include, as a part of the standard package of care, provider initiated Opt-Out HIV Counseling and Testing (C&T) routinely done at antenatal clinics (ANC), labor and delivery (L&D) and/or immediate post-delivery. Same day results will be provided to clients. We will use group and individual pre- and post-test counseling strategies and rapid testing for women of unknown status in labor. Partner testing will offered as part of counseling through referral to on-site VCT centers. Peer counselors and community based health workers will assist in tracking these partners. In addition, free hematinics will be provided to all PMTCT clients. Clients will have access to free laboratory services including CD4 measurement. Those requiring HAART for their own health care will be linked to a within network ARV center. Strong referral systems that incorporate active follow up will be put in place to ensure that women are not lost during referral for ARV services. For the anticipated number of women not requiring HAART, the current WHO recommended short course ARV option will be provided. This includes ZDV from 28 weeks, intra-partum NVP, and a 4 day ZDV/3TC post-partum "tail". Infant prophylaxis will consist of single dose NVP with ZDV for 6 weeks. All HIV+ women will be linked post-partum to a HIV/ARV point of service, which will utilize a family centered care model whenever feasible. HIV+ women will be counseled pre and postnatally regarding exclusive breast feeding with early weaning or exclusive BMS using the WHO UNICEF curriculum adapted for Nigeria. We will provide training to 180 (Local partner treatment facility) LPTF staff on PMTCT and infant feeding options using GoN curriculum with emphasis on improving counseling skills. LPTFs will be encouraged to use non-medical staff in counseling and testing including people living with HIV and AIDS (PLWHAs) to act as peer counselors. Training of TBAs using an adapted curriculum will be conducted. We will have a focal senior PMTCT specialist to offer technical assistance to our LPTFs and take a lead on training and supervisory activities. AIDSRelief will provide indirect technical support to 41 facilities at secondary and primary levels in 11 states to benefit an estimated 24,600 women. This will be done through the sharing of our counseling and testing support tools, assisting in implementing the GoN national PMTCT monitoring systems, providing zonal/regional joint trainings on PMTCT and joint periodic site visits for support supervision. We will train at least 2 health workers at each of the 41 facilities in the provision of quality PMTCT services and through them indirectly target 24,600 HIV+ pregnant women to receive ARV prophylaxis. AIDSRelief will have a total of 12 PMTCT sites by end of COP06 spread across 6 states of Benue, Edo, FCT, Kaduna, Kano and Plateau and will add 16 new sites in COP07 in 9 new states of Anambra, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, and Ebonyi bringing the total of PMTCT sites receiving direct support to 30 in 15 states. AIDS Relief will collaborate with UNICEF-supported PMTCT sites in its scale up plans. CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity will provide counseling and testing services to 21,000 pregnant women, and provide ARV prophylaxis to 1,300 mother and infants pairs. This will contribute to the PEPFAR country specific goals of preventing 1,145,545 new HIV infections in Nigeria by 2009. With 30 operational sites in 15 states, the PMTCT activity is in line with the desire of the GoN to have 1,200 PMTCT sites operational by 2008 and the USG's target of having 80% PMTCT coverage for antenatal clinics across the country. By targeting an additional 41 facilities through indirect support, the activity will further contribute to the scale up of PMTCT services in Nigeria. LINKS TO OTHER ACTIVITIES The PMTCT services will be linked to HVCT (6681), HBHC (6675), HTXS (6678), HTXD (6682), HKID (6679), HVTB (6677), HLAB (6680) and HVSI (6674). Pregnant women who present for C&T services will be provided with information about the PMTCT program and referred accordingly. ARV treatment services for infants and mothers will be provided through ART Services. Basic pediatric care supports, including TB care, are provided for infants and children through our OVC activities. PMTCT activities will focus on strengthening community and home-based care services to pregnant women where appropriate in collaboration with the 7-Diocese program, other family centered care services provided by UNICEF and GoN and the Catholic secretariat of Nigeria (CSN). AIDS Relief will collaborate with other implementing partners and in particular IHV-ACTION working at tertiary institutions within our area of coverage for infant diagnosis using dried blood spot (DBS) technology. Our senior PMTCT specialist will offer technical assistance to 7-Diocese facilities that will eventually be taken over by us to become comprehensive sites. A PMTCT referral coordinator in each state will coordinate all the linkages. POPULATIONS BEING

TARGETED This activity targets women of reproductive age, infants and PLWHAs. It will specifically target 21,000 women attending ANC for counseling, testing and receiving results and 1,300 for ARV prophylaxis including 1,300 infants who will also benefit from immunization services. The activity will indirectly target 41 GoN and other FBO sites in 11 states by training 82 PMTCT providers. These will include 22 state facilities and 19 faith based organizations that offer PMTCT services. In this way we will indirectly benefit an estimated 24,600 pregnant women estimated to be receiving CT and an estimated 2,460 HIV+ women and their infants receiving ARV prophylaxis. **KEY LEGISLATIVE ISSUES ADDRESSED** Integrating PMTCT with ANC and other family centered services will ensure gender equity in access to HIV and AIDS services and in particular that of women and children. By providing counseling on infant feeding options and immunization, there will be a reduction in infant mortality rates. **EMPHASIS AREAS** This activity has major emphasis on human resources and minor emphasis on commodity procurement, quality assurance, quality improvement and supportive supervision, training, and development of networks/linkages/referral systems.

Continued Associated Activity Information

Activity ID: 6485
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 222,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	21,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,300	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	180	<input type="checkbox"/>

Target Populations:

Faith-based organizations
Doctors
Nurses
Pharmacists
Infants
Pregnant women
HIV positive pregnant women
Public health care workers
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Anambra
Benue
Edo
Federal Capital Territory (Abuja)
Kaduna
Kano
Kogi
Nassarawa
Plateau
Adamawa
Ebonyi
Enugu
Ondo
Rivers
Taraba

Table 3.3.01: Activities by Funding Mechanism

Mechanism: 7 Dioceses
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6685
Planned Funds: \$ 1,200,000.00

Activity Narrative: ACTIVITY DESCRIPTION: CRS/7D will increase access to quality PMTCT services by supporting health facilities and continuing to build community support. The project will work with 12 sites to improve PMTCT services including CT (opt out) with same day results and partner testing, OI treatment and prophylaxis, infant feeding counseling during first and subsequent ANC visits, and ART services for pregnant women. Women requiring HAART are referred to the nearest ART site. For those not requiring HAART, the nationally recommended short course will be available, which includes ZDV from 28 weeks, and single does NVP at onset of labor. For women who present in labor, CT services will be offered and a regimen of NVP single dose stat and ZDV every 3 hours throughout labor will be available. The infant prophylaxis regimen will consist of single dose NVP with ZDV. Co-trimoxazole will be provided to exposed infants pending a negative diagnosis. Infants will be referred to appropriate sites for early infant diagnosis.

Supervisory visits to each site will be made by monthly by diocesan staff, quarterly by CRS staff, and twice per year by USG/GON/IP personnel. Volunteers will be sensitized to disseminate correct and appropriate information on PMTCT and maternal nutrition/safe infant feeding practices. Volunteers will support mothers infant feeding choices through on-going counseling.

Targets include CT for 15,750 pregnant women with 14,500 receiving results, 1000 pregnant women placed on ARV and training of 44 health care workers using national PMTCT curriculum in 12 sites. Indirect targets are from zonal trainings on PMTCT for LGA staff and periodic support visits by partner staff to LGA health facilities.

Diocesan staff will support PMTCT services in 10 states and the FCT (Kogi, Benue, Plateau, Nassarawa, Niger, Kaduna, Lagos, Cross River, Ebonyi and Edo States). In COP07 4 of these health centers will expand their services to include ART and will be funded by AR. 5 centers will be added to the remaining 7 original COP06 sites for a total of 12 sites. These centers require financial and technical investment for startup.

Plus Up funds will be used to overcome human resource constraints faced by the project, and therefore no changes in targets will result. PMTCT Specialists will be hired to respond to immediate and long term PMTCT needs. They will also reinforce the 7D collaboration with AIDSRelief in leveraging resources and expertise through the formation of a PMTCT Team that will plans and implement 7D, AIDSRelief and partner PMTCT needs coherently. Partner capacities will be enhanced through hiring PMTCT specialists to be managed by the Abuja province but attached to the 7D/AR PMTCT Team for a period. PMTCT trainings of diocesan PMTCT Coordinators will be conducted. Plus up funds will also be dedicated to new solutions for reaching women who attend ANC but do not deliver at a hospital. Some ANC clinic refurbishments will also be undertaken where necessary.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: Activities that were conducted in year 2006 that will continue in 2007 include voluntary counseling and testing (CT), home-based care (HBC), and support groups for HIV+ pregnant women. These PMTCT services will contribute to several of the PEPFAR goals. The goal of preventing new infections by offering CT services to pregnant women, as well as providing PMTCT prophylaxis to prevent infecting the newborn child will contribute to preventing new infections. The goal of providing care to HIV infected individuals will also be achieved by the provision of PMTCT services. PMTCT-specific HBC will be provided to the pregnant woman and her family. This will include counseling on infant feeding practices. Support groups will also provide participants with coping mechanisms for addressing stigma, discrimination and will serve to mobilize PLWA to confront these issues in the community. This activity will also contribute to the goal of providing treatment to HIV infected individuals, as women who are eligible for ART will be referred for these services.

Continued Associated Activity Information

Activity ID:	5348
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	7 Dioceses
Funding Source:	GHAI

Planned Funds: \$ 805,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	12	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	15,500	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	44	<input type="checkbox"/>

Target Populations:

- Pregnant women
- Women (including women of reproductive age)
- HIV positive pregnant women
- Caregivers (of OVC and PLWHAs)
- Religious leaders

Key Legislative Issues

- Gender
- Stigma and discrimination

Coverage Areas

Benue

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Cross River

Ebonyi

Lagos

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6699
Planned Funds: \$ 700,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in ARV services (#6690), Palliative Care (#6697), OVC (#6694), Counseling and testing (#6695), SI (#6692), Lab (#6693) and other prevention (#9208)

In FY07, CU-ICAP will continue work in Kaduna (KD) and CrossRiver (CRS) States with an additional new State of Benue (BN) supporting a total of 37 (30 new, 7 existing) government (GoN), mission and private health facilities through pMTCT and community outreach activities in 10 hospital networks including PHC centers to reach 48,000 pregnant women with counseling and testing out of whom 44,758 will receive their results.

CU-ICAP will directly support 22 sites (7 existing and 15 new sites) in COP07 and will also provide support to 15 additional sites by subcontracting to AIDSRelief (AR; 6) and Pathfinder International (PI; 9) to expand quality PMTCT and treatment linkages to a total 37 sites in BN, Anambra (ANB), KD, and CRS States. CU – ICAP, AR and PI will provide PMTCT services through existing government/mission facilities in those states enabling 44,758 women and their household members to be tested, collect their results and be linked into appropriate care and treatment programs. CU-ICAP and its subs will train health care workers (HCWs), support infrastructure, purchase equipment and supplies, monitor, evaluate and provide supportive supervision to the sites. It is envisaged that CU-ICAP's strategic rapid site expansion to high client load health facilities in areas of great demand and high HIV prevalence will enable it achieve and likely exceed its FY06 targets by the end of Feb. 07.

FY07 programming will emphasize provider-initiated opt-out testing with same day results at ANC, labor and post partum service delivery points. Partners, household and children will be linked into C&T. Eligible HIV infected women will be assessed and linked into ART services including cotrimoxazole prophylaxis (pCTX). HIV-infected women, ineligible for ART will be offered a combination of zidovudine(AZT) from 28 weeks (when feasible and at SHF) and single dose nevirapine(SD-NVP) at onset of labor. Women presenting at labor will be offered rapid testing and if HIV-infected provided with SD-NVP. All infants born to HIV infected women will be provided with SD-NVP at birth and AZT for 7 days. Other activities are enhanced pediatric care including pCTX; promoting best practices for infant feeding, nutritional support and linkages to FP services. Identification and follow-up of HIV-infected children living within the community will be a priority with CBOs/FBOs assisting with adherence issues and defaulter tracking.

CU_ICAP and its subs will train 250 HCWs, using GoN curricula, to provide quality services to HIV-infected pregnant women, with focus on primary prevention of HIV, STI screening & treatment, safer sex, nutrition, malaria prophylaxis, use of ITNs and safe water. One hundred additional health care providers will be trained to educate and assist mothers make appropriate infant feeding options and discourage "mixed feeding" practices. HIV negative mothers will be counseled and supported to remain HIV negative. At the end of COP 07, a total of 350 HCWs will be trained.

CU-ICAP will partner with CBOs and FBOs such as TCF, CACA, WCH, SHI and PLWHAs as key players to provide innovative community and home-based pMTCT services to pregnant women. CU-ICAP will work in close partnership with APIN and IHVN on HIV infant diagnosis testing by PCR at 2-6 months using DBS/plasma, and early antibody testing at 9-12 months with repeat testing after termination of breastfeeding.

A joint USG/GoN/CU-ICAP team will provide ongoing M&E and supportive supervision activities and contribute to the national PMTCT program's M&E efforts.

CONTRIBUTIONS TO OVERALL PROGRAM GOAL (1495)

CU-ICAP and its subs target states with some of the highest sero-prevalences in Nigeria demonstrating responsiveness to assist GoN achieve its goal of decentralizing PMTCT services beyond the Centers of Excellence approach. CU-ICAP will significantly contribute to an increase in PMTCT services by supporting 7 existing and 30 additional sites to government, mission and private health facilities and also indirectly support GoN ministries/programs in its rapid scale up plans for PMTCT. CU-ICAP will partner with ARS and PI, institutions with appropriate expertise and capacity, to scale out into primary facilities in line with national PMTCT scale up plans.

CU-ICAP will partner with ARS and PI to reach its USAID FY01 and FY02 targets through its rapid scale up plans. The 48,000 pregnant women counseled and tested and 3,150 mother - infant pairs for ARV prophylaxis targeted for COP 07 and the remainder of the COP 06 targets will be reached by the end of COP07. This will significantly contribute to the emergency plan targets of 80% coverage and 40% reduction in MTCT transmission by

2008. CU-ICAP will help cushion the effect of the loss of GFATM round 1 grants and strengthen national and state PMTCT programs by supporting capacity building of master trainers for PMTCT services; production of GoN approved infant feeding support tools, printing of national PMTCT registers, support of regular coordination meetings in collaboration with other partners at national and Kaduna State levels. CU-ICAP and subs will also strengthen programmatic skills of partner CBOs/FBOs in line with GoN sustainability plans.

LINKS TO OTHER ACTIVITIES (962)

This activity is related to activities in ARV services (#6690), Palliative Care (#6697), OVC (#6694), Counseling and testing (#6695), SI (#6692), Lab (#6693) and other prevention (#9208). Provider-initiated opt-out HIV C&T will be offered to all pregnant women at ANC, and to their partners. Women presenting in labour will have rapid HIV tests and receive single dose NVP if positive. Infants born to HIV-infected women will access ART (single dose NVP and ZDV) and CTX prophylaxis. Infant PCR HIV testing via DBS will be conducted, with HIV positive infants linked to appropriate care and treatment. PC linkages will enable HIV+ women and family members access to support groups. All pregnant women will be linked into FP services. Partner counseling/communication will be promoted through other prevention for positive activities. M&E activities at PMTCT sites will contribute to the national PMTCT program's M&E efforts using national PMTCT MIS.

POPULATIONS BEING ADDRESSED

Pregnant women, post-partum mothers, their partners and household members including HIV exposed infants and HIV infected children will be targeted and supported so that they have full access to CT at multiple entry points of care. HIV infected women will be provided with PMTCT / PMTCT plus services, while HIV infected infants and children, and infected partners, will access ART services. Non infected women will be supported to remain HIV negative. CBOs, FBOs, support groups and men will also be targeted so that they participate fully in community based pMTCT services. Health care providers will be trained on providing services while management skills of GoN policy makers and implementers at all levels will be improved to enable them manage programs effectively.

KEY LEGISLATIVE AREAS

This activity will promote gender equity in HIV/AIDS programs and increase access to services by the vulnerable groups of women and children. It will help increase service uptake, promote positive male norms and behaviors especially as it relates to discordant couples and help reduce stigma and discrimination through its community based activities.

EMPHASIS AREAS

Major emphasis of this activity focuses on training and network/linkages. Minor emphasis includes other sectors and initiatives, commodity procurement, community mobilization/participation, IEC, supportive supervision, quality assurance and improvement.

Continued Associated Activity Information

Activity ID:	6622
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 600,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	37	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	54,758	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,600	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	350	<input type="checkbox"/>

Indirect Targets

CU-ICAP will help strengthen National and State PMTCT programs and indirectly contribute to national goals by supporting capacity building of at least 30 master trainers for PMTCT services; production of 10,000 GoN approved PMTCT and infant feeding training/support tools, printing of 200 complete national PMTCT registers, support regular coordination meetings in collaboration with other partners at national (support one national task force meeting) and (8 coordination meetings) in Kaduna State.

Target Populations:

Adults
Country coordinating mechanisms
Faith-based organizations
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Public health care workers
Other Health Care Worker
Private health care workers
Traditional birth attendants
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion
Stigma and discrimination

Coverage Areas

Cross River

Kaduna

Benue

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	GHAIN
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	6706
Planned Funds:	\$ 3,635,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: Prevention of mother to child transmission (PMTCT) services will continue to be integrated into Antenatal Care (ANC) as an entry point to HIV/AIDS prevention, care and support services for mothers, their infants, family members and the community. The landmark change in program strategies for COP 07 will be the establishment of integrated PMTCT services at primary health care (PHC) level in line with the minimum package stipulated by the Government of Nigeria (GON). GHAIN will lay emphasis on strategic prevention activities in PMTCT through the family centered approach utilizing lessons learned from Lagos and Kano model sites. This approach will promote options such as partner notification and testing, treatment support, infant feeding options, early infant diagnosis and integration of reproductive health/family planning initiatives in PMTCT.

Project activities will be tailored towards improving quality and use of maternal and child health (MCH) facilities, sensitizing and mobilizing communities to create demand for PMTCT services; ensuring that Counseling and Testing (C&T) is offered to all women presenting in antenatal clinic and in labor & delivery wards, with options to "opt out;" encouraging male involvement; and ensuring that antiretroviral (ARV) drugs are offered to HIV + pregnant women for PMTCT prophylaxis and/or for their own health, utilizing the national guideline as basis for treatment decisions. Those who test negative to HIV will receive post test counseling on how to remain negative. All clients who are tested will receive results on the same day. The funding will also address capacity building of health care workers on early diagnosis, counseling and support to families on infant feeding options in accordance with the national guideline on infant feeding. Services will also be geared towards ensuring that in labor & delivery rooms, safe obstetrical practices are implemented. Infants of a positive parent will be given cotrimoxazole prophylaxis from 6 weeks after birth, until their status is determined.

Based on the GHAIN 'direct' activity to adapt the PMTCT training curriculum to PHC and train at 56 GHAIN supported PHC facilities, the GON will use this product to train 340 GON PHC sites at 4 staff per site (thus the values for indicator 1 and 4). Then an average of 240 ANC attendees will be reached by each GON PHC site per year, 216 with CT and results, 11 HIV+, 8 needing prophylaxis and 3 needing antiretroviral therapy (ART) - thus values for indicators 2 and 3. These will serve as indirect targets for GHAIN.

GHAIN has repositioned its strategies to partner with UNICEF in training additional 300 health care workers (HCWs) to provide PMTCT services to 60,000 clients in COP 07, with 3,000 receiving ARV prophylaxis. This will be achieved through the funding support to the existing 37 PMTCT sites and expand to 15 new antiretroviral therapy (ART) comprehensive and primary health care (PHC) facilities. GHAIN will also continue to provide PMTCT services in all its current six (6) focus states (FCT, Anambra, Kano, Cross River, Edo and Lagos States) and expand services to Niger, Enugu, Kogi, Taraba, Adamawa and Akwa Ibom States. GHAIN will support the establishment of a pilot/model comprehensive HIV/AIDS service in a rural Local Government Area of Cross River State. GHAIN will also strengthen the national paediatric program through a mentorship program in collaboration with the Clinton Foundation. GHAIN will also establish linkages with sites that have the necessary technology to obtain polymerase chain reaction (PCR) laboratory services for fees; utilizing dried blood spots (DBS) for expansion of infant diagnosis to all its prevention of mother to child transmission (PMTCT) supported sites.

Continued Associated Activity Information

Activity ID: 3234
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHAIN
Funding Source: GHAI
Planned Funds: \$ 1,967,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	64	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	62,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,200	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	330	<input type="checkbox"/>

Indirect Targets

Number of service outlets providing the minimum package of PMTCT services: 340
 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 81,600
 Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 4,080
 Number of health workers trained in the provision of PMTCT services: 1,360

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Addressing male norms and behaviors
Microfinance/Microcredit
Education

Coverage Areas

Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Lagos
Akwa Ibom
Enugu
Kogi
Niger

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6718
Planned Funds: \$ 3,625,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in Counseling and Testing (#6721), OVC (#6679), ARV Services (#6715) Injection safety (#6726) and SI (#6717). This funding will support a comprehensive PMTCT program, in line with the revised National PMTCT Guidelines (2005), at 32 service outlets. "Opt out" counseling and testing (C&T), with same day test results, will be provided to all pregnant women presenting for ANC including labor and delivery. All women are provided post-test counseling services on prevention of HIV infection including the risks of MTCT. They are encouraged to bring partners and family members for C&T. The program has a target of providing C&T, with 52,250 receiving results. A full course of ARV PMTCT prophylaxis will be provided to approximately 3,312 women. ART-eligible HIV-infected women will be provided with ART treatment for their own disease following the National PMTCT Guidelines (2005). ART sites will provide downward referrals to secondary and primary sites for continuity of care. Counseling on infant feeding options begins in the antenatal period following the National PMTCT guidelines. A follow up team consisting of counselor, support group of PLWHAs will assist in tracking positive mothers to provide nutritional support and ascertain infant diagnosis. Infants at all sites are diagnosed and monitored for ART eligibility by HIV DNA PCR and CD4 testing respectively, which are performed at tertiary care sites. Through implementation of the National PMTCT Guidelines, we aim to reduce MTCT substantially from the current 10-12% rate. This funding will support the ANC, labs, ARV prophylaxis intervention to mothers and babies (not HAART), and personnel involved in PMTCT. A regular training program will be established at all sites to train and retrain all health personnel (600) involved in the PMTCT program in the National PMTCT curriculum. Indirect targets include training Traditional Birth Attendants (TBAs) (using an adapted curriculum) in local areas near our sites in PMTCT counseling, training PMTCT counselors for the Federal PMTCT program, and technical assistance for the Federal PMTCT counseling manual. This training supports PMTCT efforts at all Federal PMTCT centers; we would propose all pregnant women tested and receiving results at Federal PMTCT sites as indirect targets (approximately 50,000). Per patient costs reflect the expansion to 10 new sites and replacement of 4 other sites in COP06. Cost of PMTCT ART prophylaxis drugs were previously not included in this activity. In COP 07 HARVARD will increase her sites from the present 19 to 32. Ten teaching hospitals/specialist hospitals, 18 secondary level hospitals and 4 primary health care clinics in Lagos, Oyo, Borno, Plateau, Kaduna and Benue states will provide care under this funding. Harvard will leverage UNICEF support in capacity building/training in identifying new PMTCT sites in its scale up plans.

CONTRIBUTIONS TO OVERALL PROGRAM AREA Through our PMTCT program, we seek to provide C&T with test results to 52,250 pregnant women. Additionally, we seek to provide treatment and prophylaxis to 3,990 pregnant women. Implementation of the National PMTCT Guidelines in 32 sites (old and new) contributes to the PEPFAR goal of expanding ART and PMTCT services. We have increased our sites by adding additional secondary and primary level sites in the radius of our tertiary care institutions which will continue to build the network capacity and coverage in our target states. Counseling aims to encourage mothers to bring their partners and family members for testing, to reach discordant couples and expand the reach of VCT, based on the PEPFAR 5-year strategy. This program is implemented in geographically networked sites to optimize training efforts and provide collaborative clinic/lab services as needed. We will train and retrain 605 health care personnel from our PMTCT sites, including doctors, nurses, and counselors. Training aims to build capacity at local sites to implement PMTCT programs and provide essential treatment supports to pregnant women with HIV/AIDS. Capacity building efforts are aimed at future expansions of PMTCT programs. Quality assurance and control will be carried out through personnel training, data collection from sites for monitoring and evaluation and supervisory visits from key program management staff, which may include representatives from the USG and GON.

LINKS TO OTHER ACTIVITIES This activity is also linked to counseling and testing (#6721), OVC (#6679), ARV Services (# 6715) Injection safety (#6726) and SI (#6717). Pregnant women who present for C&T services will be provided with information about the PMTCT program and referred to the PMTCT program if they are eligible for these services. ART treatment services for infants and mothers will be provided through ART Services. Basic pediatric care supports, including TB care, are provided for infants and children through our OVC activities. Personnel involved in patient care will be trained in universal precautions as a part of our injection safety activities. Additionally, these activities are linked to SI, which provides support for monitoring and evaluation of the PMTCT activities.

POPULATIONS BEING TARGETED In addition to providing PMTCT services for HIV infected pregnant women and girls on HAART for testing and prophylaxis, this program also targets women who may not know their HIV status and may be at greater risk for MTCT. Furthermore, it seeks to target infants, who are most at risk of becoming infected from an HIV positive mother during antepartum, intrapartum and postpartum periods. Through the counseling and testing components, we seek to target a broader group of adults by encouraging women to bring their partners and family members in for counseling and testing. Furthermore, our training activities will seek to train public and private health care workers on the implementation of PMTCT protocols and HIV related laboratory testing.

KEY LEGISLATIVE ISSUES We aim to increase gender equity by specifically targeting pregnant women, girls and their male partners for C&T and PMTCT prophylaxis. Data collection on PMTCT regimens provides a basis for developing strategies to ensure that all pregnant women have access to needed and optimally effective PMTCT services. This program addresses stigma and male norms and behaviors through the encouragement of partner notification and bringing other family members in for C&T. Infant feeding counseling, including on the appropriate use of BMS where AFASS is available, will be in line with the National PMTCT Guidelines. We will also provide referrals to Income Generating Activities (IGAs) for women as a part of our palliative care and counseling activities

EMPHASIS AREAS This activity will place major emphasis on the development of networks through expansion into more local areas through a network of secondary or primary PMTCT clinics with rural outreach to community healthcare workers involved in home delivery, which are linked to tertiary health care facilities. In addition, major emphasis will be placed on building organizational capacity in order to work towards sustainability of PMTCT centers and further expand the Nigerian PMTCT program. These system strengthening activities are led by local investigators at our current PMTCT sites who participate in new site assessments, overseeing QA/QC, capacity development and training for new PMTCT centers. We place minor emphasis on performing targeted evaluations of PMTCT interventions, to estimate the rate of transmission with each of the ART treatment and prophylaxis courses.

Continued Associated Activity Information

Activity ID: 3227
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 1,331,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	32	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	52,250	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,312	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	605	<input type="checkbox"/>

Indirect Targets

Our indirect targets include training TBAs in local areas near our sites in PMTCT counseling, training PMTCT counselors for the Federal PMTCT program, and technical assistance for the Federal PMTCT counseling manual. This training supports PMTCT efforts at all Federal PMTCT centers; we would propose all pregnant women screened at Federal PMTCT sites as indirect targets (50,000).

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
Pregnant women
Girls
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Stigma and discrimination
Food
Increasing women's access to income and productive resources
Microfinance/Microcredit

Coverage Areas

Borno

Lagos

Oyo

Plateau

Benue

Ebonyi

Kaduna

Ogun

Enugu

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: International Foundation for Education and Self-Help
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6725
Planned Funds: \$ 345,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in care & support (#6672), ARV services (#6766) & Laboratory infrastructure (#6767). The International Foundation for Education and Self- Help (IFESH) will increase the PMTCT sites it supports from 8 in COP06 to 12 in COP07 and provide counseling and testing to 4,750 pregnant women and provide Antiretroviral (ARV) prophylaxis to 190 clients. Counseling and Testing (CT) using the Opt- Out approach will be offered to all pregnant women at antenatal clinic and in labor. Same day results will be provided at all points of services. Post test counseling will be offered to all women and partner testing will be offered on site. The new 'Testing & Counseling for PMTCT' support tools produced by CDC, USAID and WHO will be adopted for use in our sites. HIV + pregnant women will have access to laboratory services including CD4 measurements. Women requiring HAART for their own health care will be provided with the same, utilizing the WHO and National Guideline as basis for treatment decisions. HIV-infected women, ineligible for ART will be offered a combination of Zidovudine(AZT) from 28 weeks and Single Dose Nevirapine (SD-NVP) at onset of labor. Women presenting in labor will be offered rapid testing and if HIV-infected provided with SD-NVP. All infants born to HIV infected women will be provided with SD-NVP at birth and AZT for 6 weeks. Significant Changes between 2006 and 2007 will include the Training of more lay counselors and Community Health Extension workers (CHEWs) to encourage home based CT and follow- up of all clients that pass through the PMTCT Program ensuring that referrals are followed through. Infant feeding counseling will start from ANC and continue through post partum. Community based workers will also ensure that infant feeding options are in accordance with the WHO and the newly adopted Nigerian infant feeding guidelines. Cotrimoxazole prophylaxis will be provided to all exposed infants from 6 weeks and continued pending a diagnosis. Infant diagnosis will be by referral to a PEPFAR DNA PCR site using the newly introduced dried blood spot (DBS) collection technique. IFESH plans to use Supervisory teams who will pay quarterly visits to all sites to ensure quality of care. In line with the Memorandum of Understanding (MOU) signed with the Rivers State Government, all HIV+ clients will be referred post partum to the State ARV Clinic and Pediatric HIV Clinic for continued care. IN COP 07, 80 PMTCT service providers will be trained using the National PMTCT Training Manual. Quality Assurance (QA) for both Counseling and testing will be carried out at timely intervals in COP 07 through submitting blood samples from every tenth tested client to a designated reference laboratory for testing and sending certified counselors for site assessments. All 12 sites will use the National PMTCT Registers and data collection for Monitoring and Evaluation of all activities in line with the Principle of "The 3 ones". IFESH is presently supporting PMTCT services at 8 sites and will support an additional 4 in COP 07 for a total of 12 sites. All sites will be in Rivers State. CONTRIBUTIONS TO OVERALL PROGRAM AREA: Supporting 12 sites in rural areas of Rivers is in line with the desire of the Government of Nigeria to have 1,200 PMTCT sites operational by the year 2008 and the USG `s target of having 80% coverage for PMTCT across the country. LINKS TO OTHER ACTIVITIES: This activity is linked to activities in care & support (#6672), ARV services (#6766) & Laboratory infrastructure (#6767).Prevention for positives counseling will be integrated within PMTCT care for HIV+ women. The basic package of care provided to all HIV+ patients will be available to HIV+ pregnant women. Women requiring HAART for their own health care will be linked to within network ARV services. Laboratory staff will ensure that HIV testing provided within the PMTCT context is of high quality by incorporating PMTCT sites into the laboratory QA program. POPULATIONS BEING TARGETED: This activity targets Men and women of reproductive age, Family Planning clinics, pregnant women, their spouses or partners and the children of the index pregnancy and Health care workers. Pregnant women will be provided with PMTCT services, while HIV+ Mothers, their infants and infected partners will access ART services. Uninfected women will be supported to remain HIV negative. CBOs, FBOs, support groups and men will also be targeted so that they participate fully in community based PMTCT services. Health care providers will be trained on providing services while management skills of GoN policy makers and implementers at all levels will be improved to enable them manage programs effectively. New sites will include those with lay counselors from the community who are to ensure adequate follow-up and community acceptance. KEY LEGISLATIVE ISSUES: This activity will address Gender equity in prevention programming through breakdown of figures of men and women who attend community mobilization, who assess counseling. It will also address this legislative issue through mobilization of communities to address issues which bring about cross generational and transactional sex. In PMTCT it will provide training to health workers and lay counselors on couple counseling, risk assessment and stigma reduction. It will also address the issue of addressing violence linked to disclosure by actively educating

the community male and females on the issues of HIV/AIDS and the danger of stigmatization. Women will be linked to other sources of care and income generating activities. EMPHASIS AREAS: The PMTCT service has major emphasis in commodity procurement and minor emphasis in training, community mobilization, local organization capacity development and development of linkages/ referral networks. This is through purchase of antiretrovirals, Shipment, Storage and timely delivery to the different sites. We organize community outreaches, Advocacy visits and use appropriate Information, Education and Communication (IEC) materials. The health centers, CBOs and non-governmental organizations have their capacity developed through trainings and this will make for sustainability of programs. Strong referrals linkages are also developed.

Continued Associated Activity Information

Activity ID: 3248
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Foundation for Education and Self-Help
Mechanism: Cooperative Agreement
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	12	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,750	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	190	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	80	<input type="checkbox"/>

Indirect Targets

The International Foundation for Education and Self- Help (IFESH) will have some indirect targets from the Government of Nigeria (GON) Facilities whom we partner with through the State Action Committee on AIDS (SACA). These targets will include some of their staff who will be trained especially as we would refer women and children for further care. These facilities will include but are not limited to the Braithwaite Memorial Hospital, The Chest Clinic who run the GON TB/HIV Program. This training and in some cases provision of commodities will also engender co-operation and recognition for the IFESH /CDC Intervention while at the same time building in sustainability.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Traditional birth attendants
Infants
Non-governmental organizations/private voluntary organizations
Pregnant women
Girls
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Education
Reducing violence and coercion

Coverage Areas

Rivers

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6768
Planned Funds: \$ 4,545,798.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in Care and Support (#6770), Orphans and Vulnerable Children (#6771), ARV Services (#6766), and Laboratory infrastructure (#6767). Utilizing a network model with basic PMTCT care centers linked to secondary and tertiary hospitals able to provide more complex PMTCT care and laboratory testing, 79,000 women will receive PMTCT counseling and testing and receive their results and 63 PMTCT sites will be supported. This represents a doubling in the number of PMTCT sites between COP 06 and 07. As PMTCT services are focused on the primary health center level, the average number of pregnant women per facility has decreased from 1500 to 1200. "Opt out" counseling and testing (C&T), with same day test results, will be provided to all pregnant women presenting for ANC including labor and delivery. All women are provided post-test counseling services on prevention of HIV infection including the risks of MTCT. Partner testing is offered as part of counseling through referral to on-site VCT centers and counseling includes a focus on strategies for negative women to remain negative. This provides an opportunity to interrupt heterosexual transmission. Master trainers for VCT will be utilized to train Labor and Delivery staff in the use of a simple rapid screening test such as the Abbott Determine for women who present for delivery without previously being seen at the hospital for antenatal care. As a result of these C&T activities, an anticipated 4,300 HIV+ pregnant women will be provided with a complete course of antiretroviral prophylaxis. Women will have access to ACTION supported laboratory services including CD4 measurement without charge. This will be available on-site or within the network through specimen transport. Women requiring HAART for their own health care will be linked to a network ARV center. For the anticipated 2/3 of women not requiring HAART, the current WHO recommended short course ARV option will be provided which includes ZDV from 28 weeks, intra-partum NVP, and a 7 day ZDV/3TC post-partum "tail". Infant prophylaxis will consist of single dose NVP with ZDV for 6 weeks. All HIV+ women will be linked post-partum to a HIV/ARV point of service, which will utilize a family centered care delivery model whenever feasible, co-locating adult and pediatric care. HIV+ women will be counseled pre- and post-natally regarding exclusive breast feeding with early weaning or exclusive BMS using the WHO UNICEF curriculum adapted for Nigeria. Consistent with national policies on importation of infant formula and recent concerns regarding mortality/morbidity among infants receiving BMS, ACTION will support BMS only if provided by the FMOH/NACA as part of a national program. Efforts will be focused on the provision of safe weaning nutritional supplements as part of OVC programming. HIV+ women will be linked to support groups within network which will provide both education and ongoing support around infant feeding choices. Co-trimoxazole suspension is provided to all exposed infants pending a negative virologic diagnosis. Eight Regional laboratory centers for DNA PCR have been or will be established by ACTION. Testing of infants will be carried out using dried blood spot specimen collection. Action will train a total of 276 HCWs in the provision of PMTCT services. This will include 216 HCWs across 63 sites and 20 TBAs in PMTCT regional trainings. These trainings will utilize the national PMTCT training curriculum. Including TBAs in regional trainings is an effort to reach women who do not access hospital/health center based services for antenatal care or delivery; the national training curriculum will be adapted for the TBA level when appropriate. In addition, counselors will be trained utilizing the infant feeding counseling curriculum recently harmonized with ACTION support. A major priority of the FMOH is capacity development and technical assistance to ensure that regional PCR facilities are developed throughout the country. ACTION will support this by conducting 4 Master Trainings in DNA PCR for laboratory scientists. Forty laboratory scientists will be trained who will train 5 other laboratory staff for an indirect target of 200 trained. ACTION will support PMTCT services at 63 sites, expanding from 32. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom.

CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity will provide counseling and testing services to 79,000 pregnant women, and provide ARV prophylaxis to 4,300 mother and infants pairs. This will contribute to the PEPFAR country specific goals of preventing 1,145,545 new HIV infections in Nigeria by 2009. With 63 operational sites, the PMTCT activity is in line with the desire of the GoN to have 1,200 PMTCT sites operational by 2008 and the USG's target of having 80% PMTCT coverage for antenatal clinics across the country

LINKS TO OTHER ACTIVITIES This activity is linked to Care and Support (#6770), Orphans and Vulnerable Children (#6771), ARV Services (#6766), and Laboratory infrastructure (#6767). Prevention for positives counseling will be integrated within

PMTCT care for HIV+ women. The basic package of care provided to all HIV+ patients will be available to HIV+ pregnant women. Women requiring HAART for their own health care will be linked to within network ARV services. ACTION laboratory staff will ensure that HIV testing provided within the PMTCT context is of high quality by incorporating PMTCT sites into the laboratory QA program. ACTION will collaborate with UNICEF in the support of PMTCT services at some sites, leveraging resources without duplication and creating a more sustainable service support structure. POPULATIONS BEING TARGETED This activity targets pregnant women who will be offered HIV counseling and testing, HIV+ pregnant women who will be offered ARV prophylaxis and infant feeding counseling, and HIV+ infants who will be offered ARV prophylaxis and infant HIV diagnostic testing. KEY LEGISLATIVE ISSUES ADDRESSED This activity addresses the key legislative issue of "Gender" since treatment will be provided to women and will focus on family centric issues including male involvement in PMTCT programming. EMPHASIS AREAS The major emphasis area for this activity is "Training" as nearly all supported personnel are technical experts who focus on this at the central and site level. In addition, considerable resources are devoted to training costs. A secondary emphasis area is "Commodity Procurement" as ARVs for prophylaxis and laboratory reagents for infant diagnosis will be procured. Another secondary emphasis area is "Development of Network/Linkages/Referral Systems" as networks of care will be supported which are critical to ensuring quality of care at the primary health center level, identifying women in need of HAART through CD4 testing, and ensuring access to HAART if needed within the network. This strategy of identifying the women most at risk for perinatal transmission and offering them the most intensive intervention is critical to maximizing reduction of MTCT and scale-ability while ensuring quality

Continued Associated Activity Information

Activity ID: 3257
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 1,165,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	65	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	86,500	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,600	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	300	<input type="checkbox"/>

Indirect Targets

A major priority of the FMOH is capacity development and technical assistance to ensure that regional PCR facilities are developed throughout the country. ACTION will support this by conducting 4 Master Trainings in DNA PCR for laboratory scientists. 40 laboratory scientists will be trained who will train 5 other laboratory staff for an indirect target of 200 trained. Inclusion of 50 TBAs in PMTCT regional trainings will reach an additional 2500 women with HIV counseling and testing in a PMTCT context assuming that each TBA cares for 50 pregnant women per year.

Target Populations:

Adults

Pregnant women

Men (including men of reproductive age)

Women (including women of reproductive age)

HIV positive pregnant women

HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Lagos

Nassarawa

Benue

Kogi

Rivers

Delta

Niger

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Ogun

Osun

Plateau

Sokoto

Table 3.3.01: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6784
Planned Funds: \$ 395,000.00
Activity Narrative: Reprogramming 9/07: \$200,000 reprogrammed in support of the Government of Nigeria PMTCT programs through increased direct technical support at post.

ACTIVITY DESCRIPTION: This MTCT activity relates directly to all Nigeria PMTCT COP07 activities (see ID references in narrative below).

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions (one Senior Program Specialist and one Program Specialist) planned for PMTCT, both of which are presently approved and hired under COP06 authority and funding. The budget includes funding for two and FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for six weeks of in-country support by PMTCT area specialists.

These HHS/CDC PMTCT staff members will work in close coordination with the USAID PMTCT staff (#6812) and directly provide quality assurance and program monitoring to all HHS supported implementing partners including: University of Maryland-ACTION (#6768), Harvard SPH-APIN (#6718), Columbia University, SPH-ICAP (#6699), International Foundation for Education and Self-Help (IFESH) (#6725), Catholic Relief Services-Aids relief (#6675); and three PMTCT partners to be determined by RFAs awarded in the last quarter of 2006 (#6744 & #6749). CDC PMTCT staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6706), Catholic Relief Services-7 Dioceses (#6685), and a USAID APS partner (#6756) for COP06 to be selected. USAID and CDC PMTCT staff will provide assistance as needed to the U.S. Department of Defense (#6801) program with the Nigerian Ministry of Defense.

HHS/CDC and USAID PMTCT staff will provide technical support and capacity development to new partners undertaking PMTCT activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National PMTCT guidelines. It is estimated that the PMTCT staff under this activity will provide monitoring and support to approximately 200 PMTCT sites in COP07.

Continued Associated Activity Information

Activity ID: 5350
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 111,000.00

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems

10 - 50

Human Resources

51 - 100

Needs Assessment

10 - 50

Policy and Guidelines

10 - 50

Training

10 - 50

Table 3.3.01: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6801
Planned Funds: \$ 295,000.00

Activity Narrative: NEEDS UPDATED NARRATIVE FOR PLUS-UP

ACTIVITY DESCRIPTION

This activity also relates to activities in ARV Services (#6798), Laboratory Infrastructure (#6799), Care and Support (#6802), OVC (#6808), Safe Blood (#6805), TB/HIV (#6795) and Strategic Information (#6800).

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria.

The Minister of State for Defence (MOSD) has directed the Emergency Plan Implementation Committee (EPIC) to harmonize with all other partners and funding streams of the Nigerian Military to ensure complete synergy among programs and the coordinated/complementary use of resources.

COP 2005 PEPFAR funding supported the opening of four facilities. During 2006, the partnership is commencing activities at three facilities. COP 2007 plans expansion to seven new facilities: (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri).

Under this submission, DoD will provide a free comprehensive prevention of mother to child transmission (PMTCT) program, which will follow the national guidelines, in a total of 14 sites and communities.

A family-centered network approach will be adopted and “opt out” counseling and testing will be provided to pregnant women presenting for antenatal services. Testing will be done following the interim National testing algorithm with same day results. Post test counseling will include prevention counseling for both HIV+ and HIV- women. A total of 4,800 women will be counseled, tested and receive their results. Partner testing will be promoted. HIV testing will be offered to all women of HIV unknown status presenting for labor and delivery.

In accordance with WHO guidelines a full course of ARV prophylaxis will be provided to approximately 270 HIV+ women. ARV-eligible women will be referred to ART sites for treatment and monitoring. ARV prophylaxis will include AZT at 28 weeks and Single dose Nevirapine (sdNVP) in Labor. All infants born to HIV+ women will be provided with sd NVP at birth and AZT during the first 6 weeks.

Infant feeding education and counseling will begin in the antenatal period in accordance with National guidelines, accompanied by appropriate preventive messages to all pregnant women and family members. After delivery, mothers and infants will be followed up to monitor mother’s health and to support the mother’s compliance of her infant feeding option as well as to provide nutritional support for both. Infant diagnosis will be by referral to a PEPFAR DNA PCR site using the newly introduced dried blood spot (DBS) collection technique.

In support of its commitment to build capacity and long-term sustainability in the NMoD, formal training for an additional 63 staff, in conjunction with other partners, will continue at all 14 sites, covering all staff involved in the PMTCT program. This training will be done in line with the National PMTCT training curriculum.

By training uniformed members and civilian employees at all levels that are invested in a career track in the Government of Nigeria, this Program fosters a generation of skilled workers who are more likely to remain within the military. As these employees are promoted, individuals not only acquire technical skills, but also gain management and oversight capacity fulfilling PEPFAR goals for independent and sustainable programs.

Monitoring and evaluation of service quality, together with a formal quality improvement

mechanism, which includes regular site visits by the DoD/NMoD and appropriate partners, are essential components of this program.

This program fully adheres to USG policies and acquisition regulations, minimizes indirect costs to accomplish the capacity building described above. International and local organizations synergize with the Nigerian Ministry of Defense to identify best practices and implement evidence based interventions in a sustainable manner. The program design ensures continued USG visibility and accountability at all levels of implementation.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

The DoD PMTCT program will provide HIV counseling, testing and results to 4,800 pregnant women and provide ARV prophylaxis to 270 pregnant women. This contributes to the goal of preventing new HIV infections in Nigeria. The PMTCT services identify HIV+ women who may need HAART for their own health thus contributing to the care and treatment goals in Nigeria.

LINKS TO OTHER ACTIVITIES

This activity is linked to other program areas, in particular, ARV Services (#6798), Laboratory Infrastructure (#6799), Care and Support (#6802), OVC (#6808), Safe Blood (#6805), TB/HIV (#6795) and Strategic Information (#6800). Pregnant women who present for C&T services will be provided with information about the PMTCT program and referred accordingly. ART treatment services for infants and mothers will be provided through ART Services. Basic pediatric care supports, including TB care, are provided for infants and children through our OVC activities.

POPULATIONS BEING TARGETED

This activity targets military personnel, civilian employees, dependents and the general population in the communities surrounding 14 sites and, in particular, pregnant women and girls, infants, partners and family members.

KEY LEGISLATIVE ISSUES

This activity will address gender equity in HIV/AIDS programs, by specifically targeting pregnant women and girls for testing, counseling and treatment, male norms and behaviors, through the encouragement of partner notification and on bringing other family members for counseling and testing.

EMPHASIS AREAS

This activity has a major emphasis on building local organizational capacity and minor emphases on community mobilization, logistics, policy and guidelines and training.

Continued Associated Activity Information

Activity ID:	3246
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 400,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	14	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	6,467	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	340	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	63	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 Military personnel
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker
 HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Addressing male norms and behaviors

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Cross River

Delta

Enugu

Oyo

Plateau

Rivers

Benin

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	6812
Planned Funds:	\$ 80,000.00
Activity Narrative:	ACTIVITY DESCRIPTION This activity supports 1 member of the USG prevention team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of adding a full-time Nigerian program officer for PMTCT activities to the prevention team. This position is being requested for the first time in this COP, as both the dollar amounts to be programmed and the number of partners providing programming in this area has increased over the past year and the ART advisor is no longer able to provide program oversight and supervision for both the ART and the PMTCT partners. The PMTCT will work closely with the ART advisor and as a member of the prevention team will be accountable to the prevention advisor. Oversight, supervision, mentoring, and capacity-building needs are provided by the program officer making twice monthly supervision visits to the field with the new, less experienced partners being visited more frequently than the well established institutional contractors.

The PMTCT program officer’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) participating in the USG prevention working group. As USAID has partners with PMTCT programs in both the community and in ART facilities, this program officer will be provide leadership in the community related aspects of PMTCT programming within the USG team. The entire prevention team works together to ensure a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing PMTCT prevention programs. This program officer spends 100% of his time in this program area and does not have program responsibilities in any other program area. None of the costs for this position are captured in any other budget category.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9748
Planned Funds: \$ 2,154,202.00

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is also related to activities in ART, Basic Care and Support, TB/HIV, OVC, PMTCT and HCT for the provision of HIV/AIDS related commodities needed in those services. The present budget for PMTCT under this activity is broken out as follows: Procurement of HIV Rapid Test Kits and other Supplies to support PMTCT not allocated to a specific partner = \$1,900,000; Supplies for the University of Maryland PMTCT Program (ID #6768) = \$54,202, and supplies for the DoD PMTCT Program (ID#6801)= \$70,000.

SCMS will procure HIV/AIDS prevention related supplies including ARV prophylaxis, drugs to treat Opportunistic Infections (OIs) & Sexually Transmitted Infections (STIs), test kits, laboratory equipment and consumables and other supplies for PEPFAR Implementing Partners (IPs) in Nigeria including DOD. Other partners include the University of Maryland, Institute of Human Virology (IHV)/ACTION, Family Health International(FHI)/GHAIN, Columbia University (CU)/ICAP, Harvard University School of Public Health (HSPH)/APIN+ and other new partners. The request will be coordinated by CDC acting on behalf of the IPs and managed by SCMS. The commodities will be procured in accordance with the Federal Government of Nigeria's (FGON) national treatment and testing program protocols, FGON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centers (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in commodity product selection based on Standard Treatment Guidelines, testing protocols and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria. SCMS will aggregate the total required commodities for the IPs and undertake the procurement on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary, emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting.

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SCMS will take the lead in establishing and managing the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria. A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to

unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments. SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible. SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where in-country supply chains will take over the local warehousing. All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

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SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where in-country supply chains will take over the local warehousing.

All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities for prevention programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), PMTCT (3.3.01), HCT (3.3.09) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.01: Activities by Funding Mechanism

Mechanism: DoD Agency Funding
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9750
Planned Funds: \$ 50,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also links to PMTCT (#6801), ARV Services (#6798), Laboratory Infrastructure (#6799), OVC (#6808), Blood Safety (#6805), TB/HIV (#6795), Policy and Systems Strengthening (#6809), and Strategic Information (#6800).

The Nigerian Ministry of Defence – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military, ensuring direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels. The partnership is developing a strong USG (United States Government) relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities, offering a cost effective model for implementation through a direct USG-GON (Government of Nigeria) collaboration, and supporting both the military and civilian communities, as 80% of patients under ART at military facilities are civilian.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the MOD and the Nigerian Military. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. Membership on this Committee includes senior representatives of both militaries and includes the Federal Ministry of Health (FMOH) and National Action Committee on AIDS (NACA) representation to participation in the Government of Nigeria HIV harmonization process. Thus, the Program fully adheres to all USG and FMOH national treatment guidelines.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), and 445 Nigerian Air Force Hospital (Ikeja in Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities: Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and Military Hospital (Maiduguri).

This activity supports DoD in-country and provides extra-country technical support for Emergency Plan PMTCT activities. Funding in this section will be applied directly to developing and training Nigerian Military healthcare officers and staff, quality control and quality assurance and technical support to the DOD USG team members. One experienced Physician will be hired in Nigeria and TDY support will come from USMHRP's sites in Uganda and Kenya, as well as the parent organization, the Walter Reed Army Institute of Research.

The NMoD-DoD HIV partnership focuses on activities that build capacity in the Nigerian military provides a focused, capacity-building instrument designed to ensure a cost-effective, sustainable program.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). By implementing directly with the military, and minimizing the indirect cost of program management, the DoD ensures that Nigerian Government employees are receiving specialized technical training and work experience in implementing the program. Refurbishments and equipment are placed directly in Ministry of Defence facilities. Rigorously trained staff and well-equipped facilities improve overall healthcare to the population. (Costs for equipment and reagents used for non-HIV patients, such as a chemistry analyzer, are borne by the military facilities and non-HIV patients.) The overall benefit of this is that both HIV and non-HIV patients will have access to better-trained staff and facilities.

By training uniformed members and civilian employees at all levels who have invested in a career track in the Government of Nigeria, the DoD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals receive technical, management, and oversight training. This

explicitly fulfills PEPFAR program goals for independent operation and preparing personnel for oversight roles. The Military Steering Committee ensures an unprecedented level of cooperation in both national and international policy development and implementation, and follows national guidelines and international military standards.

By enabling this cohesive environment, the NMoD-DoD Partnership fosters a learning environment where international and local organizations may synergize with the Nigerian Ministry of Defence. In addition, the program facilitates identification of best practices and implementation of evidence-based interventions in a sustainable manner.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT). AB activities will also be administered on a national forcewide level.

CONTRIBUTION TO OVERALL PROGRAM AREA

Additional personnel and support will provide the synergistic effect needed for optimal program development, as well as support to the USG team in all its clinical and clinically-related activities.

LINKS TO OTHER ACTIVITIES

This activity is linked to other program areas, in particular, PMTCT (#6801), ARV Services (#6798), Laboratory Infrastructure (#6799), OVC (#6808), Blood Safety (#6805), TB/HIV (#6795), Policy and Systems Strengthening (#6809), and Strategic Information (#6800).

POPULATIONS BEING TARGETED

This activity targets military personnel, civilian employees, dependents and the general population in the communities surrounding 14 sites and, in particular, pregnant women and girls, infants, partners and family members.

KEY LEGISLATIVE ISSUES

This activity will address gender equity in HIV/AIDS programs, by specifically targeting pregnant women and girls for testing, counseling and treatment, male norms and behaviors, through the encouragement of partner notification and on bringing other family members in for counseling and testing.

EMPHASIS AREAS

This activity has a major emphasis on building local organizational capacity and minor emphasis on community mobilization, logistics, policy and guidelines and training.

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area: \$ 17,594,781.00

Program Area Context:

Epidemiological and Social Context

The 2005 ANC survey in Nigeria indicated a similar HIV prevalence to the 2003 survey (4.4% versus 5.0% in 2003). HIV rates are highest in the east and south-east and the middle belt of the country, and lower in the north and south-west regions of the country. State-specific prevalence ranges from 1.6% in Ekiti to 10% in Benue. Prevalence is slightly higher on average in urban areas, but is disturbingly high in some rural sites. Antenatal HIV rates are less variable by age-group, although young adults appear most affected.

With HIV prevalence at 3% or higher in 31 of 37 states, the epidemic appears to have generalized to some degree in most states. Especially in higher prevalence areas, many new infections are likely taking place outside groups considered at highest-risk, such as sex and transport workers; informal transactional sex may be a key driver of the Nigerian epidemic.

Services:

As of the March 31, 2006 semi-annual report, USG Nigeria was on track to exceed its COP 05 and COP 06 AB program area targets. AB partners reported reaching over 1.5 million people through community outreach activities.

USG-supported Abstinence and Be Faithful (AB) prevention programs are experiencing a period of transition in COP06. AB activities under the bilateral GHAIN project which were slated to be phased out in COP 06 have been extended with 6 selected local AB implementing agencies targeted for additional capacity-building to allow them to apply for direct funding under the Annual Program Statement (APS) at the end of their transition year in COP07. AB funds originally budgeted for GHAIN are being reprogrammed through this APS which will not only allow the 6 strongest organizations to be funded directly, but also identify new prime partners that can pick up many of the remaining NGOs, CBOs and FBOs previously funded by GHAIN. CEDPA, previously a GHAIN sub-partner, now receives prevention funding directly from USG Nigeria, and Christian Aid has picked up many of GHAIN's previous activities and local partners. Many other AB projects resulting from the APS are expected to be awarded in the next six months.

Due to the challenges associated with adding this number of new local partners as prime partners, and in response to a recommendation from the Prevention TA visit in July 2006, a major new capacity-building mechanism, Leadership, Management, and Sustainability (LMS), has been added to the portfolio to support the scale-up of AB programming through indigenous NGOs, CBOs and FBOS, while reducing management and financial oversight burdens on the USG team. LMS will also harmonize AB messaging, perform quality assurance activities, and provide A&B technical assistance for current and potential AB partners.

Prevention partners that address HIV-related issues in specific, hard-to-reach vulnerable populations (for example Population Council which specifically address the vulnerabilities of young married girls in Northern Nigeria) have been added to the portfolio in COP06 and these programs will be scaled up in COP 07. AB behavior change interventions for the general population will seek to delay sexual initiation, reduce multiple and concurrent partnerships, and increase knowledge of the type of behaviors that increase the risk of HIV infection, with special emphasis on girls, young women, and adult men. Activities undertaken in these programs will include skills-based HIV education for girls and young women as well as efforts to engage "influencers" of youth—parents, teachers, religious and community leaders. Special attention will be given to younger, out-of-school adolescent girls who are especially vulnerable. The USG will also work with the Ministry of Education to strengthen school-based HIV education by continuing to promote the Family Life Health Education curriculum accepted by the GON.

Mass media activities carried out by the Society for Family Health (SFH) will also support normative

change. SFH will continue to build on the successful Zip-Up abstinence campaign for youth. In COP 07, SFH will launch a parallel mass media campaign for adults, especially men, addressing the importance of mutual fidelity and avoidance of multiple and concurrent partners. These mass media campaigns will be closely linked and harmonized with interpersonal communications and community-based outreach activities.

Referrals and Linkages:

USG Nigeria will expand efforts to reach adult men as a key bridge from high-risk groups to the general population, with programs that promote marital fidelity, address male norms and behaviors that put both men and women at risk, and increase the understanding of the relationship between risky behavior and HIV infection. Coverage of current prevention activities targeting AB messages to the military, other uniformed services, and other male audiences will be expanded, with appropriate linkages to activities in the Condoms and Other Prevention program area for individuals engaging in high-risk behavior.

Catholic Relief Services 7 Dioceses, CEDPA, SFH and other USG partners will undertake broad-based community mobilization to create a more supportive normative environment for the practice of abstinence and fidelity, working through grassroots structures such as churches and mosques. New mechanisms will be developed to reach men and women in the formal labor force with AB messages through expanded workplace interventions, again with linkages to condom education and distribution.

The newly formed Partnership Office at USAID will support the USG team to establish public/private partnerships that will leverage private funds to institute well-integrated workplace programming that reinforces key prevention messages.

Policy:

Strong leadership from President Obasanjo has energized the national HIV/AIDS response, stimulating a proliferation of community-based prevention activities across the country and increasing awareness of HIV. The government of Nigeria's 2003 National Policy and 2005-2009 Strategic Framework for Action provide a strong and comprehensive framework for prevention efforts, including a balanced "ABC" approach. Prevention activities are supported by DfID, the World Bank MAP program, the Gates Foundation, CIDA and the Federal and state governments, in addition to the USG. At the national and state level, prevention activities could benefit from enhanced coordination and harmonization. Technical working groups or Task teams exist for information sharing and coordination in many other program areas, however these interagency, intergovernmental bodies have been notably lacking in the Prevention program areas. The addition of a full-time Prevention advisor to the USAID team in COP 06 along with the highly collaborative interagency Prevention technical assistance visit in July 2006 has resulted in a proposal to the Expanded Theme Group (ETG) co-chaired by the UN and NACA to initiate such a group. The acceptance of this national level technical working group has jump-started coordination and harmonization of prevention activities in Nigeria and left opportunities for continued strengthening and growth in this key area in COP07.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,028,370
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,653,144
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	35,249

Table 3.3.02: Activities by Funding Mechanism

Mechanism: 7 Dioceses
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6684
Planned Funds: \$ 1,095,000.00

Activity Narrative: Plus up will enable CRS 7D to expand the couple counseling work and to intensify the targeting of men during couples counseling. Plus up funds will also enable partnerships with schools and youth groups to train sensitized youth into active peer educators. Programs will be tailored to in-school and out-of-school youth as a wraparound with OVC education. Primary A will be promoted for in-school youth and secondary A will be promoted for out-of-school. An additional AB specialist position will be added at CRS or a partner level to tailor the IEC materials to men, rural areas and OVC, and to expand these components.

ACTIVITY DESCRIPTION

This activity relates to activities in PMTCT 6685, Counseling & Testing 6687, Care & Support 6686.

The first component of the CRS Seven Dioceses (7D) Prevention Project is to continue to support the Catholic Secretariat of Nigeria (CSN) in its role as a training body. CSN will conduct Sensitization Workshops for the Catholic clergy and laity across 10 Arch/dioceses. CRS 7D's Direct support of one service outlet will enable CSN to continue to develop accurate, target-specific and "faith sensitive" Information, Education, and Communication (IEC) materials for use in Arch/dioceses across Nigeria. In addition, CSN will sensitize clergy, religious, catechists, and laity on AB prevention in six additional arch/dioceses yet to be determined. It is expected that with the acquired knowledge on standard AB messages, priests and other leaders in the community will deliver culturally appropriate and effective messages to thousands of people. A total of 150 individuals will be trained in six additional arch/dioceses. CRS will provide direct support to 10 service outlets in 8 7D target states, and an additional six arch/dioceses outside of the 7D target dioceses.

The second component of the 7D project is to support the 10 partners to conduct several HIV/AIDS Sensitization Workshops for the Catholic Church. Groups targeted will include the clergy, catechists, and laity. Activities will include: training, printing of appropriate AB messages in weekly parish bulletins, community mobilization/participation, dissemination of IEC materials and local organization capacity development. In COP07, an additional 80 counselors will be trained on premarital counseling of couples on the importance of A/B. The new couples, the husband in particular, can then act as role models for the community. Youth both in and out of school will be increasingly targeted for A/B interventions. Additional A-specific youth groups will be formed and will actively engage in A-specific interventions such as workshops, skills building, and educational discussion sessions.

The final component of the project includes supporting 10 Arch/dioceses to provide AB Prevention trainings for 192 PLWHA, who have been identified and are currently serving as Support Group Leaders. Those trained are expected to counsel and communicate information about AB Prevention at the support group and household level on an ongoing basis. Health facility staff at the PHC level will benefit from AB Prevention training in order to deliver appropriate messages to clinical patients. CRS 7D will support the establishment of mobile drama groups and community outreach campaigns as a part of A/B Prevention. Post-test and home-based counseling, as well as AB sessions with at-risk groups, will include accurate information about condoms.

Training of community members, including PLWHA, capacity building, and working within existing church structures lays the foundation for sustainable long term programming.

.Indirect support will also be provided by way of materials distribution, technical guidance, and assistance with facilitation of AB events in over 350 parishes. Direct targets will be reached by the delivery of AB messages through community outreach programs to 950,000 individuals, 22,000 of which will benefit from A-specific messages. A total of 422 individuals will receive training. Coverage areas of the activity include the following: Kaduna and Kafanchan A/dioceses (Kaduna), Minna Diocese (Niger), Jos A/diocese (Plateau), Lafia Diocese (Nasarawa), Makurdi and Otukpo Dioceses (Benue), Idah Diocese (Kogi), Benin A/diocese (Edo), and Abuja A/diocese (FCT). The geographic location of the six additional arch/dioceses to benefit from expanded AB activities is to be determined in collaboration with the GON and the USG prevention team.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Regular delivery of A/B prevention messages in the 10 Arch/dioceses will encourage youth to adopt behaviors to reduce risk of HIV infection such as delaying sexual debut until marriage and promoting social/community norms which favor A/B. Adults in the Arch/dioceses will also be motivated to embrace the message of Being faithful to one partner as means of preventing HIV/AIDS. Role models in the community will further encourage behaviors that reduce the risk of HIV infection.

Prevention is only one aspect of the HIV/AIDS project area. It will encourage the adults and youths to participate in Voluntary Testing and Counseling (VCT) as well as reducing stigma and discrimination against PLWHA. Through the Prevention Project, the community can be linked with resources and programs for HIV/AIDS. In addition, the capacity of local organizations will also be developed. This will contribute to the Emergency Plan's 5 year program goals by preventing new infections and reducing the incidence of HIV infection in Nigeria.

LINKS TO OTHER ACTIVITIES

A/B prevention strategies in the 10 Arch/dioceses and neighboring areas relate to VCT6687, Prevention of Mother to Child Transmission (PMTCT) 6685, and Orphan and Vulnerable Children (OVC) 6686 activities. Targeted population in the Arch/dioceses will be linked to VCT centers in the communities in order to ascertain their HIV status.

PMTCT activities and OVC activities have an aspect of A/B prevention. Being Faithful to one partner will be reinforced among all pregnant women that will be attending Ante Natal Care (ANC) clinic under the PMTCT activity. Children under the OVC program will be encouraged to embrace Abstinence, delaying sexual debut until marriage.

POPULATIONS BEING TARGETED

Target populations of the A/B Prevention messages include: adults, children and youth, PLWHA, HIV/AIDS affected families, and community leaders. This includes both girls and boys from primary school through university students, as well as adults of both genders with activities specifically tailored for pregnant women. Other target groups include the Catholic clergy and laity.

Plus up will enable CRS 7D to expand the couple counseling work and to intensify the targeting of men during couples counseling. Plus up funds will also enable partnerships with schools and youth groups to train sensitized youth into active peer educators. Programs will be tailored to in-school and out-of-school youth as a wraparound with OVC education. Primary A will be promoted for in-school youth and secondary A will be promoted for out-of-school. An additional AB specialist position will be added at CRS or a partner level to tailor the IEC materials to men, rural areas and OVC, and to expand these components. 422 new individuals were to be trained in COP07. With plus up funds, an additional 80 couples counselors and 131 youth peer educators will be trained for a total of 633 people to be trained in AB. Moreover, Plus up funds will involve the community church "Prayer Leaders" who lead the most community-based unit of the church structure. Each diocese has an average of 300 Prayer leaders who will be trained on AB messages and will reach about 30 community members each. A total of 72,000 direct beneficiaries will be added to the existing target to improve the saturation of the rural areas within the ten target dioceses.

Continued Associated Activity Information

Activity ID:	5312
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	7 Dioceses
Funding Source:	GHAI
Planned Funds:	\$ 196,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	23,600	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,110,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	633	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Secondary school students
Men (including men of reproductive age)
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors
Stigma and discrimination
Gender
Education

Coverage Areas

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Benue

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1.5
Prime Partner: Food for the Hungry
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6712
Planned Funds: \$ 443,656.00

Activity Narrative: ACTIVITY DESCRIPTION

Food for the Hungry (FH), a Track 1 ABY partner, implements activities in Nigeria as a part of a multi-country program. The funding in this Activity Description will support FH's Nigeria program, which FH implements through three major subpartners: TEKAN, the Salvation Army and the Nazarene Church. FH currently supports activities in the 20 states where TEKAN, Salvation Army and Nazarene churches exist, and expansion efforts will be closely coordinated with the USG's geographic strategy to saturate program areas and contribute to multiple and reinforcing messaging which promote behaviour change.

FH began implementing its ABY program in Nigeria in FY05. In FY07, FH will continue scaling-up its program through the expansion of its two main interventions: Youth-to-Youth (Y2Y) groups and faithfulness groups. Y2Y groups aim to increase the commitment of individuals to abstinence and faithfulness. Designed to reach unmarried youth between the ages of 10-24, these Y2Y groups consist of leader youth (LY) and promoters. Each LY shares what they learn with a small group of peers. Trained national promoters and local co-promoters assist, coach and mentor these LYs through the Y2Y groups. Culturally-appropriate materials help to guide the Y2Y discussions that address issues relating to relationships, sex, HIV/AIDS and its impact on the community. Through these small-group discussions and the multiplier effect of the LY, the Y2Y groups promote abstinence before marriage and faithfulness in marriage as healthy and desirable sexual choices.

FH's faithfulness groups emphasize faithfulness to married men and women between the ages of 15-49. The faithfulness groups utilize a culturally-appropriate and evidence-based curriculum to guide small group interactions that promote messages about fidelity and responsible behavior. To complement the faithfulness groups, FH implements faithfulness-training workshops that engage married adults and influential religious and community leaders in discussions on relationships, sex and HIV/AIDS and its impact on the community.

In September 2007, FH will begin preparations to scale out its second cohort of Y2Y and faithfulness groups. People will be reached through these events and introduced to the ideas of abstinence and faithfulness. From these meetings the new Y2Y and faithfulness groups will be formed. The impact the Y2Y and faithfulness groups has on communities continues to be tremendous. Both programs encourage discussion and dialogue within the family and larger community that address various social issues related to HIV/AIDS. Youth participating in the Y2Y groups are encouraged to share what they are learning with their parents and peers. Faith-based groups and communities are encouraged to discuss and address societal issues that arise from HIV/AIDS. Influential adults within the community and faith community continue to be identified and trained to serve as mentors to the youth and others in the community. This will help transform those under their influence.

Lastly, FH will commence skills training and provide start up capital for income generating activities for out of school youth. Seeking to address a specialized need, FH will identify and work alongside sister organizations to engage youth in this program. The USG team will facilitate linkages with other IGA activities so that best practices can be developed and lessons learned can be shared and capitalized on.

CONTRIBUTION TO OVERALL PROGRAM AREA

Through the Y2Y and faithfulness groups, FH will promote abstinence and faithfulness to youth and adults as a means of reducing the spread of HIV/AIDS. Working through faith-based and community groups, the Y2Y and faithfulness groups will introduce and encourage participants in the program to make healthy and positive sexual choices. FH will work alongside its faith-based and community group partners to train 15,807 LY and influential adults to promote HIV/AIDS prevention through abstinence and/or being faithful and to reach 65,704 youth and adults through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful. In addition, 667 people will be reached through AB awareness meetings and 52,472,000 listeners will be reached through mass media. FH will reach its targets by implementing activities with 1,661 churches, schools, Y2Y groups and other community organizations.

LINKS TO OTHER ACTIVITIES

FH's goal is to integrate its program into the lives of the churches, schools and

communities where it works. FH works to promote community acceptance of abstinence and faithfulness as healthy sexual choices and to actively promote them as social norms. FH integrates these messages into other program activities with its partners, including FH's work with pastors and other church leaders, youth, women's fellowships, secondary schools, seminaries and Bible schools, health programs, and diaconal ministries. FH builds the capacities of the national churches to continue promotion of abstinence and faithfulness when this project ends. As there are currently no direct links with other USAID/PEPFAR activities, the USG prevention team will actively promote linkages with implementing partners involved in other activities that will improve the response to HIV and AIDS.

POPULATIONS BEING TARGETED

FH targets unmarried youth between the ages of 10-24, including girls, boys, students in the upper classes of primary schools, secondary school students, university students 24 years old or younger, and out-of-school youth. Married men and women between the ages of 15-49 are also targeted.

KEY LEGISLATIVE ISSUES ADDRESSED

The ongoing activities of FH will continue to address a variety of key legislative issues. Gender equality continues to be addressed through the Y2Y and faithfulness groups. The curriculum used by these groups is very intentional in promoting equality between males and females. Training will also continue to be provided for the volunteer mentors, parents, teachers, religious and community leaders in an effort to raise awareness of and reduce sexual coercion, violence, cross-generational sex and other unhealthy sexual behaviours in the community. This training also addresses the stigma that exists within Nigerian society towards those with HIV/AIDS.

EMPHASIS AREAS

A major emphasis of the above activities continues to be the involvement and mobilization of the communities as FH promotes abstinence and faithfulness to Nigerian youth and influential adults. Closely associated with this is the minor emphasis of capacity development for local organizations. Local organizations are empowered to address AIDS within their communities through the training of LY, volunteers, mentors, and key community and religious leaders. The focus is on developing their skills and building their capacity to promote abstinence and faithfulness and to address HIV/AIDS.

Continued Associated Activity Information

Activity ID: 5314
USG Agency: U.S. Agency for International Development
Prime Partner: Food for the Hungry
Mechanism: Track 1.5
Funding Source: N/A
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	65,704	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15,807	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Teachers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion
Gender
Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Abia
Adamawa
Akwa Ibom
Anambra
Bauchi
Bayelsa
Benue
Borno
Cross River
Delta
Ebonyi
Edo
Ekiti
Gombe
Imo
Kaduna
Kano
Lagos
Nassarawa
Niger
Ondo
Oyo
Plateau
Taraba
Federal Capital Territory (Abuja)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1.5
Prime Partner: Hope Worldwide South Africa
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6723
Planned Funds: \$ 193,625.00

Activity Narrative: ACTIVITY DESCRIPTION

Hope Worldwide, a Track 1 ABY partner, implements activities in Nigeria as part of a multi-country award. Hope Worldwide will reach 52,000 individuals through community outreach that promotes HIV/AIDS prevention through abstinence and be faithful activities. Hope Worldwide's community outreach interventions include workshops, seminars, campaigns and peer education. Hope Worldwide will implement activities in 54 secondary schools, 38 religious outlets (churches and mosques) and various community outlets at four sites in the densely populated state of Lagos.

Partner and Peer Educator training will be conducted at four sites. Eight hundred peer educators (PEs) will be trained using a standardized peer education curriculum within schools, religious bodies, and community structures. Workshops will be arranged for skills acquisition on how to practice abstinence and fidelity. One of the sites, Badagry, falls within the border area where high rates of sexual activity are coupled with a high HIV prevalence rate. In these sites, school students will be targeted with messages on abstinence to prevent new infections. In other sites, such as Shomolu, schools have been underserved. In these sites, students will be reached by FBOs and Community-Based Organizations (CBOs) to promote HIV/AIDS prevention with abstinence and faithfulness messages.

Community Action Teams (CAT) are used to reinforce the AB messages promoted through partner and peer education. The HWW program will pursue the CAT methodology to ensure that there is support for the program and young people making healthy choices. Significant changes have been recorded in this activity. In 2005, 24 CATs were formed operating out of 24 service outlets. In 2006, 64 CATs operate out of 54 outlets that include schools, churches, mosques and community centers. The increased number of CATs has contributed to the spread of the messages in the communities by supporting the CAT members to become agents of change in their respective communities.

Special school and community events promoting mutual faithfulness will be organized. The events will involve parents and youths, emphasizing the need for parents to communicate with their children, and teaching them to communicate sensitive matters of reproductive health. Care will be given to contextualize the messages to promote better community acceptance without compromising program goals.

To address the influencers of youth, such as parents and community leaders, the Men As Partners (MAP) approach will be employed to engage young people and parents. MAP workshops will be conducted in schools, churches and communities. Issues contributing to violence, cross-generational sex and coercion will be discussed during the workshops. Twenty workshops with a total attendance of 500 will be conducted. The men who attend the workshops will be invited to participate in the formation of CATs. CAT meetings will be held to constitute and organize the teams.

HIV testing will be promoted during community, school, church and clinic-based sessions through counseling and testing (C&T) awareness raising to encourage knowledge of status. At least 3,000 people will be reached with these "know your status" C&T messages. Churches, schools and the community at large will be encouraged to get tested and to make decisions about faithfulness and abstinence. The campaign will be conducted in conjunction with the Lagos State AIDS Control Agency and State Hospitals at our various sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Hope WW's AB program in Lagos, particularly in Ikorodu, Epe, Badagry and Shomolu, will contribute to the overall Emergency Plan AB targets for Nigeria. The promotion of abstinence and fidelity to young adolescents, especially in-school youth, will encourage the adoption of healthy behavior change and ultimately prevent many new infections.

LINKS TO OTHER ACTIVITIES

HWW abstinence and faithfulness activities in Ikorodu, Epe, Badagry and Shomolu will create synergies with C&T awareness activities, and will mobilize communities to access C&T centers. This will promote referrals to treatment, care, and support services for those who test positive.

POPULATIONS BEING TARGETED

Hope WW's primary target audience is unmarried youth aged 10-24 years. With approximately half of all new infections occurring in the 15-24 year old age group (UNAIDS, 2004), delaying a young person's first sexual encounter can have a significant impact on his or her health and well-being and on the progress of the HIV/AIDS epidemic within communities. Hope WW's secondary target audience is influencers of youth, including parents, teachers and adults.

KEY LEGISLATIVE ISSUES ADDRESSED

The C&T campaign activity will increase gender equity through linkages to PEPFAR C&T outlets within and around the communities in which Hope WW implements its abstinence and faithfulness program. Male norms and behaviors and the vulnerability of young girls and women will be targeted through counseling messages. The MAP methodology will address gender issues like rape, child abuse, gender-based violence and cross-generational sex.

EMPHASIS AREAS

The program activities emphasize human development through messages that help young people make healthy choices through training and skills acquisition as detailed in description in section 1 above.

Continued Associated Activity Information

Activity ID: 5343
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide South Africa
Mechanism: Track 1.5
Funding Source: GHAI
Planned Funds: \$ 29,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	52,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	800	<input type="checkbox"/>

Indirect Targets

Policy makers at the local level, traditional leaders and religious leaders, school administrators and artisans/transporters.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion
Stigma and discrimination

Coverage Areas

Lagos

Table 3.3.02: Activities by Funding Mechanism

Mechanism: HIV Prevention Project for Vulnerable Youth in Northern Nigeria
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6729
Planned Funds: \$ 825,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to services such as ARV Services 6703, VCT 6702, 6687, and PMTCT 6685, 6706

This HVAB project addresses HIV risks associated with early marriage/early sexual initiation for adolescent girls in the north where it often occurs within the context of arranged marriage to older partners. The project will operate in eight states—Adamawa, Bauchi, Benue, Borno, FCT, Kano, Nasarawa and Niger.

In COP 06, multiplier partners conducted Days of Dialogue (DOD)—two day trainings—educational sessions/discussion with women, community and religious leaders (Christians/Muslims) on issues related to child marriage, RH, HIV risks, etc. Subsequently five-day intensive advocacy training workshops were held with committed leaders identified in the two-day training to raise awareness among parents, youth and husbands on HIV risks associated with early marriage and promote premarital and couples' VCT as a way to prevent the potential transmission of HIV between discordant couples and promote behavior change—faithfulness—within marriage. During these trainings demand creation for VCT services and appropriate referrals are also covered and subsequent VCT training is provided to lay counselors who train new advocates in premarital counseling and further demand creation.

In COP 07 activities will be carried out which promote fidelity, address male norms and behaviors that put both men and women at risk, and increase risk perception. Married and unmarried adolescent girls, their often older husbands or fiancés, other wives of the husbands and other significant influencers will be targets for broad based community mobilization activities aimed at creating more supportive normative environment for the practice of abstinence and fidelity. Adolescent Health and Information Projects (AHIP) conducts advocacy training for adolescents while the Federation of Muslim Women's Association/Nigeria (FOMWAN) and Islamic Education Trust (IET) provide training to community/religious leaders, parents, and husbands at community meetings. Religious leaders include messages in Friday/Sunday sermons while messages are conveyed to youth in Islamic schools. In COP07, 600 additional community/religious leaders will be trained to reach communities with prevention messages and promote VCT, including premarital couples' VCT. Newly trained participants and those trained in COP06 will reach 375,000 individuals with AB prevention and premarital/couples counseling messages as well as messages related to the risks associated with early marriage. Counselors trained in COP06 will counsel and refer 4,800 individuals for pre- and post-test services. Implementing partners in the community will recruit and train 120 mentors to facilitate married girls' and husbands' groups. Through the groups, 2,400 married girls will be reached with HIV information, prevention messages and referrals for PMTCT, STI, VCT and other RH services. The girls' groups include livelihoods activities—financial literacy, savings opportunities, and skills development—to increase women's access to income and productive resources; and discussion about ways to increase gender equity in HIV/AIDS programs and how to ensure that women know their legal rights.

In order to meet the targets (COP 06/07) by the end of COP07, these activities/techniques will be used: DOD training; advocacy training, VCT training, intergration of prevention messages into religious services, community meetings, married girls' meetings, expert lectures, couples counseling and VCT/referral. Educational radio spots/messages will be developed and aired for hard to reach low literacy groups. Training and contact registers are used to record those trained and contacts made with AB messages.

Sub-awards to AHIP, FOMWAN, and IET in the amount of \$55,000 will be made and activities begun in six sites in COP06 will extend to two new states—Benue and Borno—in COP07.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Emergency Plan Five-Year Strategy in preventing new HIV infections among vulnerable youth—especially unmarried adolescent girls and those engaged to be married—who are most at risk and underserved. This is accomplished by promoting the delay of sexual initiation premarital C&T, and abstinence to avert HIV infection. Specifically, the project will reach 375,000 individual community members with community outreach prevention programs that promote abstinence and faithfulness and

safer marriages. At least 4,800 individuals will be counseled or referred, increasing uptake of VCT services and contributing to the Emergency Plan goal to increase counseling and testing. Some 2,400 married girls will be reached with prevention messages for a total contribution of 382,200 prevention interventions in Nigeria.

LINKS TO OTHER ACTIVITIES

This project increases demand and creates linkages for services such as ARV Services 6703, VCT 6702, 6687, and PMTCT 6685, 6706 through education, promotion and referral by community advocates and married girls'/couples' clubs. Linkages between existing ART (3.3.10), VCT (3.3.09), and PMTCT (3.3.01) centers will be strengthened in northern Nigeria, particularly with remote rural populations who may otherwise have limited access to services. Information sharing among other IPs will also provide HIV prevention information and ensure that appropriate referrals are made. The project promotes premarital and couples' VCT as a way to prevent the potential transmission of HIV and create the demand for VCT services.

POPULATION BEING TARGETED

The project targets rural, unmarried and out of school adolescent girls who are less knowledgeable about HIV and those engaged to be married. The project will therefore reach a vulnerable population group that is at high risk, and underserved. Other vulnerable youth and potentially discordant couples before marriage will also be targeted. Other target population groups include the husbands and parents, religious leaders, women and community leaders who are major influencers of the primary target group.

KEY LEGISLATIVE ISSUES ADDRESSED

The major legislative issues addressed by this activity are gender—increasing gender equity in HIV/AIDS programs, addressing male norms and behavior, reducing violence and coercion; increasing women's legal rights; and increasing women's access to income and productive resources through livelihoods activities, such as financial literacy, savings opportunities, and skills development.

EMPHASIS AREAS

Major emphasis of the program will be Community mobilization and minor emphasis will be team building with local partners, religious leaders and collaborators identified through the three sub-partners. IEC will be addressed through the development of radio messages featuring community/religious leaders and their weekly sermons. Strategic information—M&E, IT, reporting—will be addressed through the MIS to track project outputs while the BSS will measure the project's impact.

Continued Associated Activity Information

Activity ID: 5315
USG Agency: U.S. Agency for International Development
Prime Partner: Population Council
Mechanism: HIV Prevention Project for Vulnerable Youth in Northern Nigeria
Funding Source: GHAI
Planned Funds: \$ 826,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	375,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Non-governmental organizations/private voluntary organizations
Program managers
Girls
Boys
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Reducing violence and coercion
Increasing women's legal rights

Coverage Areas

Adamawa
Bauchi
Benue
Borno
Federal Capital Territory (Abuja)
Kano
Nassarawa
Niger

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6733
Planned Funds: \$ 4,110,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to activities in Condom and Other Prevention 6735, Counseling & Testing 6736, Care & Support 6738, OVC 6737 and Strategic Information 6734.

SFH, HVAB goal is to contribute to a reduction in HIV prevalence among youths aged 15-24 years. This activity is partly implemented at national level (mass media campaign) and in 19 states (community mobilization among target communities at selected sites) in collaboration with the USG team. Communities are defined by target population such as out-of-school youth community while sites are the geographical locations where the communities are found. In COP06, 76 out-of-school youth communities in 19 states in Nigeria were selected for intervention. In COP07 SFH expects to train 2,250 persons who will reach 803,463 persons through community mobilization and outreaches with AB messages. Of this total number 314, 213 will be reached with abstinence messages only.

Society for Family Health (SFH) will implement the Peer Education Plus (PEP) model among the out-of-school youth. The PEP model is evidence based 12 month intervention implemented in three phases. The Community Entry phase (mapping, advocacy visits, open community meeting and baseline study), Intensive phase (holding of peer education sessions, drama, IEC materials distribution etc.) the Exit phase (building of CBO capacity to take over program implementation). Target specific manuals are used to facilitate the peer education sessions. The 'plus' include non- peer education components such as drama, IEC/audio visual materials, working with the influencers / gatekeepers and referral for HIV testing. The key messages are delay in sexual debut, abstinence, mutual fidelity and testing for HIV.

SFH is currently piloting the Participatory Ethnographic Evaluation Research (PEER) approach to improve female participation and also have in-depth understanding of factors that can influence behavior change among the youth. Lessons are expected to help improve the Pep Model. SFH will also deploy community radio listening groups in partnership with Voice for Humanity in four states in the north of Nigeria to provide AB messages to young girls primarily and other community members. 480 persons will be trained to deploy these devices to reach about 8,000 female youth.

SFH will scale down in-school activities with the National Youth Service Corps (NYSC) scheme in light of complimentary funds obtained by NYSC from the Global Fund. SFH will therefore engage the umbrella bodies of selected Christian and Islamic groups to develop their HIV policy, 5 year strategic plan, implement the strategy including conduct of national sensitization workshops and step down sessions in two states per health zone and development of IEC materials. Religious leaders will also be trained to deliver HIV messages in their sermons. Follow up campaigns will be developed and aired to complement the successful Zip-Up campaign. 950 youth peer educators will be trained to facilitate peer education sessions among their peers from rural communities in addition to 628 PEs from FBO groups. Below-the-line materials including T-Shirts, Face caps, exercise books, board games etc. will be developed. These and the PEP model implementation are expected to reinforce the mass media abstinence campaign. Activities targeting male social norm will be implemented among the general population. 192 persons (among the old peer educators who worked on the PEP model previously) will be trained to deploy customized flip charts to reach men and women in the general population and PLWHAs within the community settings with messages that promote fidelity and positive prevention respectively. SFH is currently piloting an intervention, Priorities for Local AIDS control Efforts (PLACE) to target persons engaging in transactional sex in high risk areas in Lagos. Activities will be scaled up to other regions. Key message is partner reduction for the sexually active male. SFH shall continue to support interventions in tertiary institutions working through existing HIV/AIDS clubs to promote ABC messages. In addition SFH will work with the National Agency for the Control of AIDS (NACA) and the DFID funded Strengthening National Response (SNR) to support the development of a national curriculum for ABC prevention interventions and the establishment of a national prevention technical working group for HIV/AIDS.

Activities will also include interventions within the university outreach program initiated in COP 06 by the Public Affairs Section (PAS), US Embassy. Ten additional universities in the prevention focus states will be supported in FY 07 to bring the total number to 26 universities spread across 22 PEPFAR states. Through grant programs, the activity will

promote abstinence, delay of sexual debut, mutual fidelity and partner-reduction among university students and staff. This activity will also address gender and social issues that increase vulnerability to HIV transmission in the target populations. A "Condoms and Other Prevention" activity with most at risk students among the target population groups will complement this activity under a separate Activity Narrative.

Evaluation of the program shall be through Participatory Monitoring and Evaluation (PM&E). Focus group discussions and semi-structured interviews will be used for the baseline study and program monitoring. A quantitative survey shall be conducted towards the end of the program to evaluate impact by comparing people with no exposure, low exposure and high exposure. The Nigerbus omnibus survey shall be used to evaluate the mass media campaigns.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Results from this project will contribute to the USG Emergency Plan of treating 350,000 HIV infected Nigerians (through the demand creation for HCT, and referral from the service delivery centers), prevention of 1,145,545 new HIV infections (through behavior change communications among the youth).

LINKS TO OTHER ACTIVITIES

HVAB activities will be ultimately linked to HVCT program 6736 being directly implemented by SFH or those implemented by other USG collaborating agencies.

POPULATIONS TARGETED

This activity targets youths generally with emphasis on out-of-school youths disaggregated by sex. Religious leaders and parents will also be targeted to empower them to give medically correct and factual information and support to youths to enable them make informed choices. Community based organizations will also have their capacity strengthened to enable them sustain behavior change initiatives.

KEY LEGISLATIVE ISSUES

This activity will address gender equity in programming through interventions targeting young girls. Intervention will also address male norms and behaviors that put both men and women at risk.

EMPHASIS AREAS

This activity places major emphasis on community mobilization and participation and minor emphasis on local organization capacity development, linkages with other areas, strategic information and workplace programs.

PREVIOUS PAS ACTIVITY:

Activities will also include programming within the university outreach programming initiated in COP 06 by the Public Affairs Section (PAS), US Embassy. Ten additional universities in the prevention focus states will be supported in FY 07 to bring the total number to 26 universities spread across 22 PEPFAR states.

Through grant programs, the activity will promote abstinence, delay of sexual debut, mutual fidelity and partner-reduction among university students and staff. This activity will also address gender and social issues that increase vulnerability to HIV transmission in the target populations. A "Condoms and Other Prevention" activity with most at risk students among the target population groups will complement this activity under a separate Activity Narrative.

Continued Associated Activity Information

Activity ID:	5316
USG Agency:	U.S. Agency for International Development
Prime Partner:	Society for Family Health-Nigeria
Mechanism:	CIHPAC
Funding Source:	GHAI
Planned Funds:	\$ 1,690,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	314,213	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	803,463	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,250	<input type="checkbox"/>

Indirect Targets

Indirect targets include parents of children reached through the peer education programs in the churches and mosques, the church/mosque leaders through the advocacy building seminars and the wider audience reached during special events. PEs in the communities will also meet with other community members. Estimated numbers of persons reached indirectly are 84,000. Mass media reaches a wider audience and we anticipate that if about 50% share the information with a friend the number of persons reached will be about 8 million.

Target Populations:

Adults
 Community leaders
 Community-based organizations
 Faith-based organizations
 Street youth
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Teachers
 Children and youth (non-OVC)
 Girls
 Boys
 University students
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Out-of-school youth
 Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Gender

Coverage Areas

Abia

Bauchi

Benue

Cross River

Edo

Enugu

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Nassarawa

Oyo

Rivers

Sokoto

Adamawa

Anambra

Bayelsa

Borno

Delta

Ebonyi

Ekiti

Niger

Ogun

Ondo

Osun

Plateau

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6776
Planned Funds: \$ 280,000.00
Activity Narrative: ACTIVITY DESCRIPTION This activity supports 3 members of the USG prevention team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of a full-time Nigerian technical advisor for AB prevention, and the “fully-loaded” costs of his full-time administrative and program support staff which includes 2 program assistants and an administrative assistant. These support positions are being requested for the first time in this COP, as both the dollar amounts to be programmed and the number of partners providing programming in this area has increased dramatically over the past year and is anticipated to continue to increase as the APS identifies additional local faith-based and community-based partners. Oversight, supervision, mentoring, and capacity-building needs are all more intense for these new and inexperienced partners and the entire A&B prevention team contributes to meeting these needs by making regular supervision visits to the field—twice monthly by technical advisors and program officers and monthly by the support staff—with the new, less experienced partners being visited more frequently than the well established institutional contractors. These costs also include provision for training and staff development to keep the technical officers abreast of professional advances in their program area, as well as enhancing their management capabilities.

The prevention advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG prevention working group. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent and relevant technical approach across USG Agencies and amongst all partners implementing A&B prevention programs. This advisor spends 100% of his time advising in this program area and does not have primary program responsibilities in any other program area. None of the costs for these positions are captured in any other budget category.

Continued Associated Activity Information

Activity ID: 5347
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: USAID Agency Funding
Funding Source: GHAI
Planned Funds: \$ 117,422.00

Table 3.3.02: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6803
Planned Funds: \$ 150,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to activities in PMTCT 6801, Condom and Other Prevention 6804, Counseling & Testing 6796, Care & Support 6802, TB/HIV 6795, OVC 6808, ARV drugs 6797, ARV services 6798, 6708 and Strategic Information 6800.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). The partnership will extend free access to prevention services to seven additional military facilities and communities: Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri).

Key prevention activities will include general awareness campaigns, peer education, interpersonal communication activities, production and dissemination of appropriate Information, Education and Communication (IEC) materials and community mobilization activities to encourage and reinforce partner reduction and be faithful messaging. 250 NMOD personnel will be trained as trainers of trainers and as unit-level trainers.

Behavior change interventions within the military population will seek to delay sexual initiation, reduce multiple and concurrent partnerships, and increase perception regarding risky behavior. Building on the overall policies and activities of partners, the DoD, working with and through other service providers, will expand efforts to reach adult men as a key bridge from high-risk groups to the general population, with programs that promote marital fidelity, address male norms and behaviors that put both men and women at risk, and increase risk perception with appropriate linkages to activities in the Other Prevention program area for individuals engaging in high-risk behavior. A total of 15,000 individuals in the Nigerian military will be reached with messages that promote HIV/AIDS prevention through abstinence and/or being faithful, and a further 6,000 individuals will be reached indirectly.

To better address the vulnerability of girls and young women within the general population and in support of other partners, DoD activities may include addressing cross-generational sex issues, transactional sex, skills-based HIV education for girls and young women as well as efforts to engage "influencers" of youth: parents, teachers, religious and community leaders. Through this activity, an estimated 5,000 individuals will be reached with these prevention messages.

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on several levels. This includes developing a strong USG relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities and offering a cost-effective model for implementation through a direct USG-GON collaboration.

A major focus of COP07 is to work with other partners and leverage resources, the DoD will support existing military organizations, such as the AFPAC, military community-based organizations, such as Officers' Wives Clubs, and other partners, such as Society for Family Health (SFH) in the development and implementation of their HIV policies and strategic plans.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site and program visits by the DoD/NMoD and appropriate partners, are essential components of this activity.

By the end of COP07, DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM

In conjunction with the other DoD activities, and those of other partners, in COP07, this

activity will contribute to the provision of a comprehensive HIV and AIDS prevention package for the military population, civilian employees, their dependents and the communities surrounding military sites. This program will, therefore, contribute to the PEPFAR overall aim of preventing further infections and reducing HIV infection rates in Nigeria.

LINKS TO OTHER ACTIVITIES

These activities will be linked to condom and Other Prevention Activities 6804, VCT 6796 and Care and Support 6802, and, indirectly, to all other program areas, including those of the GoN and other USG partners.

POPULATIONS TARGETED

This activity targets the military, civilian employees, dependents, and the communities surrounding military sites, in particular, PLWHAs, young adults, youths generally and, in particular, young women and girls, out of school youths, their parents and other significant adults, such as religious leaders.

KEY LEGISLATIVE ISSUES

Key legislative issues addressed by this activity are male norms and behaviors, gender-gender equity in programming through interventions targeting youths particularly young girls, boys, service men and women..

EMPHASIS AREAS

This activity includes major emphasis on information education and communication and minor emphasis on local organization capacity development, community mobilization, links with other sectors and training.

Continued Associated Activity Information

Activity ID: 5313
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: DoD
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	<input type="checkbox"/>

Indirect Targets

5,000 individuals reached for community outreach for AB and 1,000 individuals reached for community outreach for Abstinence only (the 250 individuals trained will each contact 20 individuals under AB and 4 individuals under A only).

Target Populations:

Community leaders
Family planning clients
HIV/AIDS-affected families
Military personnel
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS programs

Coverage Areas

Cross River
Enugu
Federal Capital Territory (Abuja)
Kaduna
Lagos
Benue
Borno
Delta
Oyo
Plateau
Rivers
Benin

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Leadership, Management, and Sustainability
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9758
Planned Funds: \$ 2,750,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to the Strategic Information (3.3.13) and Other Policy/Systems Strengthening (3.3.14) Program Areas.

The Leadership, Management and Sustainability (LMS) Program will provide institutional capacity building support to up to 12 Nigerian Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) that are chosen as new Emergency Fund Implementing Partners. LMS will develop leadership and management skills at all levels of health service organizations and programs and strengthen management and operational systems in order to optimize organizational capacity to efficiently and effectively address change and improve health outputs and outcomes. Target is to train 100 individuals in AB.

Located throughout the country, Nigerian CSOs provide prevention, OVC and palliative care services and a select few will also provide HIV AIDS treatment and HIV AIDS/TB integrated care. Recent estimates from the 2003 National HIV/Syphilis Seroprevalence Survey (2004) conducted by the Nigerian Federal Ministry of Health (FMOH) indicate a HIV prevalence rate of 5.4 % in individuals 25-29 years old; 5.6% for 20-24 year olds and 4% for those 15-19 years. The prevalence rate in the communities served by the CSOs that LMS will support is likely to be higher.

The Emergency Plan gives special recognition to Civil Society Organizations (CSOs) in its five year HIV/AIDS strategy because of their longstanding involvement in responding to the pandemic. Their contribution to the Emergency Plan is pivotal given their leadership and legitimacy in communities. However, there are a number of challenges for these local CSOs as many of them are nascent organizations with low technical and organizational capacity. Many reputable FBOs and NGOs, capable of contributing significantly to achievement of Emergency Plan goals, have been identified by the USG team in Nigeria. However, the organizations' limited experience with receiving USG funds—or indeed any external grants whatsoever—along with their limited management and accountability systems has made it difficult to add these organizations to the Emergency Plan portfolio. Even those organizations that have been successful in the initial concept paper rounds of the CSO/FBO APS, have struggles to remain competitive in later rounds and almost all have stalled at the pre-award audit stage. With its expertise in strengthening management and leadership, and its ability to build sustainable and accountable systems, LMS will support the development and maturation of these organizations and assist them to contribute to the Emergency Plan in a significant way.

LMS will be active at all points throughout the procurement process, developing potential partners' ability to present themselves and their programs in a comprehensive and competitive manner. In addition, LMS will assist organizations selected for award throughout the award process, assisting them to put accountable systems in place, or where necessary managing the award in the interim while systems are being built. This will allow provision of services to commence immediately while capacity is being built. Finally, LMS will support new awardees during their implementation and will assure that accountable and sustainable programs are built, and that awardees are capable of maintaining their new relationships with the USG. An important part of this phase will be supplying technical assistance—particularly in the AB program area where most FBO/CBOs are active—to ensure sound technical practices, sharing of lessons learned, and integration into the wider USG and GON strategy.

COP 07 marks the first year that LMS will provide technical assistance to indigenous national and regional multiplier NGOs and FBOs in Nigeria, although LMS and its predecessor project Management & Leadership (M&L) provide this support in other countries. COP 07 funds will be used to provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with USAID in the Emergency Plan context; project management; monitoring and evaluation; financial management; strategic and annual planning; leadership development and sound governance structures. These skills and organizational management and operational systems are necessary to both carry out the terms of USG funding agreements as well as to achieve improved organizational development and sustainability.

Constraints will be addressed by utilizing qualified Nigerian staff and US Short Term Technical Assistance to train and support the CSOs. Support will be offered through regularly scheduled on-site technical assistance in organizations and through training workshops, both face-to-face and virtual (the latter if capacity exists). Necessary organizational materials including manuals, policies, norms and procedures and systems will be developed. All sites will use a standard data collection tool to assist with monitoring and evaluation of their community-based service delivery activities.

To provide immediate support for new partners in the area of abstinence and be faithful, LMS activities have commenced under COP 06. This was made possible through forward funding using core funds. As a result, LMS is requesting early funding in COP 07.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities will contribute to the result of strengthened NGO/ FBO capacity to deliver more efficient and effective care and reach their established targets. In addition, technical assistance relating to best practices in Abstinence and Faithfulness programming will be provided for these organizations in order to assist them to maintain high-quality AB programs that are achieving measurable results.

LINKS TO OTHER ACTIVITIES

Activities will improve financial management, human resource management, MIS, quality assurance, strategic planning, and leadership and governance of partner organizations. LMS activities in Nigeria also relate to the Strategic Information and Other Policy/Systems Strengthening program area. Under a separate funding stream, LMS has been selected to provide capacity-building support for the Country Coordinating Mechanism (CCM) for the Global Fund grants. In addition to strengthening the capacity of Nigeria to manage these grants, LMS should be able to facilitate linkages to the NGO/FBO community that they are also supporting, and by so doing build synergies and enhance prospects for sustainability.

POPULATIONS BEING TARGETED

This activity targets up to 12 Nigerian FBOs and NGOs, including national and regional multiplier organizations and local NGOs/FBOs, which will be targeting a wide array of populations with AB activities.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will support the NGOs and FBOs to increase gender equity in programming and also help to decrease stigma and discrimination through prevention and counseling messages provided by them in targeted communities.

EMPHASIS AREAS

This activity includes major emphasis on local organization capacity development and minor emphasis on human resources, quality assurance and strategic information (M&E) as detailed in the activity description above.

Emphasis Areas

% Of Effort

Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful

100

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Centre for Development and Population Activities
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9759
Planned Funds: \$ 1,970,000.00

Activity Narrative: PLUS-UP: With the additional \$ 270,000, CEDPA /PL will launch a prevention initiative with the Nigeria National Union of teachers as well as expand activities to two additional states- Taraba and Adamawa. The teachers initiative is a 3 pronged initiative that addresses HIV awareness and prevention by teachers for teachers; teachers ethics- coercive sexual relationships with students; teachers as role models to guide in-school youth peer AB prevention programs. Youth curricular will focus on building life skills such as negotiation and self esteem issues for youth especially girls, Primary target populations are in-school youth (primary and secondary school) 10-19 and school teachers.

ACTIVITY DESCRIPTION

This activity also relates to activities in HVCT (#6702, 6772), HBHC (# 6708, 6770, 6675), HTXS (#6703, 6766, 6715,6678) HKID #(#6701, 6771, 6679), HVOP (# 6735, 6707), HVLAB (# 6709, 6767, 6680, 6716), PMTCT (# 6706,6768, 6699).

In COP 07, the Positive Living (PL) Abstinence and Be Faithful (AB) component will dovetail into the other prevention and palliative care programs to emphasize abstinence for youth and other unmarried persons, including delay of sexual debut; mutual faithfulness and partner reduction for sexually active adults. AB activities will be conducted at individual, family, school and community levels. 1.2 million People will be reached with AB interventions, 700,000 reached with abstinence (A) only, and 8000 trained as peer educators to facilitate and disseminate information for AB through a systematic community-based program. AB will be implemented in the 12 states of FCT, Bauchi, Edo, Kano, Anambra, Cross River, Lagos, Kogi, Rivers plus 2 new states where GHAIN will be working. This activity will include support to Anglican Church AIDS Program, National Supreme Council on Islamic Affairs, Association of Women Living with HIV/AIDS and Church of Christ In Nigeria.

'Abstinence' messages will promote development of life skills for practicing abstinence; and adoption of social and community norms that support delaying sex until marriage, denounce cross-generational sex; transactional sex; rape, incest and other forced sexual activity. 'Be faithful' programs will promote elimination of casual sexual partnerships; development of skills for sustaining marital fidelity; mutual faithfulness with uninfected partners; HIV counseling and testing for partners and couples that do not know their HIV status; endorsement of social and community norms, partner reduction, and marital fidelity by using strategies that respect and respond to local cultural customs and norms as described above. . CEDPA and GHAIN's curricula on abstinence will be adapted; and a curriculum for youth out-of-school will be developed.

Activities will also address sexual development, reproductive health and STIs during religious/school youth camps and conferences, one-on-one and group counseling and discussions. Clergy and Imams will be trained to reach people in faith-based settings, and integrate HIV prevention messages in routine activities e.g. bible studies and Tapsir sermons. Activities will be scaled-up through step-down training of peer educators to ensure easy and available access for youth. Religious and opinion leaders will facilitate debates and community planning sessions where issues on transmission and prevention of HIV e.g. marriage, and mutual fidelity will be discussed. PLWHAs working as model clients will share experiences and promote prevention among positives to address questions on discordance and positive living. Community capacity will be enhanced to address youth needs, promote open dialogue among religious leaders, adolescents and general community about HIV/AIDS and restore hope of PLWHAs by training the following categories as change agents. 1) Facilitators: 500 youth in and out of school; 250 religious leaders; 250 PLHAs; 2) Peer educators: 5,000 youth in and out of school; 1,400 religious leaders; 400 PLHAs. Parents and the general population will be reached through seminars, community debates and public media. Posters and pamphlets with targeted messages will be adopted and/or printed to enhance mastery of AB information and skills. The intensive community mobilization and sensitization activities will reach out to the currently underserved rural communities and PL will work to ensure there are adequate networks and linkages between outreach activities to GoN and USG sites where AIDS care and treatment are available.

CONTRIBUTION TO OVERALL PROGRAM AREA

Scaling up of prevention, involvement of PLWHAs and youth, and encouraging peer educators to work together with community health care providers as planned under the PL

AB program will contribute directly to the interest of the US Global HIV/AIDS Strategy by reaching 1,908,000 people directly and 5,000,000 indirectly. The activities will stimulate demand for other HIV/AIDS related services offered by GoN and other USG partners throughout the 12 states where it will be implemented.

LINKS TO OTHER ACTIVITIES

AB activities will be linked to HVCT (#6702, 6772), HBHC (# 6708, 6770, 6675), HTXS (#6703, 6766, 6715,6678) HKID #(#6701, 6771, 6679), HVOP (# 6735, 6707), HVLAB (# 6709, 6767, 6680, 6716), PMTCT (#6706,6768, 6699) and other services that will be provided at GHAIN, ACTION project, Harvard ART, and Positive Living VCT and PMTCT sites including government of Nigeria sites through cross referrals. High risk individuals will be referred to Society for Family Health service points for condoms services. Nigerian Network of Religious Leaders living with AIDS (NINERELA) will provide support for prevention among positives

POPULATION BEING TARGETED

Activities will focus on young people aged 10-19 with "A" messages, youth and adults aged 15-49 with A and B messages. Though women focused, prevention activities will target men as strategic partners. Be Faithful activities will target clients of commercial sex workers with partner reduction messages.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will promote a rights based approach to prevention among positives and other vulnerable members of society and equal, access to information and services; enlighten men on the special needs of women and youth; challenge the traditional gender norms of male dominance, female subservience and gender inequality in sexual relationships. Reduction of stigma and discrimination is also a key legislative issue to be addressed while activities will further contribute to demystifying stigma, denial and discrimination.

EMPHASES AREAS

Prevention activities will emphasize community mobilization and participation, providing Information, Education and Communication materials, collaborating with other networks and service delivery points and advocating/lobbying for a conducive environment to prevent HIV infection.

WRAP AROUND: Access to other prevention methods and palliative care will supplement the abstinence and be faithful messages by offering alternative strategies to the targeted population.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	960,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,600,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10,860	<input type="checkbox"/>

Indirect Targets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 5,000,000

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB): 2,400,000

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful: 10,200

Target Populations:

Most at risk populations
Discordant couples
People living with HIV/AIDS
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Increasing women's access to income and productive resources
Addressing male norms and behaviors
Wrap Arounds
Education

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Kogi

Lagos

Rivers

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Christian Aid
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9764
Planned Funds: \$ 500,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to HIV/AIDS care and support programs (3.3.06), OVC programs (3.3.08), and counselling and testing services (3.3.09) provided by PEPFAR partners.

Community Care in Nigeria (CCN) will support the scale-up of OVC and HBC service provision in seven States (FCT, Edo, Anambra, Adamawa, Lagos, Benue and Niger) and development indigenous multipliers and CSOs capacities. It will develop a community and family based approach in which communities design and implement their own OVC protection and care. Although the provision of direct benefits is a central part of OVC programming and is included here, attention is also given to longer term developments that will create an enabling environment for OVC and that will ensure services continue to be provided after program close out. A key element of this OVC program will be to integrate Abstinence and Faithfulness messages into all levels to reduce the heightened vulnerability to HIV that this population faces.

All program elements will contribute to the national HIV response and will be based on relevant aspects of both the National OVC Plan of Action and local plans developed by SACAs and LACAs as they relate to orphans, but also closely linked the National Strategic Framework as it relates to prevention. Liaison with SACAs, LACAs, the Ministry of Health, and the Ministry of Women Affairs will be integral to the program. CCN will address all six objectives included in the OVC National Plan of Action, will specifically target Objective 3 of the HIV/AIDS National Strategic Framework for Action 2005 - 09, and will complement and be integrated into other USG funded and Government of Nigeria AB prevention programs. It will contribute to the development of networks of learning that can develop best practices for youth programming with a special emphasis on OVC

Activities will be accomplished through a consortium made up of Christian Aid (CA) and the Association of Women with HIV/AIDS in Nigeria (ASWHAN) along with a range of implementing partners that includes five Anglican Church Dioceses. The consortium approach utilizes the added value of each partner and provides a combination of competencies that will address the Emergency Plan's goals to expand HIV/AIDS service delivery and facilitate a greater management role for Nigerian organizations. CA will provide internationally proven technical, management and capacity development experience.

CA is currently implementing a Track 1 program which aims to improve the quality of life for 25,000 Orphans and Vulnerable Children (OVC) affected by HIV, through community-based responses. Additional funding through Track 2 will allow for growth and expansion of the program. The program offers comprehensive models of prevention, care and support, to meet both the psychological and material needs of OVC, and promotes advocacy and learning on issues affecting OVC. A key need that will be addressed in this program is older OVC's sexual development and offering them both roles models and skills to allow them to choose to delay initiation of sexual activity and to avoid sexual exploitation.

Support groups composed of women clearly offer a particular added value in terms of supporting OVC and this is one of the main areas that will be targeted by ASWHAN. In the context of this program ASWHAN are ideally placed to ensure that program design reflects the needs of OVC. They are also well placed to assist the rest of the program adopt a gender sensitive approach that addresses the unique needs of women and female OVC.

Among the organizations that will be ASWHAN supported are six support groups previously supported under the GHAIN program. CA will work with the USG team to ensure smooth transition and avoid gaps in services for children served under these programs. In addition LMS, which is providing AB technical assistance for the new local partners joining the AB portfolio, will also provide guidance to CA and ensure that they are well integrated into the portfolio and benefiting from best practices and lessons learned in this program area.

Consistent with the goals of the APS award, CA will provide technical support to ASWHAN to develop the capacity to directly access USG funds in the future. Christian Aid will act as the prime for three years of this program. However a key principle implemented over the course of the program will be a transfer of management and granting responsibilities from

CA to ASWHAN. By the end of the program ASWHAN will have the capacities necessary to receive direct US funding through several mechanisms. The process and timeframe for this will be determined by an Executive Committee responsible for the management of the program and comprising the two consortium members. The Committee will review program progress, make decisions regarding the allocation of program resources, develop work plans and assess opportunities for further program expansion.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The program will provide age-appropriate AB prevention messages to 11,000 OVC by the end of the 3 year program. In the first year, the program expects to reach 3,000 OVC with these messages.

Christian Aid and partners will assist, through advocacy and support to lesson learning with State and Local Government stakeholders, the roll out of activities supported at national level by ENHANSE. Priorities are likely to include the ratification of the Child Rights Bill in the two States and the roll out of the National OVC Plan of Action. In addition the participation of State Ministry of Women Affairs representatives and SACAs and LACAs in programme activities will be used to share lessons and support local coordination.

LINKS TO OTHER ACTIVITIES

Linkages will be established with HIV/AIDS treatment centres and community adherence activities (3.3.11) care and support programs (3.3.06) and TB/HIV programs (3.3.07) to ensure that OVC and carers stay alive and in good health, to counselling and testing centers (3.3.09) to enable family members to receive necessary support and to PMTCT providers (3.3.01) to reduce the increase in numbers of HIV+ children. Special links will be made with income generating activities for OVCs so that when they choose to act on the AB messages that they are provided they will have potential sources of income to support those choices.

4. POPULATIONS BEING TARGETED

This program targets girl and boy OVC and families affected by HIV/AIDS. It will integrate prevention messages into the services provided to OVC and family members in community settings using existing established and accepted community organizations as service providers.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and Discrimination: Religious leaders, including priests, bishops and leaders of women's organizations, will be trained to combat stigma in their work and will be supported to engage productively and openly with PLHA, OVC, and other vulnerable groups. Wrap Arouds: Increased access to micro-finance for households will be provided by existing rural development programs of ADDS (Benue State only). Christian Aid will encourage greater access to income generation opportunities through advocacy to regional branches of institutions such as NAPEP and will encourage provision of UBE through advocacy to local and State Government stakeholders. Gender: The program will aim to a) support equal numbers of male and female OVC and address cultural and economic factors that limit access to services of either gender; b) develop opportunities for women to increase their access to economic resources.

EMPHASIS AREAS:

This program includes a major emphasis on Local Organization Capacity Development and minor emphases on community mobilization, nutrition and training as outlined in Section 1.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Target Populations:

Community-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender
Stigma and discrimination
Wrap Arounds

Coverage Areas

Adamawa
Anambra
Benue
Edo
Federal Capital Territory (Abuja)
Lagos
Niger

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Winrock International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9766
Planned Funds: \$ 500,000.00

Activity Narrative: ACTIVITY DESCRIPTION

Winrock International (Winrock) applied under the USAID APS Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services. Winrock's proposed Capacity Building for AIDS Impact Mitigation (AIM) project was accepted under the APS; Winrock has been awarded with COP06 funds and will commence activities in October 2006. This submission is for continuation of activities in year 2.

The AIM AB activity will prevent cross-generational and transactional sex through three interventions. First, AIM will strengthen CBO/FBO capacity to facilitate behavior change among vulnerable girls and young women and to support an enabling environment for the promotion of abstinence and fidelity and the prevention of cross-generational and transactional sex. Second, AIM will support income generating activities to promote alternatives to transactional sex. Job skills training and in-kind grants to implement income-generating activities will be coupled with HIV/AIDS awareness and prevention training with AB messages. Finally, AIM will establish a peer education and mentoring program for recipients of the income generating training and grants activity.

This activity also includes support to the following sub-recipients for activities integral to the program. Sub-recipients are based on AIM's three levels of partnerships: core partners, collaborating partners and implementing agents (IAs). AIM's core partners are Winrock and the Redeemed Christian Church of God (Redeemed) and the Muslim Sisters Organization (MSO). AIM's collaborating partners are the Institute of Chartered Accountants of Nigeria (ICAN) and the Nigerian Institute of Management (NIM). ICAN will support the development of the IAs' financial management and accounting systems and NIM will support the development of the IAs' project management capacity. AIM is in the process of selecting its IAs for this AB activity. All selected IAs will be local Nigerian CBOs/FBOs that will provide direct services to project beneficiaries.

AIM will potentially implement its AB activity in 15 states. AIM will collaborate with USG Nigeria and the GON to make the final state and site selection to ensure the greatest synergy among PEPFAR partners and the greatest impact on PEPFAR beneficiaries.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Targets will be determined during the workplanning process. The AB component of AIM will specifically address the June 2006 Prevention Technical Assessment's recommendation to develop new activities that are explicitly designed to prevent cross-generational and transactional sex, a key component of a successful and comprehensive prevention portfolio.

LINKS TO OTHER ACTIVITIES

AIM will be supported through the FY07 COP in HVAB, HBHC, and HKID. AIM will link its activities with other PEPFAR USG partners' activities to ensure strong referrals to comprehensive prevention, care and treatment services. In addition, AIM will collaborate with USAID public-private partnerships to provide job-training graduates with linkages in the business community.

POPULATIONS BEING TARGETED

Women, girls and commercial sex workers are all populations being targeted. The activity promotes alternatives for women already engaged in commercial sex work while also addressing women and girls who are vulnerable to cross-generational and transactional sex in an attempt to prevent their engagement in these high-risk activities.

KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is gender, with an emphasis on the subcategory of increasing women's access to income and productive resources through income generating activities and vocational training.

EMPHASIS AREAS

The major emphasis area is local organization capacity building through the strengthening of CBO/FBO capacity to promote abstinence and fidelity and the prevention of cross-generational and transactional sex. The minor emphasis area is community

mobilization/participation peer education and mentoring for the recipients of the income generating training and grants activity.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- Commercial sex workers
- Girls
- Men (including men of reproductive age)
- Women (including women of reproductive age)

Key Legislative Issues

- Gender
- Increasing women's access to income and productive resources

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Public Affairs Section
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9768
Planned Funds: \$ 0.00

Activity Narrative: This activity has been transferred to Society for Family Health.

Public Affairs Section (PAS), U.S. Embassy Abuja will undertake Abstinence and Be Faithful programming within the university outreach programming initiated in COP 06. With PEPFAR funding, PAS currently supports sixteen universities in 12 states. Ten additional universities in the prevention focus states will be supported in FY 07 to bring the total number to 26 universities spread across 22 PEPFAR states.

Through grant programs, the activity will promote abstinence, delay of sexual debut, mutual fidelity and partner-reduction among university students and staff. This activity will also address gender and social issues that increase vulnerability to HIV transmission in the target populations. A "Condoms and Other Prevention" activity with most at risk students among the target population groups will complement this activity under a separate Activity Narrative.

PEPFAR support for the program directly empowers the Mission's Public Diplomacy efforts in Nigeria, particularly with universities, and promotes goodwill towards the United States of America. Universities are our principal constituents and remain open and receptive to approaches from the Public Affairs Section. These partnerships are vital tools in achieving PEPFAR goals.

PAS will partner with Society for Family Health (SFH) to conduct a retreat with the university partners for work planning, guidance on A&B messaging, and related issues. The partnership with SFH will involve an MOU for ongoing technical assistance on A&B messaging. This will complement the technical expertise existing at the universities. We are leveraging more resources from the universities as they possess the core competencies needed to implement HIV prevention programs and have volunteered both staff and student time. There will be a follow-up retreat mid-term with the universities and our USG-technical partners to assess progress.

PAS will have oversight of the grants and undertake field visits to monitor compliance with the work plans and the A&B messaging guidance. PAS will participate in all GON and USG prevention working groups, interfacing with the universities and strengthening linkages and coordination with USG funded AB advisors and partners such as NYNETHA, NEPWHAN, and National Youth Service Corps. PAS will also participate in all USG-PEPFAR management and coordination activities.

The grant award process will include developing guidelines and grant criteria, a call for proposals, proposal review, and grants award ceremony. PAS will include the USG PEPFAR team, the USG Prevention advisor, SFH, ENHANCE, the National Universities Commission, the Ministry of Health and the National Action Committee on AIDS in all aspects of the grant award process and on their review panels.

The grants from PAS will support: training of trainers, peer-group education, workplace policies and curriculum review to include HIV/AIDS education in the compulsory "General Studies" course of the universities. Thus, current and future generations of Nigerian undergraduates will undergo formal education in HIV/AIDS. Peer education programs in the old sites will largely target entry-level students, while the new sites will target students at all levels. The activity will reinforce the need for HIV counseling and testing and an increased demand for VCT is an expected outcome.

Recognizing that training changes skills and knowledge and that many times behavior change goes beyond the individual's ability to sustain these changes, grant recipients will be expected to provide support for the following activities: Community dialogues (involving community leaders) and mass enlightenment programs to address norms, attitudes, values, and behaviors that increase vulnerability to HIV, such as trans-generational and transactional sex, multiple sex partners, and a focus on the rising incidence of sexual harassment on campuses. Activities will address environmental factors that impede behavior change and build on the lasting partnerships the universities' current AB and advocacy programs have forged in the communities. It will include an emphasis on the equal participation of men and women in the programs.

In addition, the universities will support vocational skills programs for at risk female

undergraduates in their respective institutions, whose dire economic circumstances predispose them to trans-generational and transactional sex. University of Nigeria, Nsukka has initiated a pilot vocational skills program to supplement their PEPFAR-funded A&B program. The universities will explore other social support services to channel the energies of youth in a positive direction. As engaging in sexual activities is perceived as a form of recreation by the youth, alternative recreational activities such as talent hunts, formation of campus theatre groups to undertake drama tours, institutionally managed parties and the reviving of historical love gardens (in botanical centers) will be explored to supplement the PEPFAR grant.

The recently released national survey shows that the 18 – 24 age cohorts have some of the highest HIV prevalence rates in the country. The majority of university students are in the aged 18-24 years, who now enjoy increased autonomy from parents and high school restrictions. This freedom, coupled with peer pressure, result in sexual experimentation and potentially risky sexual practices. With support of PEPFAR, Igbinedion University, Edo State developed and implemented their curriculum on HIV/AIDS for freshmen and University of Maiduguri completed and disseminated their Workplace Policy.

Contribution to Overall Program Area

The activity will advance PEPFAR's goal of HIV prevention in universities and contribute to HIV reduction among the vulnerable youth. The activity seeks to institutionalize PEPFAR's AB strategy through improved collaboration, information sharing, and networking among key USG and GON players. We expect to reach a minimum target of 350,000 students and staff as direct beneficiaries of PEPFAR-funded AB programs. It is expected that a minimum of 26,000 students will be referred for VCT services.

3. Links to Other Activities

This program increases demand and creates linkages to services such as VCT 6702, 6736, ARV Services 6703, 6807 and PMTCT 6706, through education, promotion, and referrals.

4. Populations being targeted

This activity focuses on university students to reduce HIV prevalence among this future core of Nigeria's highly-skilled workers. The students fall within the age cohorts (18 – 24) with some of the highest prevalence rates for HIV in Nigeria. Other target population groups include staff members of the universities, policy makers, and community/religious leaders to address environmental factors that impede behavior change.

5. Key Legislative Issues

This activity also addresses the key legislative issue of "Gender", as it will increase gender equity in programming. Since HIV workplace policies address issues of stigma and discrimination and HIV counseling reduce stigma associated with HIV, this activity also addresses the Key legislative issue of "Stigma and Discrimination".

6. Emphasis Areas

The major emphasis area for this activity is community mobilization and participation as a key element of outreach for prevention efforts associated with AB. Capacity development through linkages with relevant USG-supported programs is planned with the universities. We will also focus on Information, Education and Communication as an essential element of outreach for AB messaging. The workplace policies promote HIV prevention and address the dearth of organizational policy on critical issues of HIV/AIDS such as stigma and discrimination against PLWHA.

Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful

Table 3.3.02: Activities by Funding Mechanism

Mechanism: DoD Agency Funding
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9771
Planned Funds: \$ 50,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also links to AB (#6803), Other Prevention Activities (#6804), CT (#6796) and Care and Support (#6802).

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on several levels. This includes developing a strong USG (United States Government) relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities and offering a cost effective model for implementation through a direct USG-GON (Government of Nigeria) collaboration.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the MOD and the Nigerian Military. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. Membership on this Committee includes senior representatives of both militaries and includes the Federal Ministry of Health (FMOH) and National Action Committee on AIDS (NACA) representation to participation in the Government of Nigeria HIV harmonization process. Thus, the Program fully adheres to all USG and FMOH (Federal Ministry of Health) national treatment guidelines.

The NMOD-DOD HIV partnership focuses on activities that build capacity in the Nigerian military provides a focused, capacity-building instrument designed to ensure a cost-effective, sustainable program.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). By implementing directly with the military, and minimizing the indirect cost of program management, the DOD ensures that Nigerian Government employees are receiving specialized technical training and work experience in implementing the program. Refurbishments and equipment are placed directly in Ministry of Defence facilities. Rigorously trained staff and well-equipped facilities improve overall healthcare to the population. (Costs for equipment and reagents used for non-HIV patients, such as a chemistry analyzer, are borne by the military facilities and non-HIV patients.) The overall benefit of this is that both HIV and non-HIV patients will have access to better-trained staff and facilities.

By training uniformed members and civilian employees at all levels who have invested in a career track in the Government of Nigeria, the DOD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals receive technical, management, and oversight training. This explicitly fulfills PEPFAR program goals for independent operation and preparing personnel for oversight roles. The Military Steering Committee ensures an unprecedented level of cooperation in both national and international policy development and implementation, and follows national guidelines and international military standards.

By enabling this cohesive environment, the NMOD-DOD Partnership fosters a learning environment where international and local organizations may synergize with the Nigerian Ministry of Defence. In addition, the program facilitates identification of best practices and implementation of evidence-based interventions in a sustainable manner.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), and 445 Nigerian Air Force Hospital (Ikeja in Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities: Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and Military Hospital (Maiduguri).

This activity supports DoD in-country and provides extra-country technical support for Emergency Plan AB activities. Funding in this section will be applied directly to developing and training advocates of Abstinence and Be Faithful activities, quality control and quality assurance and technical support to the DOD USG team members.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT). AB activities will also be administered on a national forcewide level.

CONTRIBUTION TO OVERALL PROGRAM AREA

Additional personnel and support will provide the synergistic effect needed for optimal program development, as well as support to the USG team in all its clinical and clinically-related activities.

LINKS TO OTHER ACTIVITIES

These activities will be linked to AB (#6803), Other Prevention Activities (#6804), CT (#6796) and Care and Support (#6802), and, indirectly, to all other program areas, including those of the GoN and other USG partners.

POPULATIONS TARGETED

This activity targets the military, civilian employees, dependents, and the communities surrounding military sites, in particular, PLWHAs, young adults, youths generally and, in particular, young women and girls, out of school youths, their parents and other significant adults, such as religious leaders.

KEY LEGISLATIVE ISSUES

This activity will increase gender equity in programming through interventions targeting youths and, in particular, young girls and on male norms and behaviors.

EMPHASIS AREAS

This activity includes major emphasis on information education and communication and minor emphasis on local organization capacity development, community mobilization, links with other sectors and training.

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9833
Planned Funds:	\$ 27,500.00
Activity Narrative:	ACTIVITY DESCRIPTION: This AB activity relates directly to all Nigeria AB COP07 activities (see ID references in narrative below).

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria proposes one half time staff position (one Program Specialist) for AB activities, the other half of the position will work in Condoms and Other Prevention activities. The budget in this activity includes funding for half of an FSN salary, ICASS and CSCS charges related to this position, funding for required domestic travel, training funds and allocated minor support costs.

This HHS/CDC AB staff member will work in close coordination with the USAID Prevention staff (#6776) and directly provide quality assurance and program monitoring to the HHS/CDC AB activity (#9832) to be announced by RFA in FY07. The HHS/CDC AB staff member will also assist USAID Prevention staff in joint monitoring visits of other USG supported AB program activities. USAID and CDC AB staff will provide assistance as needed to the U.S. Department of Defense (#6801) program with the Nigerian Ministry of Defense and technical support/capacity development to new partners undertaking AB activities through the New Partner Initiative. It is estimated that the AB staff under this activity will provide monitoring and support to approximately 25 AB sites in COP07, and up to 100 sites in COP08.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	51 - 100
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: \$ 4,904,500.00

Program Area Context:

In COP07, USG Nigeria will expand COP06 Blood safety activities which include establishing regional blood banks through Safe Blood for Africa Foundation (SBFAF) and the National Blood Transfusion Service (NBTS) of the Federal Ministry of Health (FMOH) and ensuring that blood for all emergency transfusions conducted at PEPFAR supported sites is screened for HIV prior to being used.

Blood transfusion services in Nigeria are at present not accessible to most of the population. Services are highly fragmented, unregulated and falls short of the requirements for ensuring the safety of blood and blood products. The 2003 sero-prevalence sentinel survey found 5.1% prevalence among women who had ever received blood transfusion compared to 4.8% prevalence among those who had never had blood transfusion. There are no reliable data on prevalence among blood donors or information regarding suspected transmission of HIV through infected blood.

There is a serious shortfall in blood and blood products supply and a severely limited infrastructure for blood banking. Therefore, both voluntary and family donors are used and unofficial commercial centers also operate. Pre- and post-donation counseling is limited. Donor blood collection is hospital based and highly fragmented, mobile and outreach clinics are uncommon, there is no harmonization of standards of practice or donor criteria, and blood services are understaffed and under funded.

Thus far, USG support has focused on a two-pronged strategy: 1) to help revive and sustain the Nigerian NBTS to extend blood banking facilities across the nation, and 2) to support emergency transfusion screening in the clinical facilities that PEPFAR is supporting. These strategies have included the provision of technical assistance for the development of a national blood policy which was recently launched.

The USG recognizes the need to respond to effective and functional, NBTS with community based blood centers strategically located nationwide, as well as to support emergency screening in the interim period while the National service is being built up.

In COP06, the USG supported the training of 3,295 healthcare workers on blood safety. It also saw the provision of emergency HIV screening of transfused blood at USG supported treatment sites. Support was also provided to assist the GON to develop regulation policy, legislation and guidelines for the practice of blood transfusion, expanding blood transfusion services in Nigeria, and continuing outreach and community based activities to facilitate voluntary non remunerated donor recruitment. A Public Private Partnership (PPP) was established between USG, SBFAF, NBTS, ExxonMobile, and Abbott laboratories through the development of a coordinated work plan that incorporated inputs from all organizations in a coordinated fashion.

In COP 07, the emphasis will be on consolidating on the gains of 06; this will involve entrenchment of the National Blood Policy into law, its integration into the national health plan, and implementation throughout the country. The NBTS has developed a 10-year strategic plan which will further guide programming for implementing partners in order to ensure compliance with GON guidelines. The USG partners will continue to work in an integrated fashion to support the GON and the NBTS in these important activities

SBFAF will provide technical support to the NBTS for capacity building in program development and implementation at National and site specific levels. SBFAF and the NBTS will develop and implement a hospital accreditation program with the aim of increasing the quality of service delivery. Furthermore, in order to create demand, SBFAF in partnership with the NBTS and the Society for Family Health (SFH) will develop and implement a nation wide social marketing and awareness program, to increase voluntary non-remunerated blood donations. SBFAF will continue to operate the Abuja Demonstration Center and to administer trainings to health workers, in partnership with the NBTS, ExxonMobile and the USG.

Implementing partners' activities will support capacity development for Blood safety (training and equipment), screening for HIV, universal precautions and good laboratory practice, waste management and QA/QC for HIV serologic testing. This will also entail personnel and institutional capacity development aimed at improving quality of blood safety services at site levels. Personnel capacity development will include trainings in universal precaution, good laboratory practice, Laboratory safety and use of rapid HIV test kits. Institutional capacity development will only cover the provision of basic needs for the collection of blood and HIV serologic testing to ensure that all blood meant for transfusion is HIV-Free.

In line with the GoN National training guidelines, and curriculum for HIV testing for blood transfusion safety, implementing partners will conduct central Training of Trainers for 2 Senior Laboratory scientists per site. These Master trainers will in turn train all the Laboratory staff in their sites, including all staff that handle blood for transfusion and conduct testing. The site trainings will be conducted under the supervision of the IP's Focal Persons.

This activity will promote the principles of Universal Safety Precautions, reduction of unnecessary transfusions and injections, exposure to blood, accidental injury/ contamination as well as the provision of essential consumables and services that protect the health worker from contacting blood borne infections such as HIV Universal precaution materials will include personal protective equipment such as gloves and laboratory coats and other consumables (methylated spirit, hypochlorite solutions, antibacterial soaps etc.). In addition, each site will make provisions for referral of clients for access to Post Exposure Prophylaxis (PEP) in case the need arises.

Screening for HIV will follow the national algorithm for screening blood, and every unit of blood screened used for emergency transfusions in clinical facilities supported by PEPFAR will be tested, as will all blood received at the regional blood banks. Expectedly, a total number of 60,540 units of blood will be screened while 1675 health care workers will be trained across 158 sites.

Proper waste management will be encouraged through the use of Bio-Hazard Bags, suitable sharps containers and the use of incinerators across all PEPFAR supported sites. In order to maintain high quality laboratory results, implementing partners will be encouraged to institute QA/QC program that involves on-site quarterly monitoring and retraining; and proficiency in rapid HIV testing. COP 07 will also see the commencement of regular interagency Site assessment visits, a quarterly evaluation of progress and technical guidance from the prevention working group. The USG will also collaborate with other development partners like WHO to leverage its expertise in this important area.

These activities, taken together, will greatly expand the capacity for the provision of safe blood and blood products in Nigeria during the COP07 period.

Program Area Target:

Number of service outlets carrying out blood safety activities	158
Number of individuals trained in blood safety	1,675

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6676
Planned Funds: \$ 0.00

Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG.

ACTIVITY DESCRIPTION

This activity also relates to activities in Counselling and Testing 6681, Medical Transmission Injection Safety (3.3.04), and, and Laboratory Infrastructure 6680.

This activity will support capacity development for Blood safety (training and equipments), screening for HIV, universal precautions and good laboratory practice, waste management and quality assurance/quality control (QA/QC) for HIV serologic testing.

The first component of this activity is capacity development for Blood safety and this will entail personnel and institutional capacity development aimed at improving quality of blood safety services at site levels. Personnel capacity development will involve trainings of 168 Local Partner Treatment Facility (LPTF) personnel in universal precaution, good laboratory practice, Laboratory safety and use of rapid HIV test kits. The Institutional capacity development component will only cover the provision of basic needs for the collection of blood and HIV serologic testing to ensure that all blood meant for transfusion is HIV-Free.

In line with the Government of Nigeria (GoN) National training guideline, and curriculum for HIV testing for blood transfusion safety, AIDSRelief will conduct an AIDSRelief -wide central TOT for 2 Senior Laboratorians per site. These two senior laboratorians will in turn train all the Laboratory Officers in their sites, including all Laboratory staff that handle blood for transfusion. The site trainings will be conducted under the supervision of the AIDSRelief Focal Persons for blood safety.

This activity will promote the principles of Universal Safety Precautions, the reduction of unnecessary transfusions, exposure to blood, accidental injury/ contamination as well as the provision of essential consumables and services that protect the health worker from contacting infections especially HIV. These Universal precaution materials include personal protective equipment such as hand gloves and laboratory coats; and other consumables (Methylated-spirit, hypochlorite solutions, antibacterial soaps, etc), which will be provided for the sites. Other equipment to be provided will include centrifuge, thermometer, pipettes and Determine test kits. In addition, each site will make provisions for referral of Staff for access to Post Exposure Prophylaxis (PEP) in case the need arises.

Screening for HIV will follow the national testing algorithm to test for every unit of blood screened. Expectedly, a total number of 10,400 units of blood will be screened in COP 07. All screening services will be linked to pre and post test counseling services at each site.

Proper waste management will be encouraged through the use of Bio-Hazard Bags, suitable sharps containers and the use of incinerators. In order to maintain high quality laboratory results, AIDSRelief will institute an aggressive QA/QC program that involves on-site quarterly monitoring and retraining; and proficiency in rapid HIV testing.

This activity will provide support for 26 Service outlets (LPTFs), train 168 individuals in counseling and testing, blood safety protocol, and provide HIV screening for an estimated 10,400 blood units.

CONTRIBUTION TO OVERALL PROGRAM AREA

This activity contributes to the USG target of preventing 1,145,545 new infections by 2009 through prevention of medical transmission of HIV by ensuring the supply of safe and screened blood for blood transfusions. This activity will help establish mechanisms for referral to tertiary centers for blood banking services, while providing the logistics and training to primary and secondary health facilities to establish high quality blood screening practices. It also contributes to the overall goal of the Safe Blood Foundation for Africa of reducing transmission of HIV through blood transfusion and saving lives through the provision of safe blood.

LINKS TO OTHER ACTIVITIES

AIDSRelief activities in blood safety relate to activities in Counseling and Testing (6681) because referrals will be made to C&T services where appropriate, Medical Transmission Injection Safety (3.3.04) for universal precaution equipment, and, and Laboratory

Infrastructure 6680.

This activity is most immediately linked to HLAB (3.3.12) to strengthen the testing conducted on all blood samples at our LPTFs. We will strengthen the link with other LPTF health services to ensure that these activities benefit from a screened, safe blood supply and for program sustainability.

We will collaborate with Safe Blood for Africa Foundation for the provision of specialized training on blood safety for our LPTF personnel. We will coordinate with Medical management and medical injection safety (MMIS) for the provision of medical waste handling equipment and training, collection, transportation and burial of sharps and other medical waste.

POPULATIONS BEING TARGETED

This activity targets health care providers to include mainly laboratory staff including laboratory assistants. This activity will also target doctors and nurses. AIDSRelief mainly work with faith-based rural facilities that serve rural populations who would otherwise have limited or no access to these services.

We will indirectly target 11 other facilities both state and faith-based within the 11 states and include 22 health care workers from there in our training activities for safe blood procedures and through ensure that an estimated 10,400 blood units are screened before transfusion.

KEY LEGISLATIVE ISSUES ADDRESSED

None

EMPHASIS AREAS

This activity has a major emphasis on training and minor emphasis on logistics, commodity procurement, quality assurance, quality improvement and supportive supervision and linkages with other sectors and initiatives.

Continued Associated Activity Information

Activity ID: 5392
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 72,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	0	<input type="checkbox"/>
Number of individuals trained in blood safety	0	<input type="checkbox"/>

Indirect Targets

We will indirectly target 11 other facilities, both state and faith-based, within the 11 states and include 22 health care workers from there in our training activities for safe blood procedures and through ensure that an estimated 10,400 blood units are screened before transfusion.

Target Populations:

Adults
Faith-based organizations
Doctors
Nurses
Infants
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women
Laboratory workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Coverage Areas

Federal Capital Territory (Abuja)
Kano
Plateau
Anambra
Benue
Edo
Kaduna
Kogi
Lagos
Nassarawa
Oyo

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6698
Planned Funds: \$ 0.00

Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG.

ACTIVITY DESCRIPTION

This activity also relates to activities in Counseling and Testing (6695), ARV services 6690, Medical Transmission Injection Safety (3.3.04), and Laboratory Infrastructure (6693).

In COP 2006, CU-ICAP supported three hospital networks in Kaduna and Cross River States to improve safe blood practices, aimed at reducing medical transmission of HIV and other infections. The support included training on universal safety precautions, good laboratory practices and safe blood systems. Equipment and supplies for safe blood activities were also provided. Forty (40) staff members at the three sites in Kaduna (General Hospital, Kafanchan) and Cross River States (General Hospital, Ogoja, Catholic Maternity Hospital, Ogoja) were trained to organize and conduct safe blood collection and post-exposure prophylaxis (PEP) procedures. CU-ICAP conducted advocacy and BCC activities to increase awareness and facilitate the adoption of positive behaviors at the sites.

In COP07, CU-ICAP plans to expand into seven additional hospital networks in Kaduna Cross River and Benue states. Working closely with the National Blood Transfusion Service (NBTS) and Safe Blood for Africa (SBA), CU-ICAP will train 10 laboratory staff who are involved in blood transfusion services centrally and these in turn will provide training for at least 90 laboratory and allied health workers that are involved in blood transfusion services at their sites. To reduce medical transmission of HIV, CU-ICAP will continue to focus on prevention of transmission through unsafe medical injections; by providing and enforcing the use of vacutainers for blood collection, sharp containers for proper disposal of sharps and prevention of unsafe blood supplies by providing determine HIV test kits for the screening of every units of blood. All trainings will be based on the use of the existing National curriculum and guidelines for standardization. All site trainings will be supervised by CU-ICAP lab advisors.

Other activities for COP07 include infection prevention services to reduce occupational hazards, provision of contaminated waste and sharps collection and disposal units, and infection prevention equipments such as disposable and surgical gloves, disposable syringes, respiratory masks, and gowns. Supplies and protocols/guidelines based on GoN policy will be provided to support safe blood collection. Sites will be provided with communication materials and job aids. Quality assurance (QA)/Quality Improvement (QI) management systems will be put in place ensure the quality of the rapid HIV testing at all site. CU-ICAP will also work through local community based organizations and support groups to increase demand and awareness on safe blood practices.

This activity also includes partnerships and support to the following sub recipients for program activities: Safe Blood for Africa Project (SFA), Sustainable Health Initiatives (SHI) and HARHL Trust Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

As part of a comprehensive package of services and its contribution to the national strategic plan, CU-ICAP considers it essential to prevent HIV transmission in health care settings and increase blood transfusion safety. In COP 06, CU-ICAP supported improvement of the blood transfusion network through procurement of test kits for testing donor blood. CU-ICAP also supports training activities for assuring the quality of transfusion related services and in universal precautions.

In COP 07, CU-ICAP will support the training of at least 100 health care workers to provide quality safe blood services, and will increase the availability of test kits, support personal protective equipment like hand gloves, lab coats, face shield and protective goggles to ensure that the lab staffs are adequately protected. 2400 blood bags will be screened for HIV following the national algorithm for HIV blood screening the to ensure safe blood transfusion at CU-ICAP's supported ten (10) hospital networks in line with the National Blood Transfusion policy on blood and blood product safety.

LINKS TO OTHER ACTIVITIES

This activity is closely linked to 3.3.4 Injection Safety where CU-ICAP also plans to train

laboratory and allied health workers at all its supported sites. Sanitarians are trained to improve their knowledge and skills in sharp waste management practices.

With linkage to activity 3.3.12 (Laboratories), lab-based activities will support Safe Blood activities at all CU-ICAP supported sites through training, supervision, equipment maintenance and supplies.

POPULATIONS BEING TARGETED

This activity targets health care workers at both public and private health sectors responsible for safe blood activities in all CU-ICAP supported health facilities. Targeted also are all persons needing blood transfusion and their relatives who have come to donate blood.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase awareness and build skills around safe blood issues at facility and community levels, reducing stigma and discrimination among health care workers. It is expected to also promote awareness about safe blood practices in the communities and indirectly increase the number of volunteers available for blood donations.

EMPHASIS AREAS

This activity includes major emphasis on capacity development for blood safety which includes training of lab staff and provision of equipments. Minor emphasis will be on supportive supervision, and commodity procurement, IEC, policy and guidance issues.

Continued Associated Activity Information

Activity ID: 6490
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	0	<input type="checkbox"/>
Number of individuals trained in blood safety	0	<input type="checkbox"/>

Target Populations:

Doctors
Policy makers
Volunteers
Host country government workers
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers

Key Legislative Issues

Volunteers
Stigma and discrimination

Coverage Areas

Benue
Cross River
Kaduna

Table 3.3.03: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6710
Planned Funds: \$ 0.00

Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG.

ACTIVITY DESCRIPTION

This activity also relates to activities in Counselling and Testing (6702), Medical Transmission Injection Safety (3.3.04), Laboratory Infrastructure (6709).

GHAIN blood safety activities will ensure that all blood transfused in GHAIN supported clinical settings is HIV free. This will be accomplished with the provision of necessary training and equipment to screen all units of blood collected for transfusion in clinical facilities transfusing blood..

Capacity development for blood safety will include both personnel and institutional capacity building to improve the quality of blood safety services at clinical sites where blood is being transfused. Personnel capacity development will involve trainings in universal precautions, good laboratory practice, laboratory safety, use of rapid HIV test kits, and recording and reporting results. The institutional capacity development component will cover the provision of basic needs for the collection of blood and HIV serologic testing to ensure that all blood meant for transfusion is HIV-Free.

Using the GoN National training guideline, and the curriculum for HIV testing for blood transfusion safety, GHAIN will conduct a central TOT for two (2) senior laboratorians from each supported site. These two senior laboratorians will in turn train all the laboratory officers in their site, including all laboratory staff that handle blood for transfusion. The site trainings will be conducted under the supervision of the GHAIN laboratory staff. This training will also promote the principles of Universal Safety Precautions, reduction of unnecessary transfusions, dangers related to exposure to blood.

Essential consumables that protect the health worker from exposure to blood will be provided throughout the clinical facility. These universal precaution materials include personal protective equipment such as gloves, goggles, and aprons. Other consumables required for HIV testing, such as methylated-spirit, hypochlorite solutions, antibacterial soaps, centrifuge, thermometer, pipettes and rapid HIV test kits will be provided. In addition, each site will make provisions for referral of staff for access to Post Exposure Prophylaxis (PEP) in case the need arises.

Screening for HIV will involve follow the national algorithm for blood screening for every unit of blood screened. Expectedly, a total number of 6,240 units of blood will be screened in COP 07. All screening services will be linked to pre and post test counseling services at each site.

Proper waste management will be encouraged through the use of Bio-Hazard Bags, suitable sharps containers and the use of incinerators. In order to maintain high quality laboratory results, GHAIN will institute an aggressive QA/QC program that involves on-site quarterly monitoring and retraining; and proficiency in rapid HIV testing.

This activity will provide support for 40 ART sites in 10 GHAIN focal states namely Anambra, FCT, Lagos, Kano, Edo, Cross River, Enugu, Niger, Akwa Ibom and Kogi; and train 80 individuals in counseling and testing, blood safety protocol, and provide HIV screening for an estimated 6,240 individuals.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to the PEPFAR 5 year strategy of prevention of HIV/AIDS by ensuring that all blood transfused are HIV free and by encouraging practices that reduce risk of exposure associated with blood transfusions and blood handling activities.. This activity will also contribute towards strengthening institutional mechanisms for safe blood activities and accountability systems on the use of HIV test kits in the PEPFAR program.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in HVCT – 3.3.09. Positive clients from emergency screening will be referred for ART services using GHAIN referral network system. SFBAF is tasked with the larger role of supporting the National transfusion service and developing a network of blood banks that will eventually provide safe blood throughout the project area. This task will take some time however, and the need to screen blood for emergency

transfusions will continue in the interim. The emergency screening services provided for under this activity is intended to fill this gap in the clinical facilities that are currently being supported.

GHAIN will collaborate with SBFAF and work with States Ministry of Health (SMoH) to develop these services so that more complete safe blood activities can be instituted and emergency screening can be phased out.

POPULATIONS BEING TARGETED

This activity targets laboratory technicians, health workers, and blood donors, with the recipients of emergency blood transfusions being the primary beneficiaries

EMPHASIS AREAS

Major emphasis will be placed on training and commodity procurement (test kits and laboratory consumables) to support emergency blood screening and minor emphasis on quality assurance/quality improvement.

Continued Associated Activity Information

Activity ID: 6491
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHAIN
Funding Source: GHAI
Planned Funds: \$ 225,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	0	<input type="checkbox"/>
Number of individuals trained in blood safety	0	<input type="checkbox"/>

Target Populations:

- Adults
- Doctors
- Laboratory workers
- Nurses

Coverage Areas

Akwa Ibom

Anambra

Cross River

Edo

Enugu

Federal Capital Territory (Abuja)

Kano

Kogi

Lagos

Niger

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Federal Ministry of Health, Nigeria
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6711
Planned Funds: \$ 3,500,000.00

Activity Narrative: ACTIVITY DESCRIPTION

In the year 2007, a total collection of 24,000 units of blood is anticipated. This is based on the quarterly reports on the numbers of blood units collected monthly in the past one year from all the Zonal Centers, averaging 200 units per centre. All units of blood will be sourced from voluntary non-remunerated donors, with extensive mobile community outreach activities at all the centers. All units of blood will be tested for HIV I and II, Hepatitis B and C, and Syphilis using ELISA techniques. PEPFAR funds will be used only for the HIV testing while other funds will be leveraged for hepatitis and syphilis testing. Cold chain is preserved by a 24 hour power supply augmented by standby generators at all the centers.

The Nigerian National Blood Transfusion Service is based on a centralized system with 6 Zonal blood screening centers set up in the first phase of the project, as follows; Abuja serves as headquarters covering Federal Capital Territory and adjoining states of Nassarawa and Niger with a population of 6.4 million. Kaduna serves the North-West Zone comprising of 6 states with population of 18.8 million while Owerri serves the South-East Zone which has 5 states with population of 12.5 million. Ibadan serves the South-West Zone comprising of 7 states with population of 13.7 million. Maiduguri covers North-East Zone with 3 states having a population 9 million. Jos covers North-Central Zone comprising of 4 states with Population of 8 million.

Four additional centers are being proposed with Port-Harcourt serving South-South Zone of 6 states and population of 10 million; Lokoja covering North-Central Zone with 4 states and a population of 8 million while Potiskum serves North-East Zone with 3 states and a population of 5 million.

An aggressive donor recruitment campaign is in progress to educate the populace about the importance of voluntary blood donations to blood safety and adequacy. The campaigns are carried out mostly in tertiary educational institutions, via mass media (TV, Radio), by road shows and one-on-one recruitment.

Young persons are targeted to become regular blood donors through regular education and counseling and reinforcing messages about living healthy lifestyles that reduce the risk of contracting HIV and other TTIs. The youth recruitment program relies substantially on the establishment of youth donor associations such as local Club 25 and Lifesavers Club. Other youth NGOs like the Rotaract Club (Junior Rotarians) also have committed blood donor programs.

The National Blood Transfusion Service will also embark on regular training of medical personnel in the catchments areas on the appropriate use of blood and blood products using a standard training module which will be regularly updated. A total number of 400 staff will be trained by the end of COP 07.

NBTS will employ an average of 35 persons per center (Donor recruiters, Nurses, Phlebotomist, Counselors and Laboratory Scientist). 50% of the technical staff will be paid for by the Government of the states where the centers are located and will form the core of the new centers to be established during the 10 year development period.

Formal referral linkage exist between the NBTS Centers to appropriate treatment facilities for TTI positive donors.

The National Blood Transfusion Service is developing a quality management protocol for the assessment of the program at regular intervals. Standard operating guidelines for all processes and procedures carried out within the service have been developed with recruitment, phlebotomy, donor care, blood grouping and infectious agents' screenings continuing. Appropriate trainings and regular scheduled and unscheduled monitoring and evaluation, using a standard checklist will compliment quality management efforts.

A National blood policy has been adopted and launched, and a bill is currently being considered by the National Assembly while a ten year strategic plan drawn together with SBFAF is in place to direct implementation of the program.

In order to increase coverage of the service, additional centers are proposed in the year

2007, bringing the total number nationwide from 6 in 2006 to 10 at the end of 2007.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Safe blood supply in our communities will result in significant reduction in the transmissions of HIV and other TTIs from unsafe blood transfusions. This contributes immensely to PEPFAR's 5 year strategic plan for Nigeria to reduce HIV transmission through the provision of safe blood and the implementation of safe blood interventions in the country.

LINKS TO OTHER ACTIVITIES

This activity links with HVCT 6702 and ARV 6705. The NBTS Centers work closely with the states "Action Committees on AIDS (SACA)" in the various zones, to promote HIV/AIDS prevention, education and strategies. NBTS also works in collaboration with SBFAF, which serve as its technical partner.

POPULATIONS BEING TARGETED

The main target populations for voluntary blood donor recruitments are the youth between the ages of 18 and 30 years. Many of the youths are in Tertiary educational institutions within the catchments areas. There is a very active population of donors from the faith based organizations and the general population who need safe blood for transfusions are also targets.

KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues addressed include gender, stigma and discrimination and volunteers. NBTS activities will help to increase gender equity in voluntary blood donations through counseling messages targeted to the populace. An estimate of the donor data at the centers indicates a low patronage by women.

EMPHASIS AREAS

The major emphasis areas to be targeted in 2007 will be community mobilization and participation for voluntary non-remunerated blood donation. Other areas of emphasis are training of appropriate staff (Donor recruiters, Laboratory Scientists, Quality officers and donor care), and establishing an infrastructure for screening and banking safe blood in Nigeria.

Continued Associated Activity Information

Activity ID: 5669
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Federal Ministry of Health, Nigeria
Mechanism: Track 1.0
Funding Source: N/A
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	10	<input type="checkbox"/>
Number of individuals trained in blood safety	400	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Factory workers
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Teachers
Volunteers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender
Volunteers
Stigma and discrimination

Coverage Areas

Imo
Kaduna

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6722
Planned Funds: \$ 0.00

Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG.

ACTIVITY DESCRIPTION

This activity also relates to activities in Counselling and Testing (6721), Medical Transmission Injection Safety (3.3.04), and, and Laboratory Infrastructure (6716).

This activity will support capacity development for blood safety (training and equipment), blood bank screening for HIV, universal precautions and good lab practices, waste management, and QA/QC for HIV serologic testing. The funding will support the building of infrastructure and capacity for high quality blood bank practices, the support of counseling and laboratory personnel and their training. We will increase capacity for high quality HIV testing associated with blood bank services at 7 Harvard APIN Plus Supported ARV centers.

Each of these centers are tertiary teaching hospitals that have blood banks that require blood screening. Actual HIV testing is conducted at the individual blood banks and this activity will support the infrastructure development, laboratory training, HIV counseling training and replacement laboratory equipment to affiliated blood banks. Personnel capacity development will cover the basic needs for the collection of blood and HIV testing to ensure that all blood used for transfusion is HIV free. Personnel at each site will be trained in line with the GON National Training Guidelines, and curriculum for HIV testing for blood transfusion safety. We will train a total of 350 doctors, nurses, and lab workers at our sites in counseling, universal precautions, good laboratory practices, lab safety and the use of rapid HIV tests kits as related to blood safety.

This activity will promote the principles of Universal Safety Precautions, like the reduction of unnecessary transfusions, exposure to blood, accidental injury/contamination as well as the essential consumables and services that protect health care workers from contacting infections, especially HIV. These universal precaution materials will include personal protective equipment such as hand gloves, laboratory coats, masks, and other essential consumables for each site. Additionally, each site will make provisions for the referral of staff for access to post exposure prophylaxis (PEP) when needed. PEP will be provided through our ART drugs and services activities (3.3.10 and 3.3.11). Proper waste management will be encouraged at each site through the use of biohazard bags, suitable sharps containers, and the use of incinerators.

The UCH Virology laboratory (University of Ibadan, Oyo State) will establish and coordinate a regular QA/QC program to insure that HIV testing at VCT centers meets national and international standards. This laboratory will also insure coordination of HIV testing SOPs and provide regular training for existing and new laboratory personnel. QA/QC activities will include site M&E and personnel trainings on proficiency in HIV testing, universal precautions, and good laboratory practices.

This activity will provide support for 7 service outlets, train 350 individuals in counseling and testing, blood bank safety protocols, and provide blood bank screening for an estimated 15,000 individuals. All screening activities will be linked to pre- and post-test counseling services at each site.

CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will provide support for 7 service outlets at tertiary health care facilities. We will train a minimum of 350 individuals in counseling and testing, blood bank safety protocols. We aim to provide blood bank screening for an estimated 15,000 individuals. The emphasis on training and infrastructure building within this program is consistent with the PEPFAR 5-year goal of providing technical assistance for the development of site specific blood safety policies, protocols and guidelines. Furthermore, it is consistent with the goal of ensuring that all US funded clinical settings are able to screen transfused blood for HIV.

LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (3.3.09). The universal processes put in place at the blood bank screening centers will also enhance blood bank worker knowledge on best practices for high quality HIV testing and the proper procedures for handling of blood specimens throughout the blood banking protocol. These activities

are also linked to our injection safety activities (3.3.04) and laboratory infrastructure (3.3.12) through the promotion of universal safety precautions, good laboratory practices, and proper waste management for biohazardous materials.

POPULATIONS BEING TARGETED

This activity targets adults and, even more specifically blood donors, in that it seeks to build the infrastructure and capacity of blood banks to provide HIV screening of banked blood. Additionally, it targets public health care workers and laboratory workers for training in HIV testing techniques and proper universal precautions in the handling of blood specimens.

KEY LEGISLATIVE ISSUES ADDRESSED

None

EMPHASIS AREAS

This activity includes major emphasis on building the infrastructure of participating hospitals and their laboratories and blood banks to perform HIV screening on donated blood. As part of the infrastructure building, there will be minor emphasis on the training of laboratory workers and public health personnel in the implementation of an HIV screening program. Additionally, there will be minor emphasis on quality assurance and supportive supervision through the establishment of a quality assurance and control program by the UCH Virology laboratory. Lastly, this program will have a minor emphasis on the development of networks and referral systems in order to build capacity collectively among blood banks and hospitals to monitor blood safety.

Continued Associated Activity Information

Activity ID: 6489
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 225,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	0	<input type="checkbox"/>
Number of individuals trained in blood safety	0	<input type="checkbox"/>

Target Populations:

Adults
 Public health care workers
 Laboratory workers

Coverage Areas

Borno

Kaduna

Lagos

Oyo

Plateau

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Safe Blood for Africa Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6730
Planned Funds: \$ 0.00

Activity Narrative: Track 1.0 and 2.0 USAID and HHS/CDC funds are combined for this activity. The Safe Blood for Africa Foundation (SB) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). 100% of SB activities are linked to the National Blood Transfusion Service (NBTS) long term strategy. SB is assisting the NBTS in implementing the primary objective of migrating fragmented hospital-based blood banking services to centralized community-based blood banking services nationwide. A key feature of this program is the development of a voluntary nationwide donor recruitment system. SB has pioneered this system in collaboration with the NBTS. The NBTS zonal centers are maintained by voluntary donors. Capacity building is another key objective of the NBTS strategy. SB has instituted a robust training program that has been integral to the rapid expansion of the NBTS. The NBTS monitoring and evaluation program that SB is assisting to implement in FY07 will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and harmonize blood banking standards and practices on a national basis. This SB program has been designed to assist them to fulfill this objective. Significant changes from 06 to 07 will include the expansion of technical assistance (TA) to the NBTS and the incorporation of a SB assisted NBTS hospital monitoring and evaluation program into the blood banking systems in Nigeria in order to address a more comprehensive BS program in the US Government (USG) supported Nigerian hospitals. SB will incorporate capacity building for blood safety activities at the hospital level, focusing on facilities where other USG implementing partners are located. SB will assist the NBTS in using assessments resulting from this program to help upgrade the safety profile of each hospital blood bank. SB activities will provide support for 19 service outlets and train 180 individuals.. SB has worked with ENHANSE and the NBTS through the mechanism of the National Technical Committee to develop safe blood related policy. The new National Policy which has been approved by the Federal Executive Council clearly states that 100% of all transfused blood nationwide must be screened for HIV. In FY07, emphasis will be on entrenchment of the policy into law and the implementation of the policy throughout the country including setting up a regulatory body and standards for oversight. This is a significant intervention for the prevention of HIV transmission through improved BS practices. SB and the NBTS will introduce the principles of quality management processes with site-specific written Standard operating procedures, proper maintenance logs of equipment, validation of processes and a secure method of record keeping. SB continues to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure sustainability and this has resulted in NBTS operating independently and increasingly taking a leadership role. CONTRIBUTIONS TO OVERALL PROGRAM AREA 100% of SB BS activities will contribute to 07 overall Emergency Plan BS Targets for Nigeria. Activities will improve access to safe blood, increase demand for VNRBD, improve quality of Blood Transfusion Systems and Practices and improve the enabling environment. Planned increases in the number of outlets carrying out BS activities and increasing the number of people trained in BS will improve equity in access to safe blood. SB will ensure that there are linkages and synergies between the outlets where safe blood is available. SB will improve the quality of blood transfusion practices in Nigeria. This activity will be primarily conducted through technical assistance to the NBTS, the hospital certification program and training programs implemented by SB in collaboration with the NBTS. M and E activities will determine the number of outlets adhering to the appropriate use of guidelines and SOPs provided, number of additional outlets established utilizing safe blood standard guidelines and the conduct of regular audits at these outlets at 3 month intervals. LINKS TO OTHER ACTIVITIES SB VNRBD activities have direct links to Counseling and Testing 6702. 100% screening of all donors does result in HIV + donors. SB refers these donors for additional CT at designated USG treatment centers. SB TA activities are linked to policy analysis and system strengthening activities 6774, 6777, 6728. SB also provides technical assistance and support to the other USG partners implementing emergency blood screening activities under this program area. POPULATIONS BEING TARGETED SB assistance activities to the NBTS have target populations associated with increasing supply of HIV free blood by VNRBD. Populations are the low-risk sources including select student groups and select adult men and women. SB will assist the NBTS to engage facilitating organizations that will allow NBTS to access its target populations. These include FBOs, Business/private sector and community and religious leaders. SB training activities and capacity building will target host country government workers and other health care providers. KEY LEGISLATIVE ISSUES ADDRESSED Key issue addressed by SB activities is Volunteers. Development of a robust and sustainable VNRBD base is by definition entirely dependent on recruiting and retaining volunteers, this activity is community based and

focused on the recruitment of suitable low-risk donors to supply centralized blood collection facilities. This will facilitate the migration from hospital based collection systems and allow the hospitals to focus on cross-matching and provision of HIV-free blood to patients. **EMPHASIS AREAS** This program includes major emphasis on BS training in all areas of the program including the actual training program and the hospital certification program. Emphasis is also being expended in the area of blood policy and oversight. Other emphasis areas include supporting the NBTS in its development and increasing outlets. Community Mobilization/Participation with Quality Assurance and Supportive Supervision will be areas of minor emphasis.

Continued Associated Activity Information

Activity ID: 6641
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Safe Blood for Africa Foundation
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety		<input checked="" type="checkbox"/>

Target Populations:

Business community/private sector
Community leaders
Faith-based organizations
Doctors
Nurses
Program managers
Volunteers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Safe Blood for Africa Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6731
Planned Funds: \$ 544,500.00

Activity Narrative: Track 1.0 and 2.0 USAID and HHS/CDC funds are combined for this activity. The Safe Blood for Africa Foundation (SB) is providing technical assistance services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). 100% of SB activities are linked to the National Blood Transfusion Service (NBTS) long term strategy. SB is assisting the NBTS in implementing the primary objective of migrating fragmented hospital-based blood banking services to centralized community-based blood banking services nationwide. A key feature of this program is the development of a voluntary nationwide donor recruitment system. SB has pioneered this system in collaboration with the NBTS. The NBTS zonal centers are maintained by voluntary donors. Capacity building is another key objective of the NBTS strategy. SB has instituted a robust training program that has been integral to the rapid expansion of the NBTS. The NBTS monitoring and evaluation program that SB is assisting to implement in FY07 will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and harmonize blood banking standards and practices on a national basis. This SB program has been designed to assist them to fulfill this objective. Significant changes from 06 to 07 will include the expansion of technical assistance (TA) to the NBTS and the incorporation of a SB assisted NBTS hospital monitoring and evaluation program into the blood banking systems in Nigeria in order to address a more comprehensive BS program in the US Government (USG) supported Nigerian hospitals. SB will incorporate capacity building for blood safety activities at the hospital level, focusing on facilities where other USG implementing partners are located. SB will assist the NBTS in using assessments resulting from this program to help upgrade the safety profile of each hospital blood bank. SB activities will provide support for 19 service outlets and train 180 individuals.. SB has worked with ENHANSE and the NBTS through the mechanism of the National Technical Committee to develop safe blood related policy. The new National Policy which has been approved by the Federal Executive Council clearly states that 100% of all transfused blood nationwide must be screened for HIV. In FY07, emphasis will be on entrenchment of the policy into law and the implementation of the policy throughout the country including setting up a regulatory body and standards for oversight. This is a significant intervention for the prevention of HIV transmission through improved BS practices. SB and the NBTS will introduce the principles of quality management processes with site-specific written Standard operating procedures, proper maintenance logs of equipment, validation of processes and a secure method of record keeping. SB continues to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure sustainability and this has resulted in NBTS operating independently and increasingly taking a leadership role. CONTRIBUTIONS TO OVERALL PROGRAM AREA 100% of SB BS activities will contribute to 07 overall Emergency Plan BS Targets for Nigeria. Activities will improve access to safe blood, increase demand for VNRBD, improve quality of Blood Transfusion Systems and Practices and improve the enabling environment. Planned increases in the number of outlets carrying out BS activities and increasing the number of people trained in BS will improve equity in access to safe blood. SB will ensure that there are linkages and synergies between the outlets where safe blood is available. SB will improve the quality of blood transfusion practices in Nigeria. This activity will be primarily conducted through technical assistance to the NBTS, the hospital certification program and training programs implemented by SB in collaboration with the NBTS. M and E activities will determine the number of outlets adhering to the appropriate use of guidelines and SOPs provided, number of additional outlets established utilizing safe blood standard guidelines and the conduct of regular audits at these outlets at 3 month intervals. LINKS TO OTHER ACTIVITIES SB VNRBD activities have direct links to Counseling and Testing 6702. 100% screening of all donors does result in HIV + donors. SB refers these donors for additional CT at designated USG treatment centers. SB TA activities are linked to policy analysis and system strengthening activities 6774, 6777, 6728. SB also provides technical assistance and support to the other USG partners implementing emergency blood screening activities under this program area. POPULATIONS BEING TARGETED SB assistance activities to the NBTS have target populations associated with increasing supply of HIV free blood by VNRBD. Populations are the low-risk sources including select student groups and select adult men and women. SB will assist the NBTS to engage facilitating organizations that will allow NBTS to access its target populations. These include FBOs, Business/private sector and community and religious leaders. SB training activities and capacity building will target host country government workers and other health care providers. KEY LEGISLATIVE ISSUES ADDRESSED Key issue addressed by SB activities is Volunteers. Development of a robust and sustainable VNRBD base is by definition entirely dependent on recruiting and retaining volunteers, this activity is community based and

focused on the recruitment of suitable low-risk donors to supply centralized blood collection facilities. This will facilitate the migration from hospital based collection systems and allow the hospitals to focus on cross-matching and provision of HIV-free blood to patients. EMPHASIS AREAS This program includes major emphasis on BS training in all areas of the program including the actual training program and the hospital certification program. Emphasis is also being expended in the area of blood policy and oversight. Other emphasis areas include supporting the NBTS in its development and increasing outlets. Community Mobilization/Participation with Quality Assurance and Supportive Supervision will be areas of minor emphasis.

Continued Associated Activity Information

Activity ID: 5387
USG Agency: U.S. Agency for International Development
Prime Partner: Safe Blood for Africa Foundation
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 680,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	0	<input type="checkbox"/>
Number of individuals trained in blood safety	100	<input type="checkbox"/>

Target Populations:

Business community/private sector
Community leaders
Faith-based organizations
Doctors
Nurses
Program managers
Volunteers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6769
Planned Funds: \$ 400,000.00

Activity Narrative: Reprogramming 9/07: These funds are to restart the ART treatment partner collaboration with NBTS and SBFAF to link hospitals to the NBTS blood screening system to ensure that all units of blood are screened appropriately and that the flow of donated blood to NBTS from hospitals is started to take advantage of the excess capacity at NBTS facilities.

This activity was suspended at the direction of the OGAC Prevention TWG.

ACTIVITY DESCRIPTION:

This activity also relates to activities in Counseling and Testing (6772), Medical Transmission Injection Safety (3.3.04), and Laboratory Infrastructure (6767) .

ACTION will support capacity development for Blood Safety (training and equipment), screening for HIV, universal precautions, good laboratory practice, waste management, and QA/QC for serological testing at 32 sites.

The first component of this activity is capacity development for Blood Safety (training and equipment). This will entail personnel and institutional capacity development aimed at improving the quality of blood safety services at site levels. The Personnel capacity development will involve trainings in universal precaution, good laboratory practice, laboratory safety, and use of rapid HIV test kits. The institutional capacity development component will only cover the provision of basic needs for the collection of blood and HIV serologic testing to ensure that all blood meant for transfusion is HIV free.

In line with the GON national training guideline and curriculum for HIV testing for blood transfusion safety, ACTION will conduct centralized training of trainers so that a minimum of 2 laboratory scientists per site will be trained (64 Master Trainers). These Master Trainers will in turn train all the Laboratory staff at their sites, including all laboratory staff that handles blood transfusion. The site trainings will be conducted under the supervision of the ACTION Program Officer for Blood Safety. Thus, an additional 4 laboratory staff per site (128 additional laboratory staff for a total direct training target of 192).

This activity will promote the principles of Universal Safety Precautions, like the reduction of unnecessary transfusions, exposure to blood, accidental injury/contamination as well as the provision of essential consumables and services that protect the health worker from contacting blood borne infections such as HIV. These universal precaution materials include personal protective equipment such as hand gloves and laboratory coats and other consumables (methylated spirit, hypochlorite solutions, antibacterial soaps, etc) which will be provided to the sites. Other equipment to be provided will include centrifuge, thermometer, pipettes, and rapid test kits. In addition, each site will have in place a Post-Exposure Prophylaxis (PEP) access in case the need arises (described under ARV Services narrative).

Screening for HIV will be consistent with the national testing algorithm for blood screening and to test for all units of blood used for emergency services. Expectedly, a total number of 16,000 units of blood will be required for urgent transfusion at the 32 sites. Assuming an average of 3 voluntary donors may need to be screened for every unit of blood collected and transfused, 48,000 donors may be screened. All screening services will be linked to pre and post test counseling services at each site.

Proper waste management will be encouraged through the use of Bio-Hazard bags, suitable sharps containers, and the use of incinerators. In order to maintain high quality laboratory results, ACTION will include the blood bank in its laboratory QA/QC program that involves on-site quarterly monitoring and retraining as well as selective retesting and proficiency panels.

This activity will provide support for 32 service outlets, train 192 individuals in counseling and testing/blood safety protocol, and provide HIV screening for 48,000 individuals. The 32 sites will be located in the following states: Anambra, Edo, FCT, Nassarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Rivers, Delta, and Lagos

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Activities in this program area will support PEPFAR and GON goals to avert new infections through ensuring that all blood transfused are HIV free and also reduce risk of

transmission of HIV by instituting safe blood activities at all sites.

LINKS TO OTHER ACTIVITIES:

This activity is linked to 3.3.09 (C&T) as directed donors screening positive will be linked to VCT services for counseling and confirmatory testing. This activity is also linked to 3.3.04 (Medical Transmission Injection Safety) as universal precaution supplies and safe disposal containers and training will be provided.

POPULATIONS BEING TARGETED:

The target population is laboratory workers at public facilities who will be the focus of capacity development.

KEY LEGISLATIVE ISSUES ADDRESSED:

N/A

EMPHASIS AREAS:

The major emphasis area for this activity is "Training" as capacity development for sustainability is a key focus. A Minor emphasis area for this activity is "Quality Assurance, Quality Improvement, and Supportive Supervision" as an ongoing QA program will be an important activity.

Continued Associated Activity Information

Activity ID: 3258
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 190,000.00

Emphasis Areas

	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	16	<input type="checkbox"/>
Number of individuals trained in blood safety	32	<input type="checkbox"/>

Indirect Targets

The increased effectiveness of the blood screening programs at the 32 sites targeted should result in 800 additional HIV infections being averted based upon a prevalence of 5% and 16,000 units transfused.

Target Populations:

Laboratory workers

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Benue

Delta

Kogi

Lagos

Nassarawa

Niger

Rivers

Table 3.3.03: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6789
Planned Funds: \$ 60,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This HMBL activity relates directly to all Nigeria HHS Medical Transmission Blood Safety COP07 activities (see activity ID references in the narrative below).

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria will hire one full time staff position to support Medical Transmission prevention activities with 75% of time allocated to Blood Safety and 25% of time allocated to Safe Injection (see Activity ID 6817 for a more detailed description of safe injection responsibilities). The budget includes one FSN salary, ICASS and CSCS charges related to this position, funding for required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for one week of in-country support by two HHS/CDC GAP HQ Safe Blood program officers.

This Medical Transmission Prevention staff member will work in close coordination with the USAID Prevention staff (#6812) and directly provide quality assurance and program monitoring or coordination to HHS supported implementing partners with Blood Safety activities including: University of Maryland-ACTION (#6769), Harvard SPH-APIN (#6722), Columbia University, SPH-ICAP (#6698), Catholic Relief Services-AIDSRelief (#6676), the Nigeria Ministry of Health National Blood Transfusion Service (#6711), and the Safe Blood for Africa Foundation (#6730 & #6731). This position will also work with USAID on joint monitoring visits of non-HHS PEPFAR partners such as FHI-GHAIN (#6710) and give technical assistance to the DoD Safe Blood program (#6805) as requested.

This HHS/CDC staff member will also provide technical support and capacity development to new partners selected through RFAs, the New Partner Initiative and to the Government of Nigeria at the National and State levels to promote Nigeria National guidelines related to blood safety. It is expected that the staff member under this activity will provide direct or indirect monitoring and support to over 80 Emergency Plan supported clinical sites in COP07.

Continued Associated Activity Information

Activity ID: 5395
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 10,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.03: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6805
Planned Funds: \$ 0.00

Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG.

ACTIVITY DESCRIPTION

The activity is linked to laboratory infrastructure (6799) and Medical Transmission Injection Safety (3.3.04).

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels- developing a strong USG relationship with another branch of the Nigerian Government; building capacity of the indigenous partner through joint implementation of activities; and offering a cost effective model for implementation through a direct USG-GON collaboration, and supporting both the military and civilian communities, as 80% of patients under ART at military facilities are civilian

The DoD will, in 2007, provide support to NMoD to reduce HIV transmission through emergency blood transfusion at 7 existing and 7 additional NMoD military healthcare facilities. It is anticipated that 5,000 units of blood will be screened in this activity. This activity will support capacity development for Blood safety (training and equipments), screening for HIV, universal precautions and good laboratory practice, waste management and QA/QC for HIV serologic testing.

The first component of this activity is capacity development for Blood safety (training and equipments). This will entail personnel and institutional capacity development aimed at improving quality of blood safety services at site levels. The Personnel capacity development component will involve trainings in universal precaution, good laboratory practice, Laboratory safety and use of rapid HIV test kits. The Institutional capacity development component will only cover the provision of basic needs for the collection of blood and HIV serologic testing to ensure that all blood meant for transfusion is HIV-Free.

In line with the GoN National training guideline, and curriculum for HIV testing for blood transfusion safety, DOD , will train 210 staff on all aspects of blood safety and, at time of donation, will provide prevention messaging, encourage blood donors to seek voluntary counseling and testing, and to join a formal donor recruitment program. The site trainings will be conducted under the supervision of DOD staff.

This activity will promote the principles of Universal Safety Precautions, like the reduction of unnecessary transfusions, exposure to blood, accidental injury/ contamination as well as the provision of essential consumables and services that protect the health worker from contacting infections especially HIV. These Universal precaution materials include personal protective equipment such as hand gloves and laboratory coats and other consumables (Methylated-spirit, hypochlorite solutions, antibacterial soaps etc), which will be provided for the sites. Other equipment to be provided will include centrifuge, thermometer, pipettes and Determine test kits. In addition, each site will make provisions for referral of Staff for access to Post Exposure Prophylaxis (PEP) in case the need arises.

Screening for HIV will involve the use of Determine Test kits as the sole test for every unit of blood. Expectedly, a total number of 5,000 units of blood will be screened in COP 07. All screening services will be linked to pre and post test counseling services at each site.

Proper waste management will be encouraged through the use of Bio-Hazard Bags, suitable sharps containers and the use of incinerators. In order to maintain high quality laboratory results, DOD will institute an aggressive QA/QC program that involves on-site quarterly monitoring and retraining; and proficiency in rapid HIV testing. The DoD will implement monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site visits by the DoD/NMoD consultant teams. These teams, made up of Nigerian officers and appropriate partners will visit each site quarterly (more frequently during start up). External quality assurance will be provided by USMHRP US and African-based laboratorians and consultants, and is an essential component of this program. Safe Blood for Africa and NBTS visits will also be

coordinated.

This activity will provide support for 14 Service outlets, train 210 Individuals in counseling and testing, blood safety protocol, and provide HIV screening for an estimated 5000 individuals.

Contribution to Overall Program Area [Target: up to 1,500 characters]

This activity contributes to the USG target of preventing 1,145,545 new infections by February 28, 2009 through prevention of medical transmission of HIV and ensuring a safe, screened blood supply is available for emergency blood transfusions. This activity will help establish mechanisms for referral to tertiary centers for blood banking services, while providing the infrastructure and training to NMoD health facilities to establish high quality blood safety practices.

LINKS TO OTHER ACTIVITIES

The primary link is to laboratory infrastructure 6799 to strengthen the systems and testing conducted on all emergency blood samples by the NMoD. The DoD will strengthen the link with other activities to ensure that these activities benefit from a screened, safe blood supply. NMoD laboratories will help to provide a safe emergency blood supply to the communities served.

POPULATIONS TARGETED

This activity targets the military, civilian employees, dependents and the general population, in particular health care providers, pregnant women, children, and hospital patients who require emergency blood and blood products.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address male norms and behaviors, by encouraging counseling and providing prevention messaging, and gender inequalities, by reduction in HIV transmission and new infections and maternal and infant mortality.

EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on infrastructure development, quality assurance/improvement, commodity procurement and logistics.

Continued Associated Activity Information

Activity ID: 5388
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: DoD
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target

Number of service outlets carrying out blood safety activities
Number of individuals trained in blood safety

Target Value

0
0

Not Applicable

Target Populations:

Military personnel
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Federal Capital Territory (Abuja)
Kaduna
Lagos
Benue
Borno
Cross River
Delta
Enugu
Oyo
Plateau
Rivers
Benin

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Safe Blood for Africa Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 9772
Planned Funds: \$ 400,000.00

Activity Narrative: Track 1.0 and 2.0 USAID and HHS/CDC funds are combined for this activity.

The Safe Blood for Africa Foundation (SB) is providing services in Nigeria in the prevention program area of Medical Transmission/Blood Safety (BS). 100% of SB activities are linked to the National Blood Transfusion Service (NBTS) long term strategy. The Abuja project is the practical demonstration of the NBTS primary objective of migrating fragmented hospital-based blood banking services to centralized community-based blood banking services nationwide. A key feature of this program is the development of a voluntary nationwide donor recruitment system. SB has pioneered this system in collaboration with the NBTS. The Abuja center is maintained 100% by voluntary donors and this has been replicated in the 4 NBTS centers that have opened across the country. Capacity building is another key objective of the NBTS strategy. SB has instituted a robust training program that has been integral to the rapid expansion of the NBTS. The NBTS certification program that SB is assisting to implement in FY07 will significantly improve NBTS regulatory capabilities. It is NBTS's intent to regulate and harmonize blood banking standards and practices on a national basis. This SB program has been designed to assist them to fulfill this objective.

Significant changes from 06 to 07 will include the expansion of technical assistance (TA) to the NBTS and the incorporation of a SB assisted NBTS hospital certification and accreditation program into the blood banking systems in Nigeria in order to address a more comprehensive BS program in the US Government (USG) supported Nigerian hospitals. SB will assist the NBTS in using assessments resulting from this program to help upgrade the safety profile of each hospital blood bank. SB activities will provide support for 19 service outlets and train 275 individuals from its currently active 17 and 250 respectively.

SB has worked with ENHANSE and the NBTS through the mechanism of the National Technical Committee to develop safe blood related policy. The new National Policy which has been approved by the Federal Executive Council clearly states that 100% of all transfused blood nationwide must be screened for HIV.

In FY07, emphasis will be on entrenchment of the policy into law and the implementation of the policy throughout the country including setting up a regulatory body and standards for oversight. This is a significant intervention for the prevention of HIV transmission through improved BS practices. SB and the NBTS will introduce the principles of quality management processes with site-specific written Standard operating procedures, proper maintenance logs of equipment, validation of processes and a secure method of record keeping.

SB with the support of the Society for Family Health (SFH) will increase voluntary non-remunerated blood donations (VNRBD) through targeted social marketing and community mobilization activities. SFH is implementing an integrated media awareness campaign for all USG BS programs in Nigeria that will also support this effort. Targets for number of blood units screened for HIV in 07 are 13,090. 2,400 of these units will be screened at the Abuja center and the balance will be screened at the NBTS centers and the Akwa Ibom outlets under the SB emergency screening program.

SB continues to strengthen the technical and managerial capacity of the NBTS through its TA program to ensure sustainability and this has resulted in NBTS operating independently and increasingly taking a leadership role.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

100% of SB BS activities will contribute to 07 overall Emergency Plan BS Targets for Nigeria. Activities will improve access to safe blood, increase demand for VNRBD, improve quality of Blood Transfusion Systems and Practices and improve the enabling environment.

Planned increases in the number of outlets carrying out BS activities and increasing the number of people trained in BS will improve equity in access to safe blood. SB will ensure that there are linkages and synergies between the outlets where safe blood is available.

SB will improve the quality of blood transfusion practices in Nigeria. This activity will be

primarily conducted through technical assistance to the NBTS, the hospital certification program and training programs implemented by SB in collaboration with the NBTS. M and E activities will determine the number of outlets adhering to the appropriate use of guidelines and SOPs provided, number of additional outlets established utilizing safe blood standard guidelines and the conduct of regular audits at these outlets at 3 month intervals.

LINKS TO OTHER ACTIVITIES

SB VNBRD activities have direct links to Counseling and Testing 6702. 100% screening of all donors does result in HIV + donors. SB refers these donors for additional CT at designated USG treatment centers. SB TA activities are linked to policy analysis and system strengthening activities 6774, 6777, 6728. SB also provides technical assistance and support to the other USG partners implementing emergency blood screening activities under this program area.

POPULATIONS BEING TARGETED

SB activities have target populations associated with increasing supply of HIV free blood by VNBRD. Populations are the low-risk sources including, students and select adult men and women. SB will also engage facilitating organizations that will allow SB to access its target populations. These include FBOs, Business/private sector and community and religious leaders. SB training activities and capacity building will target host country government workers and other health care providers.

KEY LEGISLATIVE ISSUES ADDRESSED

Key issue addressed by SB activities is Volunteers. Development of a robust and sustainable VNRBD base is by definition entirely dependent on recruiting and retaining volunteers, this activity is community based and focused on the recruitment of suitable low-risk donors to supply centralized blood collection facilities. This will facilitate the migration from hospital based collection systems and allow the hospitals to focus on cross-matching and provision of HIV-free blood to patients.

EMPHASIS AREAS

This program includes major emphasis on BS training in all areas of the program including the actual training program and the hospital certification program. Emphasis is also being expended in the area of blood policy and oversight. Other emphasis areas include supporting the NBTS in its development and increasing outlets. Community Mobilization/Participation with Quality Assurance and Supportive Supervision will be areas of minor emphasis.

Table 3.3.03: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 9773
Planned Funds: \$ 0.00

Activity Narrative: This activity was suspended at the direction of the OGAC Prevention TWG.

ACTIVITY DESCRIPTION

This activity is also related to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (#6742) and PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

SCMS will procure laboratory supplies, test kits and other safe blood related commodities for on behalf of various PEPFAR Implementing Partners (IPs) in Nigeria including the U.S Department of Defense (DoD), University of Maryland, Institute of Human Virology (IHV)/ACTION, Family Health International (FHI)/GHAIN, Columbia University (CU)/ICAP, Harvard University School of Public Health (HSPH)/APIN+, Safe Blood for Africa foundation (SFBAF), Columbia University (CU -ICAP), and Catholic Relief Services/AIDSRelief. The request will be coordinated by the USG acting on behalf of the IPs and managed by SCMS. The commodities will be procured in accordance with the Government of Nigeria (GON) national treatment and testing program protocols, GON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centers (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in commodity product selection based on Standard Treatment Guidelines, testing protocols and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria. SCMS will aggregate the total required commodities for the IPs and undertake the procurement on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. When necessary, emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting. SCMS will take the lead in establishing and managing the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate, SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria. A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja and elsewhere, as required in Nigeria. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where

in-country supply chains will take over the local warehousing. All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

SCMS will establish a field office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09) and PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Emphasis Areas

	% Of Effort
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety		<input checked="" type="checkbox"/>

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area: \$ 2,616,103.00

Program Area Context:

In COP 07, the USG team will expand on COP06 Injection safety activities. The following four strategic priorities represent COP07 activity focus: (1) the promotion of safe injection practices and universal precautions; (2) behavior change of both health workers and patients; (3) procurement of needed safe injection commodities; and (4) safe waste management. Seven Implementing Partners (IPs) will provide direct support to injection safety activities in Nigeria. The IPs are John Snow Incorporated (JSI)/MMIS, Catholic Relief Services (CRS)/AIDSRelief, Columbia University (CU)/ICAP, Harvard School of Public Health (HSPH)/APIN+, Family Health International (FHI)/GHAIN, the University of Maryland, Institute of Human Virology (IHV)/ACTION and Safe Blood for Africa Foundation (SBFAF).

As in many other African countries, Nigeria has a high rate of injections for medical purposes. In an assessment carried out in 2004, the Federal Ministry of Health (FMOH) found that the mean number of injections per patient per year was of 4.9, which places Nigerians at increased risk of injury caused serious diseases like HIV if appropriate injection safety measures are not in place. As such, the further findings of the assessment indicating that Nigeria had a moderate to poor injection safety overall, that basic injection safety supplies and equipments were often missing, that injection safety practices were often incorrect and that waste disposal was inadequate is concerning.

Nigeria does not currently have a dedicated policy on injection safety and health care waste management. However there are national standards and norms to which health care workers can refer to and the national HIV/AIDS policy stipulates general guidelines for universal precautions for health institution.

USG Nigeria support to improve injection safety in Nigeria started in April 2004 with a pilot project implemented by Track 1.0 partner, JSI (Making Medical Injection Safer-MMIS) in four Local Government Areas (LGAs). The main focus of this project was to promote behavior change among health care workers and patients, promote safe and appropriate management of medical wastes and increase availability of injection safety equipment and supplies. In addition, the project worked towards enabling environment and supported the development of a draft national injection safety and healthcare waste management policy which should be implemented in a near future. In spite of the project successes, injection safety activities in Nigeria need to be substantially scaled up to have a meaningful impact.

JSI/MMIS will continue to work at both national and facility level. However, JSI/MMIS work, which was previously focused on non PEPFAR facilities, will extend to PEPFAR facilities in addition to the facilities supported in COP06 which JSI/MMIS will continue to support in COP07. JSI/MMIS global activities such as policy development, behavior change promotion campaign and related materials, safe injection practices training curricula and job aids will benefit the overall efforts to improve and strengthen injection safety in Nigeria.

IPs working on injection safety will have the opportunity to benefit from JSI/MMIS expertise in the area of training, commodities procurement, supervision system and injection safety tools and materials, through ad hoc partnerships that promote efficiency in our programming and meet the needs of individual IP's. Each narrative describes the specifics of these partnerships.

IPs working on injection safety will target their efforts to the facility level only. However, IPs will extend their injection safety activity to non PEPFAR section of the facilities to ensure a wide coverage of safe injection practices and waste handling at health facilities level. Additionally, IP's collaboration with JSI/MMIS on issues related to enabling environment (such as policy) will increase in COP07 through IPs' participation to related workshops and meetings.

JSI/MMIS activities and other IPs' injection safety activities will complement each other in building a sustainable system to ensure safe medical injection in Nigeria. A global approach to injection safety at

facility level will strengthen medical injection practices and build capacity of health facilities. Increased collaboration and coordination with JSI/MMIS will allow for appropriate linkages between health facilities level efforts and nation wide systems.

Program Area Target:

Number of individuals trained in medical injection safety	10,110
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Table 3.3.04: Activities by Funding Mechanism

Mechanism: Safe Injections - Track 1.0
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 6726
Planned Funds: \$ 532,822.00

Activity Narrative: Track 1 and 2 funds are combined for this activity.

This activity is linked to IS activities implemented by the following implementing partners: ICAP – Columbia (#6819), CRS/AIDSRelief (#6820), ACTION – UMD (#6821), SBFAF (#6822) and GHAIN (#9776).

Making Medical Injection Safer (MMIS) implemented IS (IS) program in five states (Anambra, Edo, Cross River, Lagos, Kano) and the Federal Capital Territory since 2004. We use the four technical areas approach as recommended by the World Health Organization (WHO) and Safe Injection Global Network (SIGN) to address challenges which may be encountered in programming for the prevention and management of the medical transmission of HIV, specifically through unsafe injections. These are capacity building, behavioral change of healthcare personnel and communities, ensure availability of needed equipment and supplies and appropriate healthcare waste management.

A significant change in MMIS activity from COP06 to COP07 is the expansion strategy within selected local government areas (LGAs); this will entail coverage of IS in sites supported by other PEPFAR Implementing Partners (IPs) in addition to sites supported by JSI/MMIS only, such as Government of Nigeria (GON), Faith based and other private health facilities.

In COP07 MMIS will partnership with Catholic Relief Services (CRS)/AIDSRelief, Columbia University (CU)/ICAP, Family Health International (FHI)/GHAIN, the University of Maryland, Institute of Human Virology (IHV)/ACTION and Safe Blood for Africa Foundation (SBFAF). MMIS' support to IPs will range from training of trainers to procurement and supply of commodities for safe injection and waste management as well as provision of Information Education Communication (IEC) material on universal precaution and behavior change. The scope of partnership will actually vary among IPs depending on their needs and while some IPs (such as FHI and SBFAF) will have MMIS support them in all areas mentioned above others (such as IHV and CU) will get support in only one area. MMIS can also support the setting up of supervision system at sites level, as they will do for CRS in addition to other areas of support.

MMIS will continue to build capacity towards the four technical areas mentioned above in the 462 previously supported health facilities. In addition MMIS will extend its activities to an approximated 100 PEPFAR IPs supported public and private health facilities through ad hoc partnership with corresponding IPs.

As of April 2006 MMIS provided training to 5,207 individuals, exceeding their COP06 targets (3,000) by 2,207. In COP07 MMIS will provide IS training to a total of 8,000 individuals using WHO AFRO/JSI training curriculum. The FMOH is in the process of adapting this particular training curriculum for use in Nigeria. MMIS will institutionalize supportive supervision system by strengthening infection prevention committees at facility level. Additional Training coordinators and consultants will be hired to accommodate these scopes of work.

Advocacy and behavior change communication (BCC) efforts include periodic advocacy meetings at all levels of healthcare management and dissemination of BCC materials, tools, job aids, posters and pamphlets to health care providers. MMIS will also promote safe injection practices, and oral medication to reduce unnecessary demand for injections at community level through Community Based Organizations (CBOs) interventions and mass media. Collaborative BCC work will continue with national and local institutions/organizations such as NAFDAC, and local/community and religious organizations. MMIS subcontracted BBC activities to AED (Academic for Educational Development).

MMIS will continue to work towards commodity security. MMIS is procuring IS commodities such as injection devices and safety boxes through its sub-contractor; PATH (Program for Appropriate Technology). Commodities are stored at the Government Central Medical Store in Oshodi (Lagos) and distributed by UPS to the focal States' stores. Sites pick up their supply on a quarterly basis from the States stores. MMIS has established a tracking system to collect data on consumption and stock levels along the supply chain.

MMIS will support health care waste management through provision of seed waste segregation commodities and through building needle pits and encouraging the building of incinerators for proper disposal in accordance with WHO standards such as encapsulation in rural areas. A midterm National IS assessment is planned for 2007 to measure impact of MMIS intervention and to look at adherence to safe injection practices and proper waste disposal among other things. MMIS also plan to do a desk review of the injection practices in the informal sector, which includes the patent medicine vendors, traditional healers, traditional circumcision practitioners and uvulectomist.

MMIS is working towards sustainability through both enabling environment and capacity building of human resources. MMIS is working with the Federal Ministry of Health (FMOH) and other stakeholders (such as the Nursing Council of Nigeria and Medical and dental Council of Nigeria) on national IS and healthcare waste management policy. Besides, JSI/MMIS is working with training health institutions (such as Medical, Dental, Pharmacy, Nursing and Midwifery schools and Schools of health technology) to review, include and updated safe injections issues in their various curricula. In addition continuous on the job training is taking place at the sites mentioned above.

CONTRIBUTION TO OVERALL PROGRAM AREA

As MMIS plans to extend coverage to some sites supported by other PEPFAR IPs, this integrated HIV/AIDS programming will improve collaboration amongst partners, will maximize the impact and will contribute to the prevention of 1,145,545 new HIV infections by 2010 and contribute towards the PEPFAR global achievement of the 2,7,10.

This will also improve the equity in access to HIV prevention services to the communities most in need; both rural and urban by reducing the risk of transmission to the community as well as to health care workers.

These activities would contribute substantively to NACA's 5-Year Strategy Frame work implementation; develop strong links between MMIS services and other service providers such as PEPFAR IPs, National Programme on Immunisation (NPI), UNICEF, the World Bank and WHO, working on HIV/AIDS issues, IS and healthcare waste management.

LINKS TO OTHER ACTIVITIES

MMIS is implementing IS activities in all health facilities services and is linked to MTCT (3.3.1), HMBL (3.3.3), HVTB (3.3.7), HVCT (3.3.9) HTXS (3.3.11) HLAB (3.3.12) to ensure that health workers under all these areas adhere to and implement IS principles and universal precautions.

POPULATIONS BEING TARGETED

Targeted population includes healthcare workers at focal health facilities; which include doctors, nurses, pharmacists, laboratory scientists, store keepers and waste handlers. Religious and community leaders, community-based organizations are also targeted within the community as part of MMIS BCC strategy to create awareness on safe injections. In addition, government policy makers, line ministries and National AIDS control program staff are also targeted for advocacy to leverage policy decisions, national guidelines and sustainability issues.

KEY LEGISLATIVE ISSUES ADDRESSED

Through wide implementation of universal precautions and improved knowledge, skills, and availability of safe injection devices, MMIS will improved health workers and clients safety and therefore help reduce stigma and discrimination at heath care settings.

EMPHASIS AREAS

The major emphasis is training of human resources and minor emphasis includes policy and guidelines, IEC, commodities procurement and quality assurance, quality improvement and support supervision.

Continued Associated Activity Information

Activity ID:	5292
USG Agency:	U.S. Agency for International Development
Prime Partner:	John Snow, Inc.
Mechanism:	Safe Injections

Funding Source: N/A
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	8,000	<input type="checkbox"/>

Target Populations:

- Community leaders
- Doctors
- Nurses
- Pharmacists
- National AIDS control program staff
- Policy makers
- Program managers
- Religious leaders
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below)
- Public health care workers
- Laboratory workers
- Other Health Care Worker
- Private health care workers
- Doctors
- Laboratory workers
- Nurses
- Pharmacists
- Other Health Care Workers

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Borno

Oyo

Plateau

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	6817
Planned Funds:	\$ 20,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: This HMIN activity relates directly to all Nigeria HHS Medical Transmission Injection Safety COP07 activities (see related activity ID references in the narrative below).

The USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria will hire one full time staff positions to support Medical Transmission prevention activities with 75% of time allocated to Blood Safety and 25% of time allocated to Safe Injection. The budget includes one FSN salary, ICASS and CSCS charges related to this position, funding for required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for one week of in-country support by two HHS/CDC GAP HQ Safe Blood program officers.

This Medical Transmission Prevention staff member will work in close coordination with the USAID Prevention staff (#6812) and directly provide quality assurance and program monitoring to HHS supported implementing partners with Injection Safety activities: University of Maryland-ACTION (#6821), Harvard SPH-APIN (#6818), Columbia University, SPH-ICAP (#6819), Catholic Relief Services-AIDSRelief (#6820), and the Safe Blood for Africa Foundation (#6822).

This HHS/CDC staff member will also provide technical support and capacity development to new partners selected through RFAs, the New Partner Initiative and to the Government of Nigeria at the National and State levels to promote Nigeria National guidelines related to injection safety. It is expected that the staff member under this activity will provide direct or indirect monitoring and support to over 80 Emergency Plan supported clinical sites in COP07.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 6818
Planned Funds: \$ 125,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is linked to Laboratory Infrastructure (#6716), Care and support (#6719), TB/HIV (#6713), ART Services (#6715) and OVC (#6720).

This activity provides the initiation of intensive training program in injection safety practices for health care workers at 13 of our high volume APIN +/PEPFAR sites. As HIV/AIDS care and treatment programs are scaled up under the PEPFAR goals, it is critical that we build the capacity of our partners to provide such care in a medically safe environment. This includes the education on appropriate practices to diminish the risks of medical transmission. In HIV endemic settings, health care facilities need to discuss and adopt policies that address the risks of HIV medical transmission and methods that can be used to mitigate these risks. In this vein, at all APIN+/PEPFAR sites, we provide a basic package of safe injection activities, which includes needle disposal containers and vacutainers and basic educational materials for staff. We also provide ongoing training efforts in "universal precautions" that has been ongoing as part of the continuing education of health care workers. Through ongoing training in universal precautions, staff are encouraged to use personal protective equipment such as hand gloves, laboratory coats, vacutainers, masks, and other essential consumables in order to protect themselves and other patients from exposure to blood.

In order to build the human resource capacity of each site for these activities, we plan to conduct at least one workshop on injection safety procedures with at least 20 workers from each site in attendance (260 people trained in total). To encourage sustainability of safe infection techniques at each site, these trained workers will be tasked with returning to their sites and providing training and support to other personnel in this area. Workers attending the workshop will include proportional representation of physicians, nurses, laboratory workers, community health workers involved in Home Based Care (HBC) and administrative personnel. Site based waste handlers will also be provided with training on safe waste management techniques. At this workshop, we will review the protocol for safe needle handling, and disposal. At the proposed workshop, we will review the policy for provision of Post Exposure Prophylaxis (PEP) for personnel at our sites as a component of the injection safety policy. However PEP will be provided to employees through our ART drugs and services activities (3.3.10 and 3.3.11).

The funding for this activity will also support the procurement of needle disposal boxes and autoclave containers at these 13 high volume APIN+/PEPFAR sites. The procurement of this equipment will be shipped and managed through our central warehouse in Lagos.

The funding will also support the development of educational brochure materials and posters on injections safety for relevant locations at all 13 sites. These educational brochures will be used as a part of the workshops for health care workers and distributed to other health care workers at each site. Training activities at each of the 13 sites will be accompanied by the development of safe injection standard operating procedures at each site, which will be shared with all of our other APIN+ sites in the following year. These 13 sites will become the training sites for additional APIN+/PEPFAR sites when more resources are available. In this manner, we hope to network our sites to allow the roll-out of training, services and best practices in a sustainable manner.

CONTRIBUTION TO OVERALL PROGRAM AREA

These activities will contribute to capacity building efforts for our APIN +/PEPFAR sites. As the program continues to scale-up, the number of patients will continue to increase at each of our sites and the need to have well-trained staff in injection safety will be a necessity. The adoption of practices and policies to address the risks of HIV medical transmission will be important for the overall practice of a high quality and comprehensive HIV/AIDS care and treatment program.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in Laboratory Infrastructure (3.3.12), Palliative Care (3.3.06), TB/HIV (3.3.07), ART Services (3.3.11) and OVC (3.3.08). Health care workers involved in these programs will benefit from the training program in injection safety and the adoption of a safe needle, needle stick policy and PEP protocol, all which will improve the safety for workers involved in these activities.

POPULATIONS BEING TARGETED

All levels of health care providers that handle needles and/or blood from patients should be involved in the training efforts. In addition, heads of service and administrators need to be aware of the policies put in place to limit medical transmission of HIV. Furthermore, these activities will indirectly benefit to the general population, who will be provided with safer injection practices, which are designed to prevent transmission of HIV.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and discrimination also occurs in healthcare settings and this has also been reported in Nigeria. As HIV/AIDS treatment and care programs have been initiated, the training of all levels of healthcare providers in "universal precautions" and the risks of medical transmission have helped reduce the stigma and discrimination that can occur in these settings. A training program in safe needle handling and development of safe needle practices and needle stick policies will further educate workers on the actual risks of medical transmission and how these risks can be reduced.

EMPHASIS AREAS

Through these activities, we place major emphasis on training of staff at our partner APIN +/PEPFAR supported sites and minor emphasis on their capacity development. Training program will improve the medical practices that are ongoing at our sites and provide important policies that will further diminish the risks of medical transmission of HIV in the healthcare settings. We also believe that this program will provide the basis for a workplace program through professional medical associations that will ensure that the care and treatment of HIV/AIDS infected patients and specimens are handled safely, with minimal risk to our healthcare providers. We also place minor emphasis on commodity procurement, to procure needle disposal boxes and autoclave containers.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	260	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Benue

Borno

Kaduna

Lagos

Oyo

Plateau

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 6819
Planned Funds: \$ 100,000.00

Activity Narrative: ACTIVITY DESCRIPTION

In consultation with the Federal Ministry of Health (FMOH) and John Snow Incorporated (JSI)/Making Medical Injection Safer (MMIS), Columbia University International Center for AIDS Care and Treatment Programs Nigeria (CU-ICAP) developed an infection prevention strategy to reduce HIV transmission through unsafe injections. The strategy basically includes: effective health care waste management; capacity building of health care providers to avoid unsafe injections; implementation of universal safety precautions; ensuring availability of safe injection equipments; advocacy and behavior change communication (BCC) to promote safe injections.

In COP06, CU-ICAP supported care and treatment services at 3 hospital networks (i.e. Kafanchan General Hospital, Kaduna State; Ogoja General Hospital and Catholic Maternity Hospital in Cross River State and their linked primary health centers) where infection prevention practices were enhanced and universal precautions introduced. Forty health care providers were trained on general aspects of universal safety procedures, while advocacy and BCC activities were conducted amongst health care workers on safe injections to enable adoption of safer workplace behavior.

In COP 07, CU-ICAP support will expand to additional 7 hospital networks in Kaduna, Cross River, and Benue States. Site assessments will be performed to identify gaps in knowledge, skills, and behavior among health care workers, required equipment and supplies, and to plan for safe waste disposal where needed. In COP07, CU-ICAP will collaborate with FMOH and JSI/MMIS to conduct a Training of Trainers (TOT) for 30 facility staff who will in turn train other 420 healthcare workers (i.e. injection prescribers, injection providers, sanitarians, pharmacists, nursing staff, nursing support staff and nursing/medical students who pass through these facilities) in all the sites using the revised WHO/AFRO/JSI training curriculum on injection safety, sharps waste management and handling of injection devices. In addition, contaminated waste and sharps collection units as well as nationally accepted infection prevention equipment (i.e. disposable surgical gloves, disposable syringes, respiratory masks and gowns) will be procured through existing CU-ICAP systems for these sites. CU-ICAP will also promote and facilitate behavioral change among health workers, distribute communication materials (leaflets, posters, reference guide) on safer injection practices and support government to adopt a national health care waste management plan in collaboration with JSI/MMIS.

CU-ICAP will implement these activities by partnering with local non-governmental organizations, such as Sustainable Health Initiatives (SHI) and HIV/AIDS Restoring Hope and Life (HARHL) Trust. These local NGOs have extensive experience in responding to health sector program needs including issues of safe injection, universal safety precautions and safe blood. In addition, these organizations will assist the sites to develop and implement appropriate work plans and policies using the CU-ICAP strategy for ensuring injection safety.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

These activities will contribute to the overall emergency funds plans for prevention of new infections by promoting injection safety. It will also reduce exposure of health care workers to occupational hazards in the supported health services.

LINKS TO OTHER ACTIVITIES:

This activity is closely linked to activities in blood safety (3.3.03), ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09) and PMTCT (3.3.01) to ensure that health workers under all these areas adhere to principles of safe injection and universal precautions.

POPULATIONS BEING TARGETED:

This activity targets all health care workers directly (doctors, nurses, pharmacists, lab staff involved in bleeding of patients, sanitarians) and indirectly at both public and private health sectors responsible for safe injection activities in all CU-ICAP supported health facilities.

KEY LEGISLATIVE ISSUES ADDRESSED

CU- ICAP will collaborate with JSI/MMIS to support government in the development of health care waste management policy. These activities would help address the stigma and

discrimination issues that are often generated by fear among health care providers. Behavior change communication activities will facilitate the adoption of safe injection practices among health care providers. The increased availability of information and services especially on universal safety precautions and PEP will also help reduce stigma and discrimination.

EMPHASIS AREAS

Major emphasis area is quality assurance and improvement. Minor emphasis is on commodity procurement, workplace programs, promoting behavior change through IEC and strategic linkages with other partners and initiatives like the 'Making Injections Safer' project.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	450	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- Public health care workers
- Laboratory workers
- Other Health Care Worker
- Private health care workers
- Doctors
- Laboratory workers
- Nurses
- Pharmacists
- Other Health Care Workers

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

- Benue
- Cross River
- Kaduna

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 6820
Planned Funds: \$ 25,000.00

Activity Narrative: ACTIVITY DESCRIPTION

AIDSRelief (AR) local partner treatment facilities (LPTFs) consist largely of primary health care institutions located within communities that are poor and underserved in all areas of social infrastructure including health care. A proportion of HIV infections are still transmitted within these health care facilities through unsafe injection practices.

This activity encompasses the training of a total 630 individuals in various cadres and categories of health care workers present in different parts of our LPTFs including clinics, wards, blood banks, labs, theatres, and maintenance on universal precautions and medical waste management. This will include the training and retraining of nurses, doctors, laboratory staff, hospital cleaners, laundry workers and waste managers on proper techniques for drawing blood, dispensing blood into laboratory bottles for laboratory assessment, and disposal of used needles, sharps and other materials contaminated by blood and other potentially infectious human materials. We will include training of trainers in the training program and help the health workers trained pass on the information to their colleagues thus ensuring sustainability of this activity.

This activity will involve the provision of sterile needles and syringes, sharps containers and liquid hand washing soap in LPTF wards, clinic rooms, laboratory work stations and strategic areas to encourage their use. The provision of latex gloves for all health workers that potentially handle sharps and the provision of rubber gloves and boots for other ancillary hospital staff that come into contact with sharps and contaminated materials is also part of this strategy. AR will work with each LPTF to improve access to water at each hand washing point. For sustainability purposes, we will ensure that these activities are integrated within the overall hospital injection safety systems.

AIDSRelief will collaborate with Making Medical Injections Safer (MMIS) to supply and distribute single-use needles, safety boxes and boots to all AR LPTFs. AR will work with MMIS to provide supportive supervision and training for AR injection safety personnel who will in turn train personnel in different AR supported facilities. AR will obtain and use MMIS supplied manuals to conduct follow up on site trainings at AR LPTFs. AR will also obtain information, education and communication (IEC) materials from MMIS to be displayed in strategic parts of AR supported facilities. AR will also conduct trainings on behavioral change communication (BCC) to cut down on unnecessary use of injections in LPTFs.

In COP06, AIDSRelief supported specific safe injection activities at 3 LPTFs in 2 states of Kano and Plateau. In COP07, we will support safe injection activities at all of our 26 LPTFs in 11 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Lagos, Kogi, Nasarrawa, Oyo and Plateau.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes to the USG target of preventing 1,145,545 new HIV infections through prevention of medical transmission of HIV. Safe injection activities at AIDSRelief LPTFs will help reduce HIV transmission and prevent new HIV infections in Nigeria. Planned trainings will educate health care workers to be aware of the potential dangers associated with the handling of sharps and materials contaminated with blood or bodily fluids. Providing sterile needles and syringes, as well as improving waste evacuation and disposal infrastructure will reduce the transmission risk and infection rates to patients, health workers and ancillary staff.

LINKS TO OTHER ACTIVITIES

AIDSRelief activities in injection safety relate to activities in MTCT (3.3.01); HVTB (3.3.07); HKID (3.3.08); HTXD (3.3.10); HTXS (3.3.11); HLAB (3.3.12) and HBHC (3.3.06) and HMBL (3.3.02) to ensure that health workers under all these areas adhere to principles of MMIS and universal precautions. We will also link this activity to all facility departments to ensure uniform standards in MMIS and universal precautions.

POPULATIONS BEING TARGETED

This activity will mainly target health care providers including doctors, laboratory workers, nurses, pharmacists. Ancillary staff, who may not have direct patient contact but do have contact with patient waste materials, will also be targeted. It also targets other workers within the LPTF that do not directly work for the AIDSRelief program by including them in our training activities.

KEY LEGISLATIVE ISSUES ADDRESSED

By making injections safe and through IEC/BCC activities there will be a reduction in stigma and discrimination against PLWHAs.

EMPHASIS AREAS

This activity has major emphasis on training on universal safety precautions and minor emphasis on Commodity Procurement of needles and safety boxes, Information, Education and Communication as detailed in the activity description in Section 1 above.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	630	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra
Benue
Edo
Federal Capital Territory (Abuja)
Kaduna
Kano
Lagos
Nassarawa
Oyo
Plateau

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 6821
Planned Funds: \$ 122,000.00

Activity Narrative: ACTIVITY DESCRIPTION

ACTION will provide Safe Injection support to 46 sites and will train 220 staff. A Medical Program Officer will be dedicated to this program area. Health care workers targeted for services include physicians, nurses and aids, laboratory workers, and waste handlers.

ACTION will carry out training at the site level for maximum penetration and economy which will focus on universal precautions, behavior change around techniques for proper handling and disposal of syringes and sharps, and waste management. A standard curriculum and SOP will be provided to each site to encourage sustainability. Safe disposal supplies including sharps containers and universal precaution supplies including standard gloves, eye shields, boots for the surgical theater, and elbow length gloves for intrauterine procedures will be provided to sites.

Procurement will be supported by other implementing partners including John Snow Incorporated (JSI)/Making Medical Injection Safer (MMIS) in addition to ACTION. Commodities and disposables will be warehoused by ACTION. They will be provided to sites based upon a pull system using a site level inventory control system linked to the ACTION warehouse logistics management information system. The current system can be easily harmonized with a national or PEPFAR wide logistics management information system and inventory control system once implemented.

ACTION staff will implement ongoing quality assessment of implementation by direct observation and by training a local site staff member to monitor compliance in harmony with hospital policies to be developed as part of a sustainability strategy. ACTION has also developed an SOP, training curriculum, and IEC materials for post-exposure prophylaxis procedures at sites which are described under ARV services.

ACTION will support 46 sites where HIV care and/or PMTCT services are provided and these sites will be targeted for Medical Transmission services. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Anambra, Edo, FCT, Nassarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Rivers, Delta, and Lagos

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to the reduction of medical transmission of HIV and other blood-borne diseases by following universal precaution measures, as well as proper waste management. It will likely improve the quality of health care and reduce barriers to comprehensive medical care by addressing concerns of health workers and other hospital staff. Overall this will contribute to the prevention of 1,145,545 new HIV infections by 2010 in Nigeria and to the PEPFAR global achievement of 2,7,10 goals.

LINKS TO OTHER ACTIVITIES:

This activity is linked to 3.3.01 (PMTCT) and 3.3.11 (HIV AIDS Treatment services) and 3.3.12 (Laboratory Infrastructure) as health care workers providing those services will be targeted for training under this program area.

POPULATIONS BEING TARGETED:

Doctors, nurses, laboratory scientists, other health care workers and waste handlers are targeted for training and services in the public sector.

KEY LEGISLATIVE ISSUES ADDRESSED:

This activity addresses the key legislative issue of Stigma and Discrimination as the services will reduce stigma and discrimination associated with HIV status in the health care facility setting.

EMPHASIS AREAS:

The major emphasis area for this activity is "Training" as nearly all supported personnel are technical experts who focus on development of training materials and SOPs and the provision of training at the site level. A secondary emphasis area is "Commodity Procurement" as supplies for safe disposal will be procured and supplied.

Emphasis Areas

Commodity Procurement
Training

% Of Effort

10 - 50
51 - 100

Targets**Target**

Number of individuals trained in medical injection safety

Target Value

220

Not Applicable**Target Populations:**

Doctors
Nurses
Public health care workers
Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra
Bauchi
Benue
Cross River
Delta
Edo
Federal Capital Territory (Abuja)
Kano
Kogi
Lagos
Nassarawa
Niger
Rivers

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	Track 2.0
Prime Partner:	Safe Blood for Africa Foundation
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	6822
Planned Funds:	\$ 50,000.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION This activity is linked to Blood Safety (#6731) and JSI/MMIS safe injection (#6726) The Safe Blood for Africa Foundation (SB) will provide services in Nigeria in the prevention program area of Medical Transmission/Injection Safety (Injection Safety). SB will work with the relevant government ministries and non-governmental organizations, including the Federal Ministry of Health (FMOH), John Snow Incorporated/Making Medical Injections Safer (JSI/MMIS) and private sector organizations. The SB Injection Safety Program will provide input to JSI/MMIS for the review of the "Do No Harm" facilitator's guide on universal precautions jointly developed by the World Health Organization (WHO)/AFRO and JSI/MMIS. SB will provide information on injection safety and health care waste management specifically related to blood safety activities such as standard operating procedures (SOPs) for phlebotomists and medical laboratory scientists (MLS). During the review, led by the FMOH, proposed SOPs will be examined for possible adaptation into the facilitator's guide. These SOPs would then be incorporated as a training module at all sites that are assessed under the SB hospital monitoring and evaluation program. SB will be training 250 health care workers in injection safety and health care waste management. Prior to program inception JSI/MMIS will support SB donor care staff and MLS with 'train the trainer' training and supervise the initial SB training sessions to assess standards and ensure quality control. The scope of training will include universal precautions, waste management and behavior change. Staff to be trained include public and private health care workers at all sites in Lagos State and the FCT being assessed under the SB hospital monitoring and evaluation program. Staff from National Blood Transfusion Service (NBTS) will also be trained. For Behavior Change Communication (BCC), SB will review its' blood safety IEC materials to incorporate appropriate universal messages on injection safety and waste management in consultation with JSI/MMIS. These modifications will be incorporated into communications with all voluntary non remunerated blood donors (VNRBD) at all SB outlets. JSI/MMIS will assist SB in recruiting donors by passing the message of VNRBD during their community outreach work in their focal sites. SB will procure 'safety boxes' from JSI/MMIS which have been found to be suitable for SB post donation counseling clinics. Other needed injection safety supplies will be procured through SB current procurement process.</p> <p>CONTRIBUTIONS TO OVERALL PROGRAM AREA Activities will improve the quality and effectiveness of injections. Planned increases in the number of outlets carrying out injection safety activities will improve equity in access to safe injections. The number of people trained in injection safety practices will also increase access in Nigeria to safe injections. SBFAF will ensure that there are linkages and synergies between the outlets where safe injection programs are implemented. LINKS TO OTHER ACTIVITIES Key link is to Medical Transmission/Blood Safety 3.3.3. SB blood safety activities incorporate injection safety elements in blood collection activities that require existing usage of injection safety commodities and application of universal precautions. POPULATIONS BEING TARGETED Target population is public and private health care providers including doctors, nurses, laboratory workers and waste handlers at sites being supported by SB. KEY LEGISLATIVE ISSUES ADDRESSED Improved injection safety and application of universal precautions will result in a reduction in the stigma and discrimination attached to injection activities as a potential HIV transmission mode. EMPHASIS AREAS This program includes major emphasis on injection safety training. Minor emphasis areas are procurement, community mobilization and policy and guidelines.</p>

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets**Target****Target Value****Not Applicable**

Number of individuals trained in medical injection safety

250

Target Populations:

Doctors
Nurses
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Abia
Akwa Ibom
Anambra
Bayelsa
Cross River
Delta
Ebonyi
Edo
Ekiti
Enugu
Federal Capital Territory (Abuja)
Imo
Jigawa
Kaduna
Kano
Katsina
Kebbi
Lagos
Nassarawa
Niger
Ogun
Ondo
Osun
Oyo
Rivers
Sokoto
Zamfara

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Safe Injections - Track 2.0
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 9774
Planned Funds: \$ 1,433,281.00

Activity Narrative: Making Medical Injection Safer (MMIS) implemented Injection Safety (IS) programs in five states (Anambra, Edo, Cross River, Lagos, Kano) and the Federal Capital Territory since 2004. We use the four technical areas approach as recommended by the World Health Organization (WHO) and Safe Injection Global Network (SIGN) to address challenges which may be encountered in programming for the prevention and management of the medical transmission of HIV, specifically through unsafe injections. These are capacity building, behavioral change of healthcare personnel and communities, ensure availability of needed equipment and supplies and appropriate healthcare waste management. This activity is related to the JSI MMIS Track 1 activity.

A significant change in MMIS activity from COP06 to COP07 is the expansion strategy within selected local government areas (LGAs); this will entail coverage of IS in sites supported by other PEPFAR Implementing Partners (IPs) in addition to sites supported by JSI/MMIS only, such as Government of Nigeria (GON), faith based and other private health facilities. MMIS' support to USG IPs will range from training and co-ordination of all USG sites while procurement and supply of commodities for safe injection and waste management will cover only non PEPFAR sites after training completion (PEPFAR sites will be required to purchase their own commodities). MMIS can also support the setting up of supervision system at sites level, as they will do for USG IPs in addition to training support.

MMIS will continue to build capacity towards the four technical areas mentioned above in the 462 previously supported health facilities. In addition MMIS will extend its activities to an approximated 100 supported public and private health facilities through ad hoc partnership with corresponding IPs and or Government of Nigeria. As of April 2006 MMIS provided training to 5,207 individuals, exceeding their COP06 targets (3,000) by 2,207. In COP07 MMIS will provide IS training to a total of 8,000 individuals using WHO AFRO/JSI training curriculum. The FMOH is in the process of adapting this particular training curriculum for use in Nigeria. MMIS will institutionalize supportive supervision system by strengthening infection prevention committees at facility level. Additional Training coordinators and consultants will be hired to accommodate these scopes of work. Advocacy and behavior change communication (BCC) efforts include periodic advocacy meetings at all levels of healthcare management and dissemination of BCC materials, tools, job aids, posters and pamphlets to health care providers.

MMIS will also promote safe injection practices, and oral medication to reduce unnecessary demand for injections at community level through Community Based Organizations (CBOs) interventions and mass media. Collaborative BCC work will continue with national and local institutions/organizations such as NAFDAC, and local/community and religious organizations. MMIS subcontracted BBC activities to AED (Academic for Educational Development). MMIS will continue to work towards commodity security. MMIS is procuring IS commodities such as injection devices and safety boxes through its sub-contractor; PATH (Program for Appropriate Technology). Commodities are stored at the Government Central Medical Store in Oshodi (Lagos) and distributed by UPS to the focal States' stores. Sites pick up their supply on a quarterly basis from the States stores. MMIS has established a tracking system to collect data on consumption and stock levels along the supply chain. MMIS will support health care waste management through provision of seed waste segregation commodities and through building needle pits and encouraging the building of incinerators for proper disposal in accordance with WHO standards such as encapsulation in rural areas.

A midterm National IS assessment is planned for 2007 to measure impact of MMIS intervention and to look at adherence to safe injection practices and proper waste disposal among other things. MMIS also plan to do a desk review of the injection practices in the informal sector, which includes the patent medicine vendors, traditional healers, traditional circumcision practitioners and uvulectomist. MMIS is working towards sustainability through both enabling environment and capacity building of human resources. MMIS is working with the Federal Ministry of Health (FMOH) and other stakeholders (such as the Nursing Council of Nigeria and Medical and dental Council of Nigeria) on national IS and healthcare waste management policy. Besides, JSI/MMIS is working with training health institutions (such as Medical, Dental, Pharmacy, Nursing and Midwifery schools and Schools of health technology) to review, include and updated safe injections issues in their various curricula. In addition continuous on the job training is taking place at the sites mentioned above. CONTRIBUTION TO OVERALL PROGRAM AREA

As MMIS plans to extend coverage to some sites supported by other PEPFAR IPs; this integrated HIV/AIDS programming will improve collaboration amongst partners, will maximize the impact and will contribute to the prevention of 1,145,545 new HIV infections by 2010 and contribute towards the PEPFAR global achievement of the 2,7,10. This will also improve the equity in access to HIV prevention services to the communities most in need; both rural and urban by reducing the risk of transmission to the community as well as to health care workers. These activities would contribute substantively to NACA's 5-Year Strategy Frame work implementation; develop strong links between MMIS services and other service providers such as PEPFAR IPs, National Programme on Immunisation (NPI), UNICEF, the World Bank and WHO, working on HIV/AIDS issues, IS and healthcare waste management.

Continued Associated Activity Information

Activity ID: 5292
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: Safe Injections
Funding Source: N/A
Planned Funds: \$ 0.00

Table 3.3.04: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 9775
Planned Funds: \$ 3,000.00

Activity Narrative: ACTIVITY DESCRIPTION:

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (#6742), Medical transmission/blood safety (3.3.03) PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

SCMS will procure supplies for the Safe Injection Program on behalf of various Implementing partners. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centers (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in commodities selection based on national guidelines and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria.

SCMS will aggregate the total requirement for the commodities for the IPs and undertake the procurement of the required commodities on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting.

SCMS will provide support to establish and manage the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria.

A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where in-country supply chains will take over the local warehousing .

All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors

and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to HIV infected adults and children for the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09), Medical transmission/blood safety (3.3.03) PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.04: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 9776
Planned Funds: \$ 125,000.00

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is linked to Medical transmission/Blood Safety (#6710) Condom and other prevention (#6707), PMTCT (#6706), Counseling and Testing (#6702), and ARV services (#6703).

The Global HIV/AIDS Initiative Nigeria (GHAIN) will strategically expand injection safety and basic level compliance with the universal safety precautions in all its forty (40) selected health facilities based on funding realities. Sites to be supported will be chosen from its current focus states of Lagos, Anambra, Edo, Kano, Cross Rivers, and FCT; and new states of Kogi, Niger, Akwa Ibom and Enugu.

With technical assistance from The John Snow Inc./ Making Medical Injection Safer (JSI/MMIS) project, GHAIN will apply four major technical approaches of making injection safer to create an enabling environment for health workers to provide quality services to clients without fear of medical accidents and infections. The approaches will include training and capacity building, behavioral change communication (BCC)/advocacy, procurement and supply of safe injection equipments, and health care waste management.

GHAIN will participate in adapting the World Health Organization (WHO) training tools for making medical injection safer, which will be anchored by the JSI/MMIS project. GHAIN will further sponsor participants to the national Training of Trainers (TOT) workshop that will be organized by JSI/MMIS on making medical injection safer and another that will be co-organized between JSI/MMIS and the Federal Ministry of Environment on health care waste management. Trainees from these TOTs will cascade the trainings to all the selected sites implementing HIV/AIDS services. The step down trainings will be conducted both at the state and facility levels to ensure adequate coverage of sites and at least 300 participants will be trained. GHAIN will support JSI/MMIS and the ENHANSE project in their efforts towards ensuring behavior change of the communities through advocacy for policy change at the national level of government, while focusing on ensuring behavior change of the health workers and clients towards making medical injection safer in its supported health facilities. Behavior change communication (BCC) materials produced by JSI/MMIS on injection safety will be obtained and distributed to all GHAIN supported sites.

While depending on JSI/MMIS to make procurement and supplies of safe injection equipment to GHAIN supported sites, GHAIN will make further arrangements for other day-to-day consumables. GHAIN will advocate to the facilities to utilize the universal safety precautions in the disposal of medical wastes. Health workers will be encouraged to utilize the knowledge and skills gained from the universal safety precaution and waste management training to apply same to practice. In each selected facility for injection safety activities, GHAIN will focus on both health workers working on the project and those not directly working on the project.

CONTRIBUTION TO OVERALL PROGRAM AREA:

Injection safety will contribute to the overall program by preventing nosocomial transmission of HIV and other blood borne pathogens. Such activities will also improve the safety of the Healthcare provider thus leading to reduction of stigma to clients and making the clients feel safe and access the health system for care and treatment of AIDS.

This will result in an increase in the uptake of Counseling and Testing (CT), Palliative Care (PC), Antiretroviral Therapy (ART), Prevention of Mother to Child Transmission (PMTCT) and laboratory services, leading towards target achievement in all areas.

LINKS TO OTHER ACTIVITIES:

The GHAIN Injection safety program in the six focal states will relate to activities in Medical transmission/Blood Safety – 3.3.03, Condom and other preventive activities – 3.3.05, PMTCT - 3.3.01, Counseling and Testing – 3.3.09, and HIV/AIDS Treatment services – 3.3.11. The linkages of all the above components will ensure compliance with Centers for Disease Control (CDC) Universal Precautions and impact not only the quality of care given to clients but also care and safety of the health care worker.

POPULATIONS BEING TARGETED:

GHAIN will provide injection safety trainings and service aids to health care workers such

as doctors, nurses, pharmacists, laboratory workers and waste handlers at the various points of service where sharps are used and these will include counseling and testing units, laboratory, phlebotomy rooms, wards, labor rooms, delivery rooms and immunization clinics among others. Education on proper handling and use of sharps, including disposal methods will be extended to health workers outside the HIV/AIDS services and to clients.

KEY LEGISLATIVE ISSUES ADDRESSED:

Strengthening of injection safety procedures across the GHAIN supported facilities in the GHAIN focus states will go a long way in reducing HIV/AIDS related stigma and discrimination amongst healthcare workers. This attitude change will in turn create an enabling environment for clients to access HIV care and Treatment services.

EMPHASIS AREAS:

This activity includes major emphasis on capacity building through the training of key health care and minor emphasis on procurement of injection safety equipment/consumables and distribution of BCC materials.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	300	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- Public health care workers
- Laboratory workers
- Private health care workers
- Doctors
- Laboratory workers
- Nurses
- Pharmacists

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

Akwa Ibom

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Niger

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	9777
Planned Funds:	\$ 80,000.00
Activity Narrative:	ACTIVITY DESCRIPTION This activity supports 1 member of the USG prevention team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of a full-time Nigerian program officer for Medical Transmission prevention activities. This position is being requested for the first time in this COP, as both the dollar amounts to be programmed and the number of partners providing programming in this area has increased over the past year and the prevention advisor is no longer able to provide program oversight and supervision for all the program areas providing prevention activities. The Medical transmission program officer will work closely with the other program areas that provide clinical services and as a member of the prevention team will be accountable to the prevention advisor. Oversight, supervision, mentoring, and capacity-building will be provided by the program officer making twice monthly supervision visits to the field, with the new, less experienced partners being visited more frequently than the well established institutional contractors.

The Medical transmission prevention program officer’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) participating in the USG prevention working group. As USAID is the agency with a full-time position dedicated to Medical transmission prevention, this program officer will play a key role in ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing Medical transmission prevention programs. This program officer will spend 50% of his/her time supervising injection safety activities and 50% of his/her time supervising blood safety activities, but will be funded fully in this program area. He/she does not have program responsibilities outside of the Medical transmission program areas and none of the costs for this position are captured in any other budget category.

Table 3.3.05: Program Planning Overview

Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area: \$ 9,277,500.00

Program Area Context:

The 2005 ANC survey in Nigeria indicated a similar HIV prevalence to the 2003 survey (4.4% versus 5.0% in 2003, with rates highest in the East and South-East and in the middle belt of the country, and lower rates in the North and South-west. State-specific prevalence ranges from 1.2% in Osun in the south-west to 12% in Cross River in the southeast. Antenatal HIV rates peak at 5.6% among women aged 20-24 years.

The HIV sentinel surveillance data for sex workers shows an increasing trend from 1.71 to 30.50 from 1989 to 1996 for urban areas and 0.37 to 54.7 from 1987 to 1996 outside urban areas (UNAIDS, 2004). HIV prevalence in patients with sexually transmitted infections rose from 0.67 to 8.35 between 1992 to 2000 in urban areas and 0.49 to 13.65 from 1987 to 2000 outside of urban areas (UNAIDS, 2004). Estimated HIV prevalence for males in the armed forces is between 5-10% (US DOD/Nigeria, 2006; military population 100,000).

Preliminary results from the 2005 Behavioral Surveillance Survey show an average of 87% of Female Sex Workers (FSW) reported using condoms 100% of the time during their last five sexual acts. Additionally, of the 4% of FSW with STI symptoms in the last two months, 67% reported receiving appropriate STI treatment. Among FSW who know about HIV but had never been tested, 73% reported a desire to know their HIV status. Of major concern is that 46% of brothel based sex workers reported using oil based lubricants.

Sixty-four percent of male transport workers reported using a condom in last high risk sex (BSS, 2005). On average 2.9% of males reported sex with a FSW in the last 12 months with a range of 0.7% in the north central, 3.8% in the South-South zone, and 6.3% in the north east (DHS 2003).

The USG supported condoms and other prevention program provides an important mix of programming to reach at risk populations in Nigeria. Nigeria's mixed epidemic requires state specific tailoring of the ABC sexual prevention program to target the specific risky behaviors in both the general and most at risk populations. Emphasis is placed on correct and consistent condom messages for risky sex and distribution of condoms to people at risk. Programming also reinforces faithfulness and partner reduction messages as an effective means to reduce HIV transmission in sexually active populations.

The USG continues to collaborate with the United Kingdom's Department for International Development (DfID) for the provision of condoms through the Nigerian Society for Family Health, the country's largest indigenous NGO and distributor of over 80% of Nigeria's national condom supply. DfID supplied SFH with funds to purchase condoms, and the USG supported SFH in its condom marketing and distribution efforts.

The GHAIN program received approximately 30% of USG funds for Other Prevention (OP). Its programming focused on female sex workers, long distance truck, and taxi drivers as well as peer education programs focused on safer sex that complemented prevention efforts to promote faithfulness. The program also provides sex workers and transporters referrals to quality CT centers, STI treatment, AIDS treatment, care and support services through a network of health providers.

The USG programmed 34% of its OP programming to its collaborative program with the Nigerian Ministry of Defense. This is a successful prevention program reaching both military and civilian populations at and near military bases. Programming focuses on teaching the military condom skills and ensuring condom availability complementing other DOD programming on faithfulness and linkages to CT, treatment, care and support, prevention for positives and work with discordant couples through military medical centers.

USG funded OP activities will continue to respond to state specific epidemiological priorities. Within the current focus states a larger share of OP funding and program effort will be allocated to states with HIV

prevalence below the national average, i.e., those with more concentrated epidemics to increase the scale of programming to reach high risk populations.

Work with FSW will be expanded to non brothel settings. FSW interventions will include referral and access to STI and C&T services. The programs will provide skills on negotiating safer sex with their non commercial partners and importance of using non oil based lubricants. SFH will procure lubricants for partners with C&OP programs to distribute. Efforts to train FSW in vocational skills and financial literacy will enable them to leave or reduce sex work activities.

Interventions with transporter workers will be continued through successful peer education models and condom promotion activities in motor parks, along selected transport corridors and in or near bars where transport workers may recreate. Transport workers will receive complementary messages on fidelity and partner reduction. There will be additional efforts to bring mobile VCT to motor parks to meet the need of highly mobile transporters to know their status, receive behavioral counseling on risk reduction and referrals if necessary.

Programming with the military will be maintained while further efforts to reach the police with strong BC messages will be expanded. Prevention programming opportunities for uniformed services will include interventions in or near bars where they recreate. COP07 will build on the efforts of the Nigerian military collaboration with the Nigerian police through Armed Forces Partner for AIDS Control (AFPAC).

Work with high risk youth will be refined to develop gender sensitive programming to meet the prevention needs of young, unmarried out-of-school females and males – topics of high priority are addressing the risk behaviors of multiple partnerships and transactional sex. Messages will include education on the protective role of abstinence.

Work place prevention programming was identified as a gap in the COP06 portfolio and efforts will be made to address workers' need to know about safer sex and access to condoms in COP07. In particular, public private partnerships that provide appropriate prevention services to small and medium enterprise employees will be developed. These efforts will complement workplace programs which promote fidelity and abstinence.

A strategic investment has been made in Prevention-for-Positives (PFP) programming, which was identified as a gap in the COP06 portfolio. Several hundred thousand HIV infected individuals will receive PEPFAR services during COP07. Counselor and provider interactions with these HIV+ individuals presents an opportunity to promote risk reduction strategies and behavior change for these clients. Several partners will engage in PFP activities during COP07. The majority of costs associated with PFP are offset by care and treatment area funding, which typically fund counselors, establish clinical sites, and provide inputs that allow for these interventions to be added. The total Condoms and Other Prevention target for individuals reached is 899,535 through 543 outlets. Training targets are 5,533 workers for this program area. OP will cost share integrated ABC programs targeting adults with comprehensive messages with a focus on B and clear messages on C.

The MARP behavioral survey undertaken in COP06 will provide data that will help partners to make evidenced based decisions in regards to their prevention programs for these communities. Programs and target populations will be modified as necessary in response to these findings.

USG Nigeria will address the need for improved coordination of National prevention efforts. The USG will support the National Action Committee on AIDS (NACA) to facilitate harmonization of prevention activities and messages for high risk populations, and will support the newly instituted Prevention Working Group in the Expanded Theme Group co-chaired by the UN and NACA.

Program Area Target:

Number of targeted condom service outlets	543
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	899,535
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,533

Table 3.3.05: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6707
Planned Funds: \$ 2,290,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in VCT (#6702), ARV services (#6703), PMTCT (#6702), Care and Support (#6708) and TB/HIV (#6700).

Global HIV/AIDS Initiative Nigeria (GHAIN) will provide condom and other prevention services to 146,250 most at risk populations (MARPS) by building upon activities of the twelve (12) existing sites in six (6) states of Lagos, Kano, Anambra, Edo, Cross Rivers and the Federal Capital Territory (FCT), while training 165 people and increasing coverage of each implementing agency by going to additional target Local Government Agencies (LGAs) within the same States

Condom and Other Prevention (C&OP) activities will focus on a range of prevention activities that address issues of stigma and discrimination, sexual transmission of HIV, and medical transmission of HIV as well as prevention of HIV within positive populations. Activities under the C&OP component will be directed towards road transport workers, commercial sex workers, People Living with HIV/AIDS (PLWHAs) and medical personnel, aimed at: eliminating or reducing risky behaviors; expanding access to clinical services for MARPS, including referral for diagnosis and treatment of sexually transmitted infections (STI); and linking PLWHA prevention services to HIV treatment and care services, including counseling and testing. In particular, small scale interventions will focus on men who have sex with men (MSM) in two states. Location of these interventions will be determined based on the results of the ongoing IBBS expected in August 2007.

Funding will be specifically directed at promotion of risk reduction behavior including partner reduction, mutual fidelity and, most especially, correct and consistent condom use. This will be carried out through community mobilization, production and distribution of strategic behavior change (SBC) materials, referral and linkages with other services such as diagnosis and treatment of sexually transmitted infections (STIs), counseling and testing, etc. Family Health International (FHI) and its partners will collaborate with the Society for Family Health (SFH) and United Nations Fund for Population Activities (UNFPA) to obtain and distribute condoms those most at risk of transmitting or becoming infected with HIV. The condom use programs will be tailored to promote the understanding that abstaining from sexual activity is the most effective and only certain way to avoid HIV infection; the importance of risk reduction and a consistent risk-reduction strategy when risk elimination is not practiced; the importance of correctly and consistently using condoms during every sexual encounter with partners known to be HIV-positive (discordant couples) or partners whose status is unknown; the critical role of HIV counseling and testing as a risk-reduction strategy; the development of skills for vulnerable persons; and the knowledge that condoms do not protect against all STIs.

In addition to activities described above, GHAIN will collaborate with the Positive Living project implemented by the Center for Education and Population Activities (CEDPA) to target PLWHA with prevention for positives activities during home visits, support group education sessions, adherence counseling sessions, etc. GHAIN will reach another wider population of about 70,000 people (as indirect targets) through multiplier effects of prevention messages and activities passed through peer educators and other SBC activities.

GHAIN will continue to strengthen the development of an exit/sustainability plan for all implementing agencies, both at the country and program levels, working with the implementing agencies (IAs) as a group to build capacity, and at the individual implementing agency level to customize a specific plan and schedule for each organization. The plans will include an assessment phase, a customized plan for building capacity, a set of clear objectives and indicators for measuring capacity, and a handover timeline based on key benchmarks.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

These condom and other prevention activities are consistent with PEPFAR 5 year strategy for Nigeria which seeks to scale up prevention services, build local capacity to respond to the HIV/AIDS epidemic, and avert new infections. GHAIN will contribute to the overall United States Government (USG) strategic plan of building the capacity of local organization by working with local non-governmental organizations (NGOs) to carry out C&OP activities with MARPs and related segments of the general population. GHAIN will

also focus on building the capacity of local implementing agencies to effectively carry out sustainable HIV prevention activities among MARPs, including development and dissemination of Information, Education and Communication (IEC) materials, community mobilization, condom use programs, peer education activities, counseling services, referrals and linkages among others. The C&OP activities will in turn contribute to generating demands for counseling and testing (CT) and prevention of mother to child transmission (PMTCT) services which serve as entry points for other services such as ART and palliative care. GHAIN will leverage child survival/population funds to integrate appropriate reproductive health messages into the C&OP programs for the uniformed services and their dependants.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in VCT (#6702), ARV services (#6703), PMTCT (#6702), Care and Support (#6708) and TB/HIV (#6700).

The mobile counseling and testing team of GHAIN will strategically locate and provide services at areas identified that have concentrations of MARPS. People who test positive will be referred for continued care along the continuum of care network model. The referral coordinators of GHAIN will assure referrals to continued counseling, palliative care, tuberculosis (TB) screening and ART services (if eligible). GHAIN will ensure high quality C&OP data through a sound information system that precludes double counting and ensures accountability.

POPULATIONS BEING TARGETED

Targets for this activity will include road transport workers, commercial sex workers (CSW), discordant couples, PLWHAs, mobile populations, truck drivers, medical personnel (public and private health care workers), clients/partners of CSW, and out of school youths.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will take into consideration gender issues related to HIV/AIDS programs through providing equal quality prevention services without discrimination against sex, nationality, religion, creed, etc. The activity will help address male norms and behaviors while reducing violence and coercion toward females through vigorous campaigns to educate people on the benefits of couple counseling and testing (CT) and mutual disclosure of HIV status. The greatly increased availability of Mobile CT in rural areas will also help reduce Stigma and Discrimination against people who test positive to HIV.

EMPHASIS AREAS

This activity includes a major emphasis on Community Mobilization/Participation and a minor emphasis on Training, IEC and Local Organizational Capacity Development.

Continued Associated Activity Information

Activity ID: 3236
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHAIN
Funding Source: GHAI
Planned Funds: \$ 1,300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	12	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	130,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	165	<input type="checkbox"/>

Indirect Targets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful: 120,000

Number of individuals trained to promote HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful: 432

Target Populations:

Commercial sex workers

Discordant couples

Truck drivers

People living with HIV/AIDS

Out-of-school youth

Partners/clients of CSW

Public health care workers

Private health care workers

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Rivers

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Adamawa

Akwa Ibom

Bauchi

Benue

Enugu

Kogi

Niger

Taraba

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6735
Planned Funds: \$ 2,600,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in Abstinence & Be faithful (#6733), Counseling & Testing (#6736) and OVC (#6737)

SFHs goal for its Condom and Other Prevention activity is to contribute to a reduction in HIV prevalence among sexually active adults. This activity is implemented at the national level (product distribution) and in 19 states (community mobilization) in collaboration with the USG team among communities at selected sites. Communities are defined by target group such as Transport Workers Community. Sites are the geographical locations where the communities are found.

In FY 06, 151 new communities were selected for intervention. They include 25 brothel based Female Sex Workers (FSW), 28 transport workers (TW), and 19 Uniformed Service Men (USM) in 19 state of Nigeria.

Society for Family Health (SFH) will implement the Peer Education Plus (PEP) model among the target groups listed above. The PEP model is an evidence based 12 month intervention implemented in three phases: the Community Entry phase (mapping, advocacy visits, open community meetings and baseline study), the Intensive phase (holding of peer education sessions, drama, IEC materials and product distribution), and the Exit phase (building of CBO capacity to take over program implementation). It involves holding of peer education sessions among each target group using target specific manuals. The 'plus' component of the program includes non-peer education components such as drama, IEC/audio visual materials, condom and condom lubricant distribution, and referral for HIV testing and STI treatment. The key messages are partner reduction, consistent condom use in all sex acts, prompt and complete treatment of sexually transmitted infections (STI's), and testing for HIV.

The Priorities for Local AIDS Control Efforts, (PLACE) method is a new assessment and monitoring tool to identify potentially high transmission areas and the specific venues within these areas where AIDS prevention programs should be focused. A baseline was conducted in Lagos in FY05 as part of the pilot. Results from the PLACE survey showed 85% of the respondents reported that people visited the site to meet new sexual partners. 56% of the people who socialize at the sites have had sex with a person they met at the site, while 54% had given or received money in exchange for sex. This component of the program will target street based sex workers and their clients with partner reduction, alcohol reduction and condom use messages. Components of the PEP model are adapted and integrated into additional activities such as AIDS songs by local musicians

Activities targeting male social norms will be implemented in places such as barracks or transport parks through community outreaches and inter-personal communication activities which emphasize fidelity as a norm. SFH expects to train 1,990 to reach 260,996 persons with partner reduction and condom use messages.

Prevention activities shall be implemented among support groups who are currently working with SFH. Meeting sessions will be geared towards secondary prevention (i.e. among discordant couples), prevention of re-infection through promotion of condom use and partner reduction. PLWHAs will also be trained as peer educators who will conduct monthly IPC with members of households of PLWHAs.

Activities will also include interventions within the university outreach programs initiated in COP 06 by the Public Affairs Section (PAS), US Embassy. Ten additional universities in the prevention focus states will be supported in FY 07 to bring the total number to 21 universities spread across 22 PEPFAR states. To address the needs of high-risk university youth, the university outreach program supports selected universities in implementing a comprehensive package of prevention activities. Working through existing clubs and student union governments, activities emphasize the provision of full and accurate information about correct and consistent condom use as a means of reducing, but not eliminating, the risk of HIV infection, and distribution of condoms for those most at risk.

In addition to the key messages of fidelity, partner reduction, and correct and consistent condom use, activities promote access to HIV counseling and testing and encourage complete treatment of all sexually transmitted infections (STIs). Mobile HCT services will

be provided through outreach programs. Interactive forum between lecturers and students will be conducted to promote community dialogue and thereby create an enabling environment for students to adopt healthy behaviors. Universities will also be supported to implement activities that address the gender-specific needs of their student populations. Universities will also support advocacy around issues such as transactional and trans-generational sex.

Evaluation of the program shall be through Participatory Monitoring and Evaluation (PM&E). Focus group discussions and semi-structured interviews will be used for the baseline study and program monitoring. Quantitative surveys will be conducted towards the end of the program to evaluate impact by comparing people with no exposure, low exposure and high exposure.

Linkages will be established with existing USG counseling sites and those of the Government of Nigeria where available. People willing to go for HCT based on SFH's demand creation activities through the PEP program will be referred to SFH's, GHAIN's and Government's HCT sites. Those testing positive will be referred to the USG's, Global Fund's and Government's treatment centers as well as support groups for psycho-social support.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Results from this project will contribute to the USG Emergency Plan of treating 350,000 HIV infected Nigerians (through the demand creation for VCT and referrals), and prevention of 1,145,545 new HIV infections through behavior change communications among core transmitters.

TARGET POPULATIONS

This activity targets both street-based and brothel-based FSWs and their clients, transport workers, uniformed servicemen, male out-of-school youth, female out-of-school youth and PLWHAs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in Abstinence & Be faithful (#6733), Counseling & Testing (#6736), OVC (#6737). SFH will continue to reinforce partner reduction messages and promote HIV counseling and testing.

KEY LEGISLATIVE ISSUES

This activity will address gender equity in programming and stigma and discrimination against PLWHA.

EMPHASIS AREAS

This activity places major emphasis on community mobilization and participation and minor emphasis on capacity building for community based organizations.

Continued Associated Activity Information

Activity ID:	5372
USG Agency:	U.S. Agency for International Development
Prime Partner:	Society for Family Health-Nigeria
Mechanism:	CIHPAC
Funding Source:	GHAI
Planned Funds:	\$ 600,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	74	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	605,732	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,990	<input type="checkbox"/>

Indirect Targets

Indirect targets are the men and women that may be around the intervention sites during training sessions, an estimated 8500 may be reached during these sessions. In addition a diffusion effect is expected to the wider community members as the Peer Educators interact socially with others. Indirect targets of other most at risk population programs include passengers and family members who listen to the audio tapes or watch the VCD. Estimated indirect targets is about 31,710 persons

Target Populations:

Adults
 Commercial sex workers
 Community leaders
 Community-based organizations
 Factory workers
 Most at risk populations
 Street youth
 Military personnel
 Truck drivers
 People living with HIV/AIDS
 University students
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Out-of-school youth
 Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Abia

Bauchi

Benue

Borno

Cross River

Edo

Enugu

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Nassarawa

Oyo

Plateau

Rivers

Sokoto

Adamawa

Anambra

Bayelsa

Delta

Ebonyi

Ekiti

Niger

Ogun

Ondo

Osun

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6746
Planned Funds: \$ 0.00

Activity Narrative: ACTIVITY DESCRIPTION RFA 1:

The USG Nigeria team is proposing estimated targets in the narratives and not in the target tables in the COPRS for open solicitations for USAID APS and CDC RFAs. These solicitations have not been awarded at this time and targets will only be finalized and reflected in the target tables of COPRS after negotiations have been concluded and the award has been made.

This RFA will support community outreach to an estimated minimum of 10,000 individuals identified as high risk for acquiring HIV and directs them into counseling and testing and promoting prevention through activities that include abstinence, be faithful, and appropriate and consistent use of condom messaging. Services are to be delivered through a local NGO in underserved states in Nigeria that will be determined through this RFA which will be a limited competition (local organization) HHS/CDC RFA (PS06-626). The activities will focus on abstinence, be faithful, and condom use in high risk populations and intervention or referral for sexually transmitted disease syndromic management, interventions regarding development of prevention skills such as negotiating safer sex, community activities to engage Most At risk Populations (MARPS), and the provisions of VCT services including an approximate minimum of 4 sites to be operated under this RFA. Community outreach will focus on the target groups of 'most at risk individuals' (e.g. truck drivers, military personnel and female sex workers) and those at risk for becoming commercial sex workers (street youth) with the purpose of preventing geographical spread and preventing spread to families through discordant couples. The activity will provide access to correct and consistent condom messages with the goal of reducing HIV transmission in this high risk population. The activity will also reinforce faithfulness and partner reduction messages as an effective means to reduce HIV transmission in sexually active populations. The activity will provide referral for STI treatment, HIV treatment and care & support services. This activity will provide training to a minimum of 15 individuals as peer educators and lay counselors to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. The HHS/CDC RFA will be specifically geared to new local partners. This RFA will strengthen the developed sustainability plan both at program and country level and will collaborate with other existing implementing partners to build capacity and reach proposed indicators.

Contributions to Overall Program Area: This activity will support the GON to increase local capacity to provide prevention services in most-at-risk populations through the identification of a new local prevention partner.

Links to Other Activities: The other prevention activities will be linked to counseling & testing (6748), and Basic health care and support (6747). This activity provides community outreach to individuals identified as high risk for acquiring HIV and directs them into counseling and testing. Those who test positive will be referred to HIV treatment services as well as care & support services

Key legislative issues: This RFA will address the key legislative issue of "Gender" since other prevention services will be provided equitably to women and men. This activity also addressed the issue of "Stigma & Discrimination", since HIV counseling reduces stigma associated with HIV status through education

Emphasis areas: This activity has a major emphasis on human resources and a minor emphasis on commodity procurement Information, education, communication, Linkages with Other Sectors and Initiatives and Training

Target population

This activity will target Most At Risk populations which includes truck drivers, military personnel, out of school youth and female sex workers

Coverage areas: YTD

Continued Associated Activity Information

Activity ID: 5656
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Excellence Community Education Welfare Scheme (ECEWS)
Mechanism: Cooperative Agreement
Funding Source: GHAI
Planned Funds: \$ 175,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

Commercial sex workers
 Discordant couples
 Men who have sex with men
 Street youth
 Military personnel
 Truck drivers
 Out-of-school youth

Key Legislative Issues

Gender
 Stigma and discrimination

Coverage Areas

Lagos
 Rivers

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	6787
Planned Funds:	\$ 27,500.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION</p> <p>As part of the USG team, the HHS/CDC Global AIDS Program (GAP) Office in Nigeria plans to hire a half time staff position in COP07 for Condom & Other Prevention area activities to provide in-country project oversight and technical assistance to all USG Implementing Partners that will be implementing Condom & Other Prevention activities in COP07. This half time individual will provide TA and program oversight to USG partners in implementing and strengthening programs to reach Most At-Risk Populations (MARPs) who are HIV-negative with prevention counseling and other services. Another emphasis area will be to integrate programming for prevention for HIV positives as an added component of Basic Care and Support.</p> <p>This half time HHS/CDC BC&S staff position will work in coordination with the USAID Condoms and Other Prevention staff (#6779) and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#9210), Harvard SPH-APIN (#9216), Columbia University-ICAP (#9208), Africare (#6672) and multiple partners to be determined by an RFA in COP07 (#9642, #9643, #9644). The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6707), Society for Family Health (#6735), and a Futures/ENHANCE (#6740. USAID and CDC Condoms and Other Prevention staff will provide assistance as needed to the U.S. Department of Defense program (#6804) with the Nigerian Ministry of Defense.</p> <p>HHS/CDC and USAID Condoms and Other Prevention staff will provide technical support and capacity development to new partners undertaking Condoms and Other Prevention activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria HIV prevention programs. It is estimated that the staff under this activity will provide monitoring and support to over 80 clinical sites in COP07.</p>

Continued Associated Activity Information

Activity ID:	5370
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	HHS/CDC Agency Funding
Funding Source:	GHAI
Planned Funds:	\$ 10,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	51 - 100

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6804
Planned Funds: \$ 800,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in ARV services (#6798) and (#6807), PMTCT (#6801), Care and Support (#6802) and VCT (#6796).

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). The partnership will extend free access to prevention services to seven additional military sites. 2005 saw the opening of four facilities at Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), and 445 Nigerian Air Force Hospital (Ikeja in Lagos). During 2006, the DoD-NMoD partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). The 2007 budget will see expansion to seven additional facilities and communities. (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri).

In addition, in partnership with other service providers, such as the Armed Forces Program on AIDS Control (AFPAC) and the Government of Nigeria (GoN) at federal, state and Local Government Area (LGA) levels, and dependent on funding levels, DoD may extend its prevention services to a wider, national-level military and civilian population, with targeted messaging in relation to prevalence rate and demographics.

This activity which will strengthen HIV prevention throughout the Nigerian Department of Defense will include activities geared to offering high quality STI services including diagnosis and treatment for the military personnel who belong to the most at risk population. These services will be offered at 14 NMOD sites by the end of FY07 in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers, (11 states and FCT). These sites will also focus on STIs to determine the prevalence of STIs in the military and make recommendations for the most appropriate approach to treatment of STIs in the Nigerian military. The involvement of people living with HIV/AIDS (PLWHAs) in the areas of peer education, counseling, care and support will also be a key focus activity. Prevention programming opportunities for Uniform services will also include interventions in or nearby bars where they recreate.

The DoD will train an additional 100 healthcare workers to be able to deliver behavioral change messages to all seeking services at the 14 NMOD sites. A proportion of health workers will be trained to be able to perform brief screening for HIV transmission risk behaviors, communicate and reinforce prevention messages and discuss sexual and drug abusive behavior. Existing liaisons with the Ministry of Health and the National Committee on AIDS (NACA) will ensure high quality care and training in STI /HIV; prevention education for NMOD staff health personnel assigned at the military health facilities.

During this submission, and in conjunction with other partners, work with high risk youth will continue in gender-sensitive programs aimed at the prevention needs of young, unmarried females and males, including addressing the risk behaviors of multiple partnerships and transactional sex, formal and informal, providing clear messages about safer sex and referral to appropriate reproductive health services. It is expected that this activity will directly reach a target of approximately 80,000 individuals, including recruits at basic training centers, youths, service members and their dependents, and PLWHA within the surrounding communities by September 2008. A further 2,800 will be reached indirectly.

The USG programmed 34% of its Other Prevention programming to its collaborative program with the Nigerian Ministry of Defense. Programming focuses on teaching the military condom skills and ensuring condom availability complementing other DOD programming on faithfulness and linkages to CT, treatment, care and support, prevention

for HIV+ patients and work with discordant couples through military medical centers. Condom distribution and education services will be incorporated through prevention efforts at the 14 sites, basic training camps, and at NMOD training centers. Condoms and other appropriate materials on HIV transmission risks, prevention of transmission to others, and preventing acquisition of STIs will be provided directly by the DOD, and indirectly through other partners. Prevention activities will be fully integrated into DoD activity locations.

By training 280 uniformed members and civilian employees at all levels who are invested in a career track in the Government of Nigeria, this Program fosters a generation of skilled workers who are more likely to remain within the military. As these employees are promoted, individuals not only acquire technical skills, but also gain management and oversight capacity fulfilling PEPFAR goals for independent and sustainable programs.

This program fully adheres to USG policies and acquisition regulations, minimizes indirect costs to accomplish the capacity building described above. International and local organizations synergize with the NMoD to identify best practices and implement evidence based interventions in a sustainable manner. The program design ensures continued USG visibility and accountability at all levels of implementation

CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to the provision of a comprehensive HIV and AIDS care package for the military population, civilian employees, their dependents and the communities surrounding military sites and will, therefore, contribute to the overall aim of reducing HIV infection rates in Nigeria.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ARV services (#6798) and (#6807), PMTCT (#6801), Care and Support (#6802) and VCT (#6796)

The DoD will establish referral linkages with community-based programs and other implementing partners to ensure that HIV+ individuals have access to the full range of appropriate, quality prevention services.

POPULATIONS BEING TARGETED

This activity is targeted at the military population, civilian employees, their dependents and the communities surrounding military sites, including men and women of reproductive age, health care workers and community- and faith-based organizations.

KEY LEGISLATIVE ISSUES

These activities will focus on gender issues, including prevailing male norms and behaviors, reducing violence and coercion, and reducing stigma and discrimination.

EMPHASIS AREAS

This activity has a major emphasis on training. A minor emphasis is placed on information, education and communication, capacity development, community mobilisation, links with other sectors and establishment of referral linkages and community networks.

Continued Associated Activity Information

Activity ID:	5362
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 1,500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	14	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	80,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	280	<input type="checkbox"/>

Indirect Targets

2,800 individuals reached and 280 individuals trained. (Each individual directly trained will train 1 other individual who will reach 10 further targets).

Target Populations:

Country coordinating mechanisms
 Faith-based organizations
 Doctors
 Nurses
 Pharmacists
 Military personnel
 Girls
 Boys
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Laboratory workers
 Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Addressing male norms and behaviors
 Reducing violence and coercion
 Stigma and discrimination

Coverage Areas

Cross River

Enugu

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Borno

Delta

Oyo

Plateau

Rivers

Benin

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9208
Planned Funds: \$ 200,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in care and support (#6697), ARV services (#6690) and VCT (#6695), OVC (#6694) and PMTCT (#6699). In COP06, the International Center for AIDS Care and Treatment Programs at Columbia University (CU-ICAP) supported 3 hospital networks in Kaduna and Cross River States, providing HIV/AIDS care and treatment via a multidisciplinary, family-focused approach at the hospital and community level. In COP07, CU-ICAP will expand support to 12 additional hospital facilities and an estimated 25,000 HIV positive household and family members including 21,500 HIV positive patients enrolled in care. In COP07, CU-ICAP will support risk reduction and safer sex promotion activities among HIV positive clients, partners and their households. CU-ICAP will identify a dedicated staff person to oversee their risk reduction and safer sex promotion activities. CU-ICAP will build capacities of health care providers in patient education and supportive counseling to reduce the burden of sexually transmitted infections (STI), improve health seeking behaviors, and educate HIV positive patients on risk reduction, skills development for practicing sexual abstinence and/or correct and consistent use of male or female condoms and healthy life planning. Support groups, local NGOs and CBOs in each hospital network will be equipped to conduct activities for prevention for HIV positives, partners and households. Health and allied care providers will be supported to adopt positive attitudes and behaviors including safe practices to reduce their risks of exposure thus focusing on workplace prevention program for health care workers within the facilities. CU-ICAP will use available communication tools and aids for a comprehensive package of prevention activities among positives in all supported networks and linked communities. This will include training of health care and allied workers at facility and community levels to counsel and deliver appropriate BCC messages and referrals to HIV positive clients. Referral linkages for STI management for community level interventions will be a part of prevention for positives activities and In-depth discussions of prevention, skills training on disclosure to partner and negotiation of safer sex. Training will be based on a standardized Nigeria specific prevention for positives curriculum. Support groups will be assisted to develop packages including patient education materials to build and support their skills on addressing prevention topics. To achieve these BCC and communications objectives, CU-ICAP will also build the capacity of at least 10 local CBOs, NGOs and support groups, to conduct activities including BCC strategy development/adaptation and media/material review and development workshops on HIV prevention in partnership with local communications organizations. 125 facility and community based health care providers and counselors will be trained on prevention counseling. Contents will include dual protection, family planning/child spacing/personal hygiene, safe water, healthy lifestyle among others. Innovative materials from these meetings will be pre-tested and produced for use through culturally appropriate and acceptable media channels by ICAP-supported facilities, communities and partners. CU-ICAP will also distribute at least 200,000 condoms for its CBOs/NGOs (Tulsi Chanrai Foundation, GHAC, GAWON, Rekindle Hope) to support HIV positive and high risk negative clients adopt dual protection choices. These condoms will be provided by Society for Family Health. CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity contributes to the 2007 targets by focusing on reaching at least 25,000 HIV-positive persons especially women and children and their household members by promoting the adoption of positive attitudes and behaviors consistent with PEPFAR 5-Year Strategy for averting new infections in Nigeria. LINKS TO OTHER ACTIVITIES This activity also relates to activities in care and support (#6697), ARV services (#6690) and VCT (#6695), OVC (#6694) and PMTCT (#6699). POPULATIONS BEING TARGETED HIV positive persons especially women and children and including their partners, children and other household members will be supported to adopt positive attitudes and behaviors to reduce the transmission of HIV, and promote positive living among infected and affected persons. Health and allied care providers also being targeted. Facility based care providers and community based care organizations including their program managers and care providers will be trained to provide quality focused BCC activities that will promote the adoption and practice of positive behaviors. Most at risk negative populations will also be targeted for prevention messaging. KEY LEGISLATIVE ISSUES ADDRESSED This activity will promote gender equity especially among vulnerable groups of women and young girls through the delivery of BCC messages. By facilitating the availability of client education programs, it will contribute to the reduction of stigma and discrimination among care providers towards HIV positives. EMPHASIS AREAS Major area of emphasis will be training facility and community based care providers to HIV positive clients and their households on patient education skills and supportive counseling for prevention for positives. Minor emphasis areas are IEC to develop/adapt communication materials for patient education, supportive

counseling and job aids for health care providers. Other minor areas include commodity procurement and linkages to other sectors and initiatives and workplace prevention.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	15	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	125	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Community-based organizations
 Faith-based organizations
 Family planning clients
 HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 Program managers
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Public health care workers
 Private health care workers
 Medical Record Clerks
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Coverage Areas

Benue
 Cross River
 Kaduna

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9210
Planned Funds: \$ 1,117,000.00

Activity Narrative: **ACTIVITY DESCRIPTION** ACTION will provide Condoms and Other Prevention Activities targeting 60,000 HIV+ adults and youth and 45,000 HIV- most at risk persons (MARPS). Prevention counseling for HIV+ will take place in the clinic or support group context and include promotion/instruction regarding correct and consistent condom use if acceptable to the client and coupled with information education communications (IEC) about abstinence and mutual faithfulness. In collaboration with counseling and testing (C&T) sites, a special focus will be placed upon sexually active discordant couples or couples with unknown HIV status. Collaboration with Persons Living with HIV AIDS (PLWHA) support groups will ensure that IEC materials and counseling messages are culturally acceptable. Group counseling will be carried out in PLWHA support group meetings to discuss and promote HIV prevention behaviors including avoidance of sexually transmitted infections (STIs), recognition and seeking early treatment for symptoms of STIs, and addressing alcohol and illicit drug use. ACTION will expand prevention services for those testing HIV- at C&T services targeting MARPS. ACTION will continue to provide mobile "moonlight" C&T targeting locales where transactional sex and intergenerational sex is common using 2 specially equipped vans. Under COP06, the sero-prevalence among clients accessing this service was 10%. ACTION will enhance services for clients testing HIV- in the mobile C&T setting. In addition, ACTION will be providing VCT services in collaboration with experienced CBOs along the Benin-Lagos transport corridor, targeting truck drivers and those who engage in transactional sex at overnight motor parks. This will be based upon a successful model developed along the Mambasa-Kampala corridor in Kenya-Uganda. A 20% sero-prevalence is anticipated. Services for persons testing HIV- at both mobile C&T sites and motor park sites will be enhanced to include: syndromic sexually transmitted infection (STI) management, targeted condom promotion and distribution coupled with information about abstinence and mutual faithfulness, behavioral change communication, and risk reduction education using peer educators. 45,000 HIV- persons will be served in the mobile C&T setting and 18,595 HIV- persons will be served in the motor park setting. A dedicated program officer will be hired by ACTION to oversee this activity. Site level trainings for medical, nursing, counseling staff, peer educators, and PLWHAs will be carried out by ACTION program staff and CBO subcontractors using a role play based curriculum. 50 site level trainings will train 8-10 persons each. General training will include counseling to reduce risk of transmission to others including condom use and training for health care workers will include syndromic STI management. Program staff will work with sites to ensure appropriate linkage to STI care is available to HIV+ clients. As part of strengthening the capacity of PLWHAs, 3 central Training of Trainers will be conducted to train 60 Master Trainers, with an effort to include PLWHAs. Each Master Trainer will train 20 others who will provide counseling to 50 HIV+ clients and/or partners. Thus, direct training targets are 500 and indirect targets are 1,200 trained and 60,000 clients counseled. ACTION currently supports HIV/ART care at 16 sites and will develop 35 additional sites under COP07 for a total of 55 sites. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom. **CONTRIBUTIONS TO OVERALL PROGRAM AREA:** As transmission from known HIV+ persons contributes to HIV transmission, this activity will support the Nigerian Federal Ministry of Health (FMOH) and EP goal of reducing new HIV infections and thus decreasing the overall disease burden of HIV in Nigeria. Targeted efforts to promote correct and consistent condom use with MARPs can reduce the risk of HIV infection for these populations. **LINKS TO OTHER ACTIVITIES:** This activity also relates to activities in care and support (#6770), ARV services (#6766) and VCT (#6736). Prevention for positives counseling will be an important component of post-test counseling of HIV+ persons as part of C&T services and HIV+ persons will be linked to care and treatment services. The service is included in the basic package of care for all HIV+ persons. Prevention for positives counseling will be incorporated in counseling for persons receiving ARV treatment. This service will complement C&T services for those who ultimately test HIV-. **POPULATIONS BEING TARGETED** This activity focuses upon people living with HIV/AIDS and their partners/spouses (HIV/AIDS-affected families). Targeted populations also include most at-risk populations such as commercial sex workers and their clients and mobile populations such as truck drivers. Doctors, nurses, other health care workers in the public sector as well as PLWHAs are targeted for training. **KEY LEGISLATIVE ISSUES ADDRESSED** This activity addresses the key legislative issue of "Gender" since services will be provided equitably to women and data will be collected to demonstrate this. This activity also addresses the legislative issue of "Stigma and

Discrimination”, since HIV counseling reduces stigma associated with HIV status through education. EMPHASIS AREAS The major emphasis area for this activity is “Training” as nearly all supported personnel are technical experts who focus on this at the central and site level. In addition, considerable resources are devoted to training costs. A secondary emphasis area is “Information, Education, and Communication” as IEC materials and training curricula will be developed, adapted, and distributed.

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	55	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	110,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	<input type="checkbox"/>

Indirect Targets

60 Master Trainers train 1200 others
60,000 clients counseled by those 1200 trained

Target Populations:

Commercial sex workers
Most at risk populations
Discordant couples
Truck drivers
Partners/clients of CSW
Doctors
Nurses
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Anambra

Bauchi

Benue

Cross River

Delta

Edo

Federal Capital Territory (Abuja)

Kogi

Lagos

Nassarawa

Niger

Rivers

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Kwara

Ogun

Osun

Plateau

Sokoto

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9216
Planned Funds: \$ 635,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to activities in counseling & testing (#6721), care & support (#6719), TB HIV (#6713), ARV services (#6715), OVC (#6720) This activity supports prevention efforts at 18 APIN + sites as part of comprehensive VCT services for 63,300 individuals. For HIV negative individuals, trained counselors will provide education on HIV/AIDS transmission, risks and the disease, and provide risk reduction strategies including HIV testing. Counseling and education for HIV infected individuals will be specifically targeted towards their unique risks, including recommendations for partner notification and condom use. Condoms will be provided to all individuals at all our sites. Condoms will be provided to APIN+ by the Society for Family Health (SFH). The provision of condoms will be accompanied by, individual and group counseling and demonstrations from experienced counselors on their proper use. Brochures and other publications will be distributed to all individuals as a part of the counseling process. These materials will be specifically tailored to address the unique risks that individuals from various risk groups face. Community outreach efforts and PLWHA support groups will be supported and prevention interventions and information will be included in their activities. These support groups provide key community linkages for our PMTCT, palliative care and ART services. This funding will be used to support the procurement distribution of written prevention messages. The materials will provide patients and clients with HIV prevention information using the "ABC" model, including information about healthy behaviors, safer sexual practices, PMTCT, and condom usage. Several of our sites target Most At Risk Populations (MARP) including outpatient STD patients, border traders, military personnel, fashion designers, young male market agents, and motor mechanics. A regular mobile VCT service in Ibadan and Saki that serves these MARP also promotes condom usage and distributes prevention materials. A prevention program for young male market agents has been established in the Ibadan marketplace and implemented through the Association for Reproductive Family Health (ARFH) NGO. HaltAIDS, a community based-NGO in the poor community of Tudun Wada in Jos, has an established community VCT center, which currently provides prevention messages, condoms and VCT to 150 community members per month. Our VCT clinic in Kuramo Village clinic serves a community (n=20,000) where most residents are sex workers and bar workers, resulting in a greater than 60% HIV prevalence in this high risk population. Prevention activities at this clinic will provide educational materials based on the risks that this population faces and distribute condoms. In addition to comprehensive counseling on HIV prevention and risk reduction, HIV-infected individuals identified through this activity are referred for ART services or Palliative HIV/TB care depending on eligibility. An emphasis on high risk men through these community based efforts should enhance prevention efforts and facilitate access to their partners. This funding will go specifically to support the implementation of behavioral interventions for MARP at stand-alone VCT centers, the development of educational prevention materials developed by ARFH and HALTAIDS and referral for STD diagnosis and treatment. Where appropriate, Harvard will build site capacity for STD syndromic management. Additional staffing and training of counselors will also be provided by this funding, including a dedicated fulltime staff person. This activity will provide support for 18 service outlets, train 340 individuals in condom promotion, STD prevention and risk reduction to an estimated 63,300 individuals.

CONTRIBUTION TO OVERALL PROGRAM AREA As described in section 1, these prevention activities are consistent with PEPFAR's 2006 goals for Nigeria, which aims to support a number of prevention strategies in addition to abstinence. In order to be maximally effective, the prevention messages developed at different sites will be tightly targeted to various high risk groups that they serve. Furthermore, these activities are consistent with the PEPFAR 5-year strategy, which seeks to scale up prevention services, build capacity for long term prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program. By continuing to support and build the overall capacity of VCT centers and provide linkages to treatment and care centers, these activities will be able to meet the increasing utilization of these services, expected to result from other prevention and outreach initiatives.

LINKS TO OTHER ACTIVITIES This activity relates to activities in counseling & testing (#6721), care & support (#6719), TB HIV (#6713), ARV services (#6715), OVC (#6720) Strong prevention programs that accommodate the array of societal and cultural norms can also help reduce stigma and discrimination. The provision of such services at the

community level will serve as an important platform from which general HIV/AIDS information can be provided and risk reduction strategies discussed.

EMPHASIS AREAS Through these activities, we place major emphasis on community mobilization and participation, as an element of outreach for prevention efforts. Additionally, we place major emphasis on training and additional emphasis on infrastructure and human resources in order to build the capacity of VCT centers to provide a full range of prevention strategies to the various community members that attend these centers. We also place emphasis on information, education and communication as an essential element of outreach to high-risk populations, to encourage utilization of VCT services. We also place minor emphasis on developing networks and linking these activities with our VCT, PMTCT, and other ART activities to serve as a source of prevention information.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	18	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	63,300	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	525	<input type="checkbox"/>

Target Populations:

Adults
 Commercial sex workers
 Country coordinating mechanisms
 Faith-based organizations
 Family planning clients
 Street youth
 Mobile populations
 Refugees/internally displaced persons
 Volunteers
 Children and youth (non-OVC)
 Primary school students
 Secondary school students
 University students
 Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Benue

Borno

Lagos

Oyo

Plateau

Enugu

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Centre for Development and Population Activities
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9779
Planned Funds: \$ 500,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in HVCT (#6702, #6772), HBHC (# 6708, #6770, #6675), HTXS (#6703, #6766, #6715, #6678) HKID #(#6701, #6771, #6679), HVAB (#6733, 6684), HVLAB (# 6709, #6767, #6680, 6716), PMTCT (#6706, #6768, #6699).

Condom and Other Prevention (HVOP) is a component of the comprehensive Positive Living (PL) program. Activities will emphasize provision of full and accurate information about correct and consistent condom use as a means of reducing but not eliminating the risk of transmitting HIV and other sexually transmitted infections (STIs), will support access to condoms for those at risk, and promote appropriate HIV prevention among known HIV positive partners. Information about correct and consistent use of condoms will be coupled with information about abstinence as the only effective method of eliminating risk of HIV infection; and the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction. Referral for prevention of mother to child transmission (PMTCT) will be provided. Activities will be implemented in 12 states of FCT, Bauchi, Edo, Kano, Anambra, Cross River, Lagos, Kogi, Rivers plus 2 new states where GHAIN will be initiating services.

In COP 07, 300,000 persons will be directly provided with information and messages for correct and consistent condom use, 10,000,000 condoms will be distributed from 384 outlets targeting most at risk populations that include long distance truck drivers, migrant workers, out of school youth, people living with HIV/AIDS (PLWHA) and clients of commercial sex workers. 2400 adult peer facilitators (PFs) and educators (PEs) will be trained and based in collaborating NGOs and CBOs, to conduct one-on-one counseling; facilitate group discussions in homes, recreational areas, motor parks, market places and areas where young people usually congregate; and distribute IEC materials and condoms. PL will enable Primary Health Care facilities in communities to diagnose and treat STIs, while health workers will be trained on syndromic management of STIs where laboratories are not available. These facilities will serve as referral centers to which PFs and PEs will send clients for diagnosis and treatment of STIs. PFs and PEs will refer for testing and clinic based FP methods. PL will liaise with DFID and SFH to ensure the procurement of male condoms.

At the individual level PL will focus on peer education techniques that reinforce correct and consistent use of condoms, provide counseling on prevention and other RH services including dual protection to discordant couples, PLWHA, caregivers, and other family members; work with transport unions, social entertainment clubs, and market group associations that have access to large populations of out of school youth; promote mutual fidelity, and build self-esteem and confidence. PF and PEs will hold discussions with their peers focusing on prevention for positives during one-on-one and group discussions in support group meetings. Positive pregnant women will be counseled and referred to PMTCT centers like activities #6706, #6768, #6699. Community-wide prevention activities will involve dissemination of messages on prevention and stigma reduction during wedding receptions, naming ceremonies, age grade meetings, rallies, and youth clubs activities such as celebration of solidarity days. Existing media materials on prevention will be adapted and reproduced for distribution during the events.

COP 07 includes funding to the Anglican Church Nigeria Communion AIDS Control Program, Church of Christ in Nigeria, Association of Women Living with HIV/AIDS and National Supreme Council on Islamic Affairs through Ummah Support Group as sub recipients.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Condom and other prevention activities of Positive Living will contribute to PEPFAR 5 year strategic plan for Nigeria by reaching 300,000 persons with information and services on correct and consistent use of condom enhancing their abilities to adopt risk reduction measures that will contribute to averting new HIV infections. Nigeria has quite a number of discordant couples. PL will focus on keeping the negative spouse negative by teaching and encouraging couple to use condoms consistently and correctly. PL will focus on hard to reach populations for cultural or infrastructural reasons; and will therefore have a profound impact on underserved populations.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in HVCT (#6702, #6772), HBHC (# 6708, #6770, #6675), HTXS (#6703, #6766, #6715, #6678) HKID #(#6701, #6771, #6679), HVAB (#6733, 6684), HVLAB (# 6709, #6767, #6680, 6716), PMTCT (#6706, #6768, #6699).

Government of Nigeria sites to improve access to HIV related services to underserved rural communities; Federal Ministry of Health (FMoH) and UNFPA for the purchase of female condoms. Linkages between peer educators, community health workers, religious leaders, and clergy, will be promoted.

TARGET POPULATIONS

HVOP will be focused on most at risk populations of long distance truck drivers, migrant workers, out of school youth, people who are living with HIV/AIDS (PLWHA) and clients of commercial sex workers sexually active men, women, adult girls and boys in the general population. Prevention for positives will be a big feature targeting mainly discordant couples. Pregnant positive women will be mobilized and referred for PMTCT services.

KEY LEGISLATIVE ISSUES

Key legislative issues addressed will include increasing gender equity in HIV programs; promote male norms and behaviors that encourage HIV prevention. Violence and coercion will reduction will be addressed through couple counseling for disclosure and collaboration with legal aid clinics.

EMPHASIS AREA

Commodities procurement and supply particularly of female condoms will be an area of emphasis including Community mobilization; demand creation for HIV related services and training.

WRAP AROUND SERVICES

The provision of other family planning and reproductive health services will complement the promotion of prevention particularly for positives.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	384	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,400	<input type="checkbox"/>

Indirect Targets

Number of targeted condom service outlets: 384
 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 1,000,000
 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 4,000

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Discordant couples
Truck drivers
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Girls
Boys
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Stigma and discrimination

Coverage Areas

Akwa Ibom

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Kogi

Lagos

Niger

Rivers

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Winrock International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9783
Planned Funds: \$ 100,000.00

Activity Narrative: ACTIVITY DESCRIPTION

Winrock International (Winrock) applied under the USAID APS Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services. Winrock's proposed Capacity Building for AIDS Impact Mitigation (AIM) project was accepted under the APS; Winrock has been awarded with COP06 funds and will commence activities in October 2006. This submission is for continuation of activities in year 2.

AIM prevention activities will focus on prevention HIV transmission through cross-generational and transactional sex through three interventions. First, AIM will strengthen CBO/FBO capacity to facilitate behavior change among vulnerable girls and young women and to support an enabling environment for the promotion of abstinence and fidelity and the prevention of cross-generational and transactional sex. Second, AIM will support income generating activities to promote alternatives to transactional sex. Job skills training and in-kind grants to implement income-generating activities will be coupled with HIV/AIDS awareness and prevention training with AB messages. Finally, AIM will provide medically correct information about correct and consistent condom use and will provide condoms and demonstrate their use in situations where women are reducing, but not eliminating their risk. While the AB part of the program is the focus, and will be provided for in the AB program area, the ability to provide for individual client needs for condoms or other types of prevention will be provided for under this program area.

This activity also includes support to the following sub-recipients for activities integral to the program. Sub-recipients are based on AIM's three levels of partnerships: core partners, collaborating partners and implementing agents (IAs). AIM's core partners are Winrock and the Redeemed Christian Church of God (Redeemed) and the Muslim Sisters Organization (MSO). AIM's collaborating partners are the Institute of Chartered Accountants of Nigeria (ICAN) and the Nigerian Institute of Management (NIM). ICAN will support the development of the IAs' financial management and accounting systems and NIM will support the development of the IAs' project management capacity. AIM is in the process of selecting its IAs for this AB activity. All selected IAs will be local Nigerian CBOs/FBOs that will provide direct services to project beneficiaries.

AIM will potentially implement its prevention activities in 15 states. AIM will collaborate with USG Nigeria and the GON to make the final state and site selection to ensure the greatest synergy among PEPFAR partners and the greatest impact on PEPFAR beneficiaries.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The prevention component of AIM will specifically address the June 2006 Prevention Technical Assessment's recommendation to develop new activities that are explicitly designed to prevent cross-generational and transactional sex, a key component of a successful and comprehensive prevention portfolio. Well-rounded ABC education will be provided, and IGA to support CSW's desire to withdraw from sex-work will be offered and supported.

Over the 3 year period of the new award, AIM will support prevention activities with IGA for 750 CSW's, with 200 reached with both individual prevention messages and IGA opportunities in the first year.

LINKS TO OTHER ACTIVITIES

AIM will be supported through the FY07 COP in HVAB, HBHC, and HKID. AIM will link its activities with other PEPFAR USG partners' activities to ensure strong referrals to comprehensive prevention, care and treatment services. In addition, AIM will collaborate with USAID public-private partnerships to provide job-training graduates with linkages in the business community. AIM will utilize condoms provided by SFH which have been leveraged from DfID resources.

POPULATIONS BEING TARGETED

Women, girls and commercial sex workers are all populations being targeted. The activity promotes alternatives for women already engaged in commercial sex work while also addressing women and girls who are vulnerable to cross-generational and transactional sex in an attempt to prevent their engagement in these high-risk activities. It provided

accurate and factual information about transmission and offers prevention support either through transition from CSW or consistent condom use with every sex act.

KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is gender, with an emphasis on the subcategory of increasing women's access to income and productive resources through income generating activities and vocational training.

EMPHASIS AREAS

The major emphasis area is local organization capacity building through the strengthening of CBO/FBO capacity to promote ABC and the prevention of cross-generational and transactional sex. The minor emphasis area is community mobilization/participation peer education and mentoring for the recipients of the income generating training and grants activity.

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Needs Assessment	10 - 50
Workplace Programs	10 - 50

Targets

Target

Target Value

Not Applicable

Number of targeted condom service outlets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Target Populations:

- Commercial sex workers
- Community-based organizations
- Faith-based organizations
- Street youth
- Girls
- Out-of-school youth

Key Legislative Issues

- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Microfinance/Microcredit

Table 3.3.05: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9784
Planned Funds: \$ 8,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (#6742), Medical transmission/blood safety (3.3.03) PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

SCMS will procure supplies for other prevention activities on behalf of UMD, funding at \$8,000 in COP07 (activity (ID# 9210) and DoD (ID# 6804) in Nigeria. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centres (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in commodities selection based on national guidelines and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria.

SCMS will aggregate the total requirement for the commodities for the IPs and undertake the procurement of the required commodities on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting.

SCMS will provide support to establish and manage the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria.

A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where in-country supply chains will take over the local warehousing.

All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and

administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (#6742), Medical transmission/blood safety (3.3.03) PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Public Affairs Section
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9785
Planned Funds: \$ 0.00

Activity Narrative: This activity has been transferred to Society for Family Health.

ACTIVITY DESCRIPTION

The Public Affairs Section (PAS), U.S. Embassy Abuja currently supports sixteen universities in 12 states through its university outreach program. Through FY07 COP support, PAS will expand its university outreach program to ten additional universities. Through its involvement as a PEPFAR implementing agency and a member of the Nigeria Prevention Technical Working Group, PAS will select the additional 10 universities based on the USG/Nigeria team's overall geographic strategy and the prevention-specific approach to expansion within the PEPAR focus states.

The university outreach program supports prevention programming in universities through a grant award process. The grant award process includes developing program guidelines and grant criteria, disseminating a call for proposals, proposal review, and developing grants with university recipients. PAS will include the USG Prevention Technical Working Group, SFH, the National Universities Commission, the Ministry of Health and the National Action Committee on AIDS in all aspects of the grant award process, including participation on the grant review panels. Once the universities are selected, PAS provides technical assistance in work plan development, activity implementation, and program monitoring and evaluation to ensure consistent, high-quality prevention programming throughout the university grant recipients.

The PAS university outreach program is funded through HVOP and HVAB to ensure that it is appropriately targeted towards the risk behaviors of university students. The recently released national survey shows that the 18 – 24 age cohorts have some of the highest prevalence rates for HIV in the country. The majority of university students are in the 18-24 age cohorts, and enjoy increased autonomy from parents and high school restrictions. Research shows that this freedom, coupled with peer pressure, result in sexual experimentation and highly risky sexual practices.

To address the needs of high-risk university youth, the university outreach program supports universities in implementing a comprehensive package of prevention activities. Activities emphasize the provision of full and accurate information about correct and consistent condom use as a means of reducing, but not eliminating, the risk of HIV infection. PAS supports access to condoms through linkages with the SFH condom distribution program. Information, education and distribution of condoms for those most at risk is coupled with fidelity and risk reduction messages. In addition to the key messages of fidelity, partner reduction, and correct and consistent condom use, activities promote complete treatment of all sexually transmitted infections (STIs) and the importance of HIV counseling and testing. Universities will incorporate referrals for diagnosis and treatment of STIs and linkages to voluntary counseling and testing sites in their programs. Universities will develop interventions targeted towards their unique student population, but examples include community dialogues, peer education and dissemination of behavior change communication materials.

Universities will also be supported to implement activities that address the gender-specific needs of their student populations. To address transactional sex, the program supports vocational skills programs for female undergraduates. Women are also empowered to use available commodities such as female condoms to prevent HIV transmission. Universities will also support advocacy around issues such as transactional and trans-generational sex.

PAS will partner with SFH to provide ongoing technical assistance for this activity. PAS is in the process of establishing an MOU to define the scope of its work with SFH. The USG Nigeria Prevention Technical Working Group will support PAS and SFH in establishing the MOU to ensure that it is in line with the overall USG PEPFAR and prevention-specific strategies. The technical assistance of SFH will complement the technical expertise in the universities through which PAS implements its program. PAS will leverage resources from the universities as they possess the core competencies needed to implement HIV prevention programs and have volunteered both staff and student time.

PAS will have general oversight of the grants, including undertaking regular field visits to monitor compliance with the work plans and the delivery of high quality programming. PAS will participate in all GON and USG prevention working groups, interface with the

universities and strengthen linkages and coordination with USG funded prevention advisors and partners. PAS will also participate in all USG PEPFAR management and coordination activities.

PEPFAR support for the PAS university outreach program directly empowers the Mission's Public Diplomacy efforts in Nigeria, particularly with universities, and promotes goodwill towards the United States of America. Universities are our principal constituents and remain open and receptive to approaches from the PAS. These partnerships are vital tools in achieving PEPFAR goals.

CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will advance PEPFAR's goal of HIV prevention by implementing activities that promote HIV prevention among high-risk university students. This activity targets 100,000 individuals through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful.

LINKS TO OTHER ACTIVITIES

This program increases demand and creates linkages to services such as VCT (3.3.09), ART (3.3.10) and PMTCT (3.3.10) through education, promotion, and referrals.

POPULATIONS BEING TARGETED

This activity focuses on most at risk university students to reduce HIV prevalence among this future core of Nigeria's highly-skilled workers.

KEY LEGISLATIVE ISSUES

This activity addresses the key legislative issue of "Gender", in particular the subcategories of reducing violence and coercion and increasing women's access to income and productive resources.

EMPHASIS AREAS

The major emphasis area for this activity is Community Mobilization/Participation; the minor emphasis area for this activity is Information, Education and Communication.

Targets

Target

Target Value

Not Applicable

Number of targeted condom service outlets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Key Legislative Issues

Volunteers

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DoD Agency Funding
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9786
Planned Funds: \$ 100,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also links to Condoms and Other Prevention (#6804), ART Services (#6798), Care and Support (#6802), PMTCT (#6801) and CT (#6796).

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria (GON). Through this partnership, the impact of this program in Nigeria is profound on several levels. This includes developing a strong USG (United States Government) relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities and offering a cost effective model for implementation through a direct USG-GON collaboration.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the MOD and the Nigerian Military. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. Membership on this Committee includes senior representatives of both militaries and includes the Federal Ministry of Health (FMOH) and National Action Committee on AIDS (NACA) representation to participation in the Government of Nigeria HIV harmonization process. Thus, the Program fully adheres to all USG and FMOH national treatment guidelines.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), and 445 Nigerian Air Force Hospital (Ikeja in Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and Military Hospital (Maiduguri).

This activity supports DoD in-country and provides extra-country technical support for Emergency Plan Other Prevention activities. Funding in this section will be applied directly to developing and training advocates of Abstinence and Be Faithful activities, quality control and quality assurance and technical support to the DOD USG team members.

The NMoD-DoD HIV partnership focuses on activities that build capacity in the Nigerian military provides a focused, capacity-building instrument designed to ensure a cost-effective, sustainable program.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). By implementing directly with the military, and minimizing the indirect cost of program management, the DoD ensures that Nigerian Government employees are receiving specialized technical training and work experience in implementing the program. Refurbishments and equipment are placed directly in Ministry of Defence facilities. Rigorously trained staff and well-equipped facilities improve overall healthcare to the population. (Costs for equipment and reagents used for non-HIV patients, such as a chemistry analyzer, are borne by the military facilities and non-HIV patients.) The overall benefit of this is that both HIV and non-HIV patients will have access to better-trained staff and facilities.

By training uniformed members and civilian employees at all levels who have invested in a career track in the Government of Nigeria, the DoD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals receive technical, management, and oversight training. This explicitly fulfills PEPFAR program goals for independent operation and preparing personnel for oversight roles. The Military Steering Committee ensures an unprecedented level of cooperation in both national and international policy development and implementation, and follows national guidelines and international military standards.

By enabling this cohesive environment, the NMoD-DoD Partnership fosters a learning environment where international and local organizations may synergize with the Nigerian Ministry of Defence. In addition, the program facilitates identification of best practices and implementation of evidence-based interventions in a sustainable manner.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

An effective Other Prevention management program will support DOD's efforts to reduce the impact of HIV/AIDS on military communities in Nigeria. Additional personnel and support will provide the synergistic effect needed for optimal program development, as well as support to the USG team.

Links To Other Activities

This activity will be linked to all the other HIV and AIDS services, including Condoms and Other Prevention (#6804)ART Services (#6798), Care and Support (#6802), PMTCT (#6801) and CT (#6796). The DoD will establish referral linkages with community-based programs and other implementing partners to ensure that HIV+ individuals have access to the full range of appropriate, quality prevention services.

POPULATIONS BEING TARGETED

This activity is targeted at the military population, civilian employees, their dependents and the communities surrounding military sites, including men and women of reproductive age, health care workers and community- and faith-based organizations.

KEY LEGISLATIVE ISSUES

These activities will focus on gender issues, including prevailing male norms and behaviors, reducing violence and coercion, and reducing stigma and discrimination.

EMPHASIS AREAS

This activity has a major emphasis on training. A minor emphasis is placed on information, education and communication, capacity development, community mobilisation, links with other sectors and establishment of referral linkages and community networks.

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Leadership, Management, and Sustainability
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10197
Planned Funds: \$ 200,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to AB (3.3.02), SI and the Other Policy/Systems Strengthening (3.3.14) Program Areas.

The Leadership, Management and Sustainability (LMS) Program will provide institutional and human capacity building to 12 Nigerian Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) and to 100 individuals. LMS will develop leadership, management and monitoring and evaluation skills at all levels of health service organizations and programs and strengthen management and operational systems. These efforts will optimize organizational capacity to efficiently and effectively address change and improve health outputs and outcomes.

Located throughout the country, Nigerian CSOs provide prevention, OVC and palliative care services and a select few will also provide HIV AIDS treatment and HIV AIDS/TB integrated care. Recent estimates from the 2003 National HIV/Syphilis Seroprevalence Survey (2004) conducted by the Nigerian Federal Ministry of Health (FMOH) indicate a HIV prevalence rate of 5.4 % in individuals 25-29 years old; 5.6% for 20-24 year olds and 4% for those 15-19 years. The prevalence rate in the communities served by the CSOs that LMS will support is likely to be higher.

The Emergency Plan gives special recognition to Civil Society Organizations (CSOs) in its five year HIV/AIDS strategy because of their longstanding involvement in responding to the pandemic. Their contribution to the Emergency Plan is pivotal given their leadership and legitimacy in communities. However, there are a number of challenges for these local CSOs as many of them are nascent organizations with low technical and organizational capacity. Many reputable FBOs and NGOs, capable of contributing significantly to achievement of Emergency Plan goals, have been identified by the USG team in Nigeria. However, the organizations' limited experience with receiving USG funds—or indeed any external grants whatsoever—along with their limited management and accountability systems has made it difficult to add these organizations to the Emergency Plan portfolio. Even those organizations that have been successful in the initial concept paper rounds of the CSO/FBO APS, have struggled to remain competitive in later rounds and almost all have stalled at the pre-award audit stage. With its expertise in strengthening management and leadership, and its ability to build sustainable and accountable systems, LMS will support organizations working in the Condoms and Other Prevention and AB program areas and help them contribute to the Emergency Plan in a significant way.

LMS will be active at all points throughout the procurement process, developing potential partners' ability in their work to promote condoms, STI management, messaging to reduce injection drug use and programs to reduce other risks of persons engaged in high-risk behaviors. More specifically, LMS will work with these organizations and help them present themselves and their programs in a comprehensive and competitive manner. In addition, LMS will assist organizations selected for award throughout the award process to put accountable systems in place or, where necessary, managing the award in the interim while systems are being built. This will allow provision of services to commence immediately while capacity is being built. Finally, LMS will support new awardees during their implementation and will assure that accountable and sustainable programs are built, and that awardees are capable of maintaining their new relationships with the USG. An important part of this phase will be supplying technical assistance—particularly in the AB program area where most FBO/CBOs are active—to ensure sound technical practices, sharing of lessons learned, and integration into the wider USG and GON strategy.

COP 07 marks the first year that LMS will provide technical assistance to indigenous national and regional multiplier NGOs and FBOs in Nigeria, although LMS and its predecessor project Management & Leadership (M&L) provide this support in other countries. COP 07 funds will be used to provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with USAID in the Emergency Plan context; project management; monitoring and evaluation; financial management; strategic and annual planning; leadership development and sound governance structures. These skills and organizational management and operational systems are necessary to both carry out the terms of USG funding agreements as well as to achieve improved organizational development and sustainability.

Constraints will be addressed by utilizing qualified Nigerian staff and US Short Term Technical Assistance to train and support the CSOs. Support will be offered through regularly scheduled on-site technical assistance in organizations and through training workshops, both face-to-face and virtual (the latter if capacity exists). Necessary organizational materials including manuals, policies, norms and procedures and systems will be developed. All sites will use a standard data collection tool to assist with monitoring and evaluation of their community-based service delivery activities.

To provide immediate support for new partners in the area of abstinence and be faithful, LMS activities have commenced under COP 06. This was made possible through forward funding using core funds. As a result, LMS is requesting early funding in COP 07.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities will contribute to the result of strengthened NGO/ FBO capacity to deliver more efficient and effective care and reach their established targets. In addition, technical assistance relating to best practices in Condoms and Other Prevention programming will be provided for these organizations in order to assist them to maintain high-quality Condoms and Other Prevention programs that are achieving measurable results.

LINKS TO OTHER ACTIVITIES

Activities will improve financial management, human resource management, MIS, quality assurance, strategic planning, and leadership and governance of partner organizations. LMS activities in Nigeria also relate to the Strategic Information and Other Policy/Systems Strengthening program area. Under a separate funding stream, LMS has been selected to provide capacity-building support for the Country Coordinating Mechanism (CCM) for the Global Fund grants. In addition to strengthening the capacity of Nigeria to manage these grants, LMS should be able to facilitate linkages to the NGO/FBO community that they are also supporting, and by so doing build synergies and enhance prospects for sustainability.

POPULATIONS BEING TARGETED

This activity targets up to 12 Nigerian FBOs and NGOs, including national and regional multiplier organizations, and local NGOs/FBOs, which will be targeting a wide array of populations with Condoms and Other Prevention and AB activities.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will support the NGOs and FBOs to increase gender equity in programming and also help to decrease stigma and discrimination through prevention and counseling messages provided by them in targeted communities.

EMPHASIS AREAS

This activity includes major emphasis on local organization capacity development and minor emphasis on human resources, quality assurance and strategic information (M&E) as detailed in the activity description above.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target

Target Value

Not Applicable

Number of targeted condom service outlets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

100

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: \$ 21,075,600.00

Program Area Context:

In COP 07, the development of sustainable palliative care delivery sites is one of the priorities identified by USG Nigeria. The USG recognizes that numerous stakeholders must be involved and supported including; hospitals to provide care services and treatments to complex patients; community health care facilities to provide care to the majority of adults and children for routine monitoring and counseling; and Community/Home Based Care (HBC) programs to provide services in the home to support clients and families in the home environment.

In COP 06, the USG supported continued development of community based palliative care services through the strengthening of HBC programs supported by Family Health International/GHAIN and Catholic Relief Services (CRS). The USG also supported the initiation of new facility based palliative care programs supported by Harvard/APIN +, UMD/ACTION, and Columbia/ICAP for the purposes of establishing network services for care and support. These networks provide an underpinning for linking facilities and community service providers (secondary hospitals, primary care clinics, and HBC providers), increasing training opportunities for professional and volunteer HBC providers, as well as mobilizing and involving HIV-infected and affected community members in the delivery of HBC services. Two new partners, CEDPA and Africare, were funded to strengthen community level care services (HBC and primary care centers).

At a minimum, all clients receive three priority palliative care services including, laboratory monitoring and referrals, OI management and prophylaxis, and a select number of other services including HBC, kits, and training. By June 2006, laboratory services (HIV testing; blood chemistry; CBC; LFTs; and CD4 count) was well established in most of the facility based programs. All programs are providing OI prophylaxis (co-trimoxazole) as well as treatment for OI.

There are emerging a variety of HBC models in Nigeria. The types include "facility-based" HBC outreach - teams follow patients from discharge into the homes in order to manage complicated medical or surgical conditions. The second type are programs that utilize existing volunteer agencies (CBO, FBO, NGO) that provide a mix of medical and supportive services in the community. These community providers focus on routine care for the healthy HIV infected individuals and refer acutely ill patients back to the clinic.

Additionally, several pediatric services programs were in early stages of development or implementation. University of Maryland/ACTION initiated the development of a pediatric care and support care manual to be used in facilities as well as the community. Many facilities have pediatric formularies for ART and OI treatment and prevention. In COP 06 we provide PC services to 181,954, HIV+ persons (PLWHA) and train 1,198 health care providers in 84 sites.

The USG team and IPs recognize that the proposed package of services falls far short of the ideal--or even recommended--palliative care package. This "minimum package" (regular labs to determine ART eligibility, OI management and prevention, minimal HBC including training) is a result of inadequate funding to cover all the needs as outlined in the Emergency Plan Palliative Care guidance. As treatment costs have come down due to vigorous pursuit of generic ARV, a larger number of patients can be treated with the same amount of treatment dollars. However the costs for palliative care have not decreased, forcing a larger number of positive patients to be provided with palliative care with the same amount of funding. In addition, all of the patients identified as HIV+ but not yet needing treatment must receive palliative care. In COP07, the USG team has attempted to rebalance this ratio by moving 2% of the treatment resources into the palliative care budget line in an effort to make enough funding available to provide a more complete package. Even with this effort, the total cost/capita available for palliative care has decreased from COP06. The services selected as the "minimum package" were seen as the most indispensable and choices were made with the participation and support of the Palliative Care TWG

To strengthen the weak national palliative care interventions FMOH convened a National Palliative Care

(PC) Working Group, where USG/Nigeria is represented. This working group developed the National Palliative Care Guidelines to guide PC in Nigeria. The National guidance is a comprehensive document that models the WHO/USG policies including a basic set of palliative care services delivered at the facility and community/home based level.

The USG, working closely with GON and its partners, will continue to support and expand the efforts funded in COP 06 as well as strengthen the community and home based care interventions in 19 states and Federal Capital Territory (FCT) provide services to 284,990 PLWHA, and train 3,991 providers. Apportion of effort will be approximately 20% on laboratory monitoring and referrals, 30% OI management and prophylaxis, and a select number of other services, and the remaining 50% HBC and training.

The USG team will support primary care and community HBC providers through FHI/GHAIN, which will develop of a standard training program and technical assistance to primary care centers for scaling up HIV services in these centers. The USG team will also ensure that facility level treatment centers partner with, and train, primary care centers in delivering routine services at the community level, and work with the Christian Health Association of Nigeria (CHAN) to provide similar guidance to the large number of mission institutions providing primary care at the community level. HBC services will be provided by both the USG treatment facilities, NGO/FBO/CBO and the primary health care centers.

The USG will work with its newest partners, CEDPA and Africare, to further mobilize and involve HIV infected clients and families in delivering HBC services, community support, and advocacy. The USG, through UMD and Columbia/ICAP will further develop an SOP manual and organize training workshops for the diagnosis, treatment, and management of HIV infected infants and children at the facility and community level, and establish policies and procedures regarding the availability and use of Polymerase Chain Reaction (PCR) testing across treatment sites.

The USG will work with all partners to establish a plan, and dedicate resources, for regular contact with community volunteers to travel to HBC sites to assess client needs and provide transportation to facilities for medical follow up and care. Stigma continues to be serious problem with gaining and retaining access to services. The USG team has targeted resources to work in these areas for partners such as CEDPA and CRS.

The USG will continue to work with GON to identify priority issues such as the standardization of traing and the development of basic care packages for both facility and community level providers. Additionally, issues will include strengthening policies (e.g. to reduce stigma and discrimination) and programs to move toward "universal access" to care and support services at the community level; improving and standardizing monitoring tools; and developing and strengthening linkages between other funded programs (food support, work activities, prevention, PMTCT, OVC, and others) in order to build a sustainable and accessible HIV/AIDS care and support services. The USG will also strengthen gender equity in HIV/AIDS care and support programming while emphasizing male/family and community involvement in care initiatives to ensure sustainability.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	208
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	288,390
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4,051

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6672
Planned Funds: \$ 375,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in Counseling & Testing (#6673), TB/HIV (#) and In COP 07, In COP 07, Africare's Technical Response to AIDS-Affected Populations (TRAP) project will continue care and support services which commenced in COP05 in two states, Lagos and Rivers. Facility based care will be expanded in COP07 to include home based care services. With funding from USG, the Africare TRAP project is currently supporting basic care services in 7 health facilities and 1 stand alone site. The health facilities are: University of Port Harcourt Teaching Hospital; Braithwaite Memorial Hospital; Niger Hospital; Rivers state University of Science & Technology (Youth Friendly Center); Community Health Center, B-Dere; and Nigerian Air force Medical Center in Rivers state and Shomolu General Hospital in Lagos state. The stand alone site is at Mile 3 Motor Park, Rivers state. The project will set up services in 4 additional health facilities with a focus on sites where TB testing and/or treatment services are provided. This will bring the number of health facilities supported by the project to 11. HIV+ clients will be screened and referred for TB diagnosis and/or treatment. The project will also set up stand alone sites at Mile 1 Motor Park in Rivers state, Yaba market and Yaba Motor Park in Lagos state. Services will also be carried out at identified primary health facilities in project communities with the support of volunteer health workers. Community interventions will further be strengthened and home based nursing care services will be provided by Africare in partnership with 5 CBOs and NGOs (Rhema Care Partners, Lazarus Care Mission International, Initiative for African Youth Development, Daughters of Charity and Society for Women and AIDS in Africa, Nigeria). C&S services will be offered to ensure that 20% effort is Lab (CD4 counts, hematology, chemistry), 30% is OI management with prophylaxis and 50% is Home Based Care (HBC). Using USG/GON PC guidance 5,500 PLWHA will be provided with PC services. The C&S services in COP07 will include: basic nursing care; assessment of signs and symptoms including pain; pain care medications like paracetamol; nutritional assessment; adherence counseling; prevention for positives; facilitating support groups; bereavement services; depression assessment; spiritual counseling with social supports (transportation, communication and referrals); provision of Care Kits - ORS, ITN, water guard, bleach, cotton wool, gloves, soap, calamine lotion, vaseline, GV; and patient training and education in self-care. With the integration of TB-HIV program activities into the C&T activities in hospitals where C&S is provided, HIV+ clients will be screened and referred for TB diagnosis and/or treatment. IEC materials will be produced in local languages on basic infection controls. The home based care providers will work with care givers of PLWHA and will be assigned or linked to a team of medical staff in the hospitals that report to the team's physician. The project will also work with community groups and members, with the full involvement of PLWHA to form or join existing support groups. PLWHA identified through community mobilization and VCT will be referred to the 5 partner organizations (FBO/NGO) for psychosocial, basic clinical follow up and HBC. Referral for advanced laboratory diagnostics and clinical management will be made to USG or GoN supported facilities. The services in the partner organizations will be provided by trained counselors, nurses, and PLWHA support group members. The project's volunteer home based care providers will be assigned to follow up for HBC services. USG/GoN PC and HBC curricula will be adapted to train 150 volunteers, HBC workers and health care workers. In addition, trainings on nutrition and economic empowerment activities will be provided to PLWHA. The capacity of mobile counselors will be built to do symptomatic screening for TB and other OIs in homes and make referrals for advanced management. The capacity building of health care providers will ensure continuity and spill over beyond Africare catchment areas and project close out. Africare will adapt USG developed data tools to track activities and follow up patients at project sites. SOPs and providers' manuals will be given to all service providers to ensure quality service delivery.

CONTRIBUTIONS TO OVERALL PROGRAM AREA Africare's C&S component will contribute to PEPFAR C&S overall goal of mitigating the impact of HIV on 1,750,000 individuals infected and affected by HIV and AIDS through compassionate care of 5,500 PLWHA. This activity will also contribute to the sustainability of the program through capacity building of 5 partner institutions and 150 health care providers and promoting community involvement. Eleven service outlets will be targeted for provision of HIV related palliative care services. The integrated approach will encourage increased use of C&T services by ensuring that clients who test HIV+ receive necessary care. Likewise, TB diagnosis/treatment of TB co-infected PLWHA in collaboration with NTBLCP will create the opportunity for receiving timely diagnosis for TB and proper treatment of OIs. The outreach program will ensure that care services reach underserved communities for linkages and referrals in particular in the Delta region. The networks and linkages

established with NGO/FBOs, state and local authorities will ensure the continuum of care in the communities.

LINKS TO OTHER ACTIVITIES Africare Palliative Care activity is related to Counseling and Testing (HVCT # 3.3.09) as the entry point to care and support, as well as TB/HIV (#3.3.07). All served HIV+ clients needing advanced care will be referred to USG supported, GON and Private ART sites. Clients will also be referred to Africare's TB-HIV program and prevention activities of other programs. The networks and linkages established with NGO/FBOs, state and local authorities will ensure the continuum of care in the communities. It will avail PLWHA a complete package from the point of testing through to treatment and between the project sites/health facilities to their homes. Networks will be formed among USG/GON supported facilities, NGO/FBO and other community groups to mobilize support in the area of capacity building and referrals for treatment.

POPULATIONS BEING TARGETED Africare's C&S activities will target PLWHA and their families, volunteers, care givers, and health care providers along with policy makers at the local and state government levels.

Continued Associated Activity Information

Activity ID: 6493
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Africare
Mechanism: Cooperative Agreement
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	11	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,500	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Most at risk populations
HIV/AIDS-affected families
Mobile populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Increasing women's access to income and productive resources
Volunteers
Stigma and discrimination

Coverage Areas

Lagos
Rivers

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6675
Planned Funds: \$ 1,630,000.00

Activity Narrative: ACTIVITY DESCRIPTION: This activity relates to activities in PMTCT (#6683), HKID (#6679), HMBL (#6676), HVTB (#6735), HVCT (#6681), HTXD (#6682), HTXS (#6678), HLAB (#6680) and HVSI (#6674). AIDSRelief (AR) will in COP07 provide a comprehensive package of adult basic care and support to a total of 31,000 people living with HIV and AIDS (PLWHA). This will be done in accordance with the PEPFAR and Government of Nigeria (GoN) national palliative care policy and guidelines. Approximately 30% of the effort will be spent on OI management and prevention. Our package of care will include facility based diagnosis and management of opportunistic infections (OIs), pain management, basic nursing care and nutritional assessment/counseling. We will provide prophylaxis for OIs (Cotrimoxazole) for 31,000 Adult PLWHA. We will ensure that PLWHA under our care have access to community and home based care services through our community and faith based networks (CBOs and FBOs). We will provide psychosocial and spiritual counseling through our networks of FBOs, CBOs and PLWHA. We will provide adherence counseling for those on antiretroviral therapy and/or TB treatment and prevention counseling for HIV infected individuals. Approximately 20% of the effort will be on equipping local partner treatment facilities (LPTFs) to carry out laboratory (CD4 counts, hematology, and chemistry) and radiological diagnosis and monitoring of OIs such as malaria, Pneumocystis jirovecii pneumonia (PCP). PLWHA on non-ART care will receive CD4 testing every 6 months including other lab tests such as chemo analyses and haematoanalyses. Approximately 50% of the effort will be on Home Based Care (HBC). A standardized home based care (HBC) kit will be used to provide individual patients with their essential needs and every PLWHA will be provided with insect treated nets, water guards and a nutritional assessment. Our HBC activities will be done by community based organizations (CBOs) such as 7-Diocese of Catholic Relief Services (CRS) in Benue, Kaduna and Edo states, CSADI in Kano, Spring of Life in Plateau and other CBOs attached to our LPTFs in the 15 states. These FBOs and CBOs will be subgrantees of AR. AR has been strengthening institutional and health worker capacity to provide such services and will continue to do so in COP07 for all the 28 LPTFs and 10 satellite sites. We will train 359 persons including doctors, pharmacists, nurses and counselors to increase the capacity at LPTFs to diagnose and manage common OIs, provide supportive counseling, strengthen laboratory diagnostic facilities and increase pharmacy capacity for stocking and dispensing of OI drugs and other palliative care medications. AR will train community volunteers including PLWHA and religious leaders to help with the psychosocial and spiritual counseling respectively. AR will use (GoN/USG) recommended standardized training aides and manuals for all of community volunteer trainings. Information, education and communication (IEC) materials will be provided to enhance these trainings. As part of the overall AIDSRelief strategy for health systems strengthening and sustainability we will provide training in management for all LPTFs administrators using funds from the HTXS (3.3.11). In COP07, we will provide adult basic care and support services at 28 LPTFs in 15 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, Ebonyi and Plateau. CONTRIBUTIONS TO OVERALL PROGRAM AREA AIDS Relief's expansion of adult basic care and support activities including palliative care to 28 LPTFs and 10 satellite sites and support for effective linkages with HBC providers in the community will contribute to increased access of such services to underserved rural communities. By providing services to 31,000 Adult PLWHA we will contribute to the overall PEPFAR palliative care target of providing these services to 10 million people globally by 2009. The activity contributes to the overall AIDSRelief comprehensive HIV and AIDS services by providing the supportive services for all Adult PLWAs including those on ART. LINKS TO OTHER ACTIVITIES AIDSRelief activities in adult basic care and support are linked to MTCT (#6683 ,HKID (#6679), HMBL (#6676) HVOP (), HVTB (#6735), HVCT (#6681), HTXD (#6682), HTXS (#6678), HLAB (#6680) and HVSI (#6674) to ensure that PLWHA have continuum of services at all of our LPTFs. We will work with other CBOs and FBOs including the 7-D program of CRS for the provision of HBC, palliative care including psychosocial support for our clients. We will work with the Catholic Church and other faith based networks for the provision of psychosocial support for our clients. The CBOs and FBOs will be funded to provide the community and home based services for our clients. We will provide facility based medical care for clients under the care of FBOs and CBO but the OI drugs costs will be met by them. We will work with the GoN/USG in the harmonization of basic palliative care services and in the standardization of training manuals for community volunteers and providers. POPULATIONS BEING TARGETED AIDSRelief mainly targets PLWHA receiving services from FBO that are predominantly located in rural and previously underserved areas. We will target 31,000 PLWHA including PMTCT clients. We will indirectly target 2 state

hospitals and 2 faith based facilities/organizations per state where we are working, a total of 44 facilities. We will support the training of at least 2 health providers and/or community volunteers from each facility or organization thus indirectly train 88 healthcare providers from these facilities. By doing this we will indirectly ensure that at least 8,800 PLWHA receive quality care from these facilities and organizations. We will also have joint support supervisory visits to the facilities and organizations. KEY LEGISLATIVE ISSUES ADDRESSED Through the adult basic care and support activities we will ensure gender equity in access to these services for both male and female PLWHA. We will work with CBOs, networks of PLWHA and FBOs in educational activities and delivery of targeted messages that promote improved general care and support of PLWHA and raise awareness on HIV and AIDS thus reducing the issue of stigma and discrimination. EMPHASIS AREAS No individual emphasis area exceeds 50% of effort, but they are evenly spread over commodity procurement, training, human resources, community mobilization and participation, development of networks/linkages/referral systems, and Quality Assurance, Quality Improvement and Supportive Supervision. The highest of these is commodity procurement and training.

Continued Associated Activity Information

Activity ID: 5368
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 917,526.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	38	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	31,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	359	<input type="checkbox"/>

Indirect Targets

We will indirectly target 2 state and 2 faith based facilities/organizations per state where we are working, a total of 44 facilities. We will include at least 2 health providers and/or community volunteers from each facility or organization in our training activities and thus indirectly train 88 healthcare providers from these facilities. By doing this we will indirectly ensure that at least 8,800 PLWHAs receive quality care from these facilities and organizations.

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Gender
Volunteers

Coverage Areas

Federal Capital Territory (Abuja)
Kano
Plateau
Anambra
Benue
Edo
Kaduna
Kogi
Lagos
Nassarawa

Table 3.3.06: Activities by Funding Mechanism

Mechanism: 7 Dioceses
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6686
Planned Funds: \$ 610,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activities also relates to activities in Prevention of Mother to Child Transmission (#6685), Voluntary Counseling and Testing (#6687), ART Drugs and Services (#6682, #6678, #6773, #6766), OVC (#6688), and laboratory services (#6680)

CRS Seven Dioceses (7D) Care & Support (C&S) Project will increase basic C&S services from 10,600 to 13,062 Persons Living with HIV/AIDS (PLWHA) in 10 Arch/dioceses, and ensure that links are established with Primary Health Care Centers.

CRS 7D will support the provision of a comprehensive palliative care package for PLWHA in 10 Arch/dioceses by strengthening community and health worker capacity to provide these services. Specifically, 7D will provide training for 350 caregivers to increase the capacity at 10 service outlets which will provide a full range of C&S services at Primary Health Care (PHC) centers, mission hospitals and at the household level. The basic C&S package will be attributed approximately as follows: 30% effort on treatment and prophylaxis of OIs; 20% effort on basic lab work, e.g. malaria smears and baseline CD4 count; and 50% effort on Home Based Care (HBC) activities, which include nutrition and hygiene education, and provision of insecticide treated bed nets and water guard. It will enhance delivery of basic C&S to PLWHA through trained community volunteers, health workers and family members. Organizational development support will also be strengthened in the areas of administrative capacity and financial accounting systems for organizations attempting to grow to provide this care on a larger scale.

7D will also standardize the contents and use of HBC kits and will use CRS contributions to provide nutritional supplements where necessary. 7D will engage support groups and community based workers in training activities that will promote improved general C&S of PLWHA. This will include the development of information, education, and communication (IEC) materials and activities that address stigma and discrimination. A total of 800 volunteers will benefit from such trainings.

In order to avoid double counting, it has been agreed that in the three states where 7D and AIDSRelief (AR) have similar service areas (Benue, Kaduna and Edo states), 7D will provide Community and Home Based care services for AR clients, and AR will provide facility-based care.

An expansion of services will also include the development of 2 pilot day care programs. Services rendered at day care facilities include: re-hydration fluids, basic medical care, nutritional interventions, respite care, counseling, and social support. By leveraging current PMTCT PHC sites, the provision of C&S services at those sites will be more cost effective. C&S services, such as the treatment of OIs, will be integrated at PMTCT sites which offer VCT. These sites will be automatically linked to the 7D HBC program. Transportation costs for caregivers and clients with complicated OIs that require a referral to a hospital or specialist services will also be incorporated.

Activities such as zonal trainings on C&S for LGA staff and periodic site visits by arch/diocesan staff for supportive supervision at the LGA health facility level will promote integration and sustainability. Training, capacity building, and working within existing church structures lays the foundation for sustainable programming in the long run. Diocesan staff will support C&S services in 7 states and the FCT (Kogi, Benue, Plateau, Nassarawa, Niger, Kaduna, and Edo States) in a total of 10 sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities that were conducted in 2006 that will continue in 2007 include provision, treatment and prophylaxis for OIs, lab diagnostics, Home Based Care services, and training in HBC principles. These C&S services will contribute to several of the PEPFAR goals. The goal of mitigating the impact of HIV/AIDS will be achieved by the provision of C&S services. This activity will also contribute to the goal of providing treatment to HIV infected individuals, as adults who are eligible for ART will be referred for these services. Through mutual collaboration and referrals, this activity will further contribute to the national goal and PEPFAR C&S targets.

LINKS TO OTHER ACTIVITIES

C&S relates to other HIV/AIDS activities to ensure continuity of care for all persons

accessing C&S through the 7D Care & Support Project. The activity will be linked with Prevention of Mother to Child Transmission (PMTCT) (3.3.01), Voluntary Counseling and Testing (3.3.09), ART Drugs and Services (3.3.10 and 3.3.11 and OVC (3.3.08), as well as OI treatment and laboratory services offered in health care facilities and by other PEPFAR implementing partners or public health facilities. C&S will also be linked to social support services, for all PLWHA in the various communities. Through a strengthened referral network, 7D clients will be referred for advanced management of disease, as necessary. C&S clients in need of ART services are referred to AIDSRelief sites, and when distance becomes an issue, they are linked with the nearest USG and/or GON supported ART site. Children and youth requiring additional services, such as support with school fees and basic medical care, will be automatically registered with the CRS SUN program.

POPULATIONS BEING TARGETED

The populations to be served include children and youth, PLWHA and their families, caregivers and widows/widowers within the 10 Arch/dioceses. Through linkages with other program areas (PMTCT, VCT, ART), recently diagnosed HIV positive adults (including TB-HIV) in these communities in need of C&S are also targeted. Pediatric C&S clients will be assisted through a family care approach and referred to the SUN program for additional child-centered services. The funding requested will cover C&S services for 13,062 PLWHA and training for 350 care givers. We will also target religious leaders.

KEY LEGISLATIVE ISSUES ADDRESSED

These activities will include an emphasis on reducing stigma associated with HIV status and the discrimination faced by individuals with HIV/AIDS and their family members.

HIV prevention will include gender sensitive activities which will address behaviors, social norms and resulting inequalities between men and women that increase the vulnerability to and impact of HIV/AIDS.

EMPHASIS AREAS

The major efforts of the C&S Program activities are spread across the board with equal emphasis on the following: Local Organization Capacity Development and training. Minor emphasis will be placed on the Development of Networks/Linkages/Referral Systems.

Continued Associated Activity Information

Activity ID: 5366
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: 7 Dioceses
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	13,062	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	350	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Public health care workers

Key Legislative Issues

Stigma and discrimination
Gender
Volunteers

Coverage Areas

Federal Capital Territory (Abuja)
Kaduna
Kogi
Nassarawa
Niger
Plateau
Benue

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6697
Planned Funds: \$ 1,270,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to activities in Counseling & Testing (#6695), PMTCT (#6699), ART services (#6690), TB/HIV (#6696) and OVC (#6694). In FY06, CU-ICAP supported 3 hospital networks and their communities, partnering with community-based organizations (CBOs), faith-based organizations (FBOs), and PLWHA groups to enable people with HIV/AIDS to access clinical care and support as well as laboratory and pharmacy services. In FY07, CU-ICAP will expand support to 12 new medical facilities in Cross River, Kaduna, Benue, Gombe, Akwa Ibom, Rivers and Kogi states and to 10 non-facility based outlets; for a total of 25 outlets with service provision to an estimated 21,500 patients. Following National Palliative Care Guidance and USG PC policy, CU-ICAP will provide a Basic Care Package, including clinical care, prophylaxis and management of opportunistic infections, laboratory support, counseling and adherence support, home based care, and active linkages between hospitals, health centers, and communities. The activities will be approximately 20% laboratory monitoring and OI diagnostics, 30% OI management and prevention (cotrimoxazole), and 50% Home Based Care (HBC). At the community level, services will be subcontracted to implementing agencies (IAs). Health education, counseling, and psychosocial support will promote positive living, self-care, and prevention with positives, adherence, disclosure, and outreach to household members in need of testing, care, and treatment. Home Based Care (HBC) programs will be expanded, including the provision of services such as domestic support, management of minor ailments (ex diarrhea ORS preparation and use), pain management, referral services, and counseling services. Partnerships with other IPs will be established and strengthened. CBOs and FBOs will be supported to package and distribute HBC kits (consisting of ORS, ITN, water guard, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, and gentian violet). At the facility level, CU-ICAP will support: laboratory diagnostics for OIs; procurement of drugs and supplies for care and treatment of opportunistic infections; pain and symptom management; and pharmacy services. CU-ICAP will also train and retrain, continuing medical education and clinical mentoring for adult and pediatric care utilizing manuals and SOPs developed by USG and GoN. CU-ICAP in collaboration with IHV/ACTION – University of Maryland and other partners, will develop the HIV/AIDS pediatric care training manual. On-site Clinical Advisors will support adult and pediatric care and treatment. Palliative Care providers’ job aids and patient education materials will be provided. Peer Educator (PE) programs to reduce stigma, enhance adherence, and educate communities about available services will be supported. CU-ICAP will also set up quality patient appointment and tracking systems, as well as routine reporting systems for monitoring basic care and support activities. Outreach teams linking hospital programs to primary health centers and communities will be established and supported by CU-ICAP network coordinators. “Therapeutic feeding” using criteria agreed upon by the USG in-country team will be provided via referrals where possible and directly when no alternatives exist. Selection and exit criteria will be established for all therapeutic feeding programs. CU-ICAP will work with the following sub-grantees: Mothers Welfare Group, Fantsuam Foundation, Tulsu Chanrai Foundation, GAWON Foundation, Catholic Action Committee against AIDS, Rekindle Hope, Women and Children of Hope, Grassroots HIV/AIDS Counselors, Association for Reproductive and Family Health, and HARTL Trust. CONTRIBUTIONS TO OVERALL PROGRAM AREA By training at least 225 care providers including PLWHA, CU-ICAP will enhance the delivery of comprehensive basic care and support within national guidelines and protocols via a multidisciplinary family-focused approach. This activity contributes to the Emergency Plan 2007 targets by reaching at least 21,500 HIV positive persons including women and children and their households. By actively involving PLWHA and CBOs in program development and implementation CU-ICAP will facilitate strong linkages and referral networks. LINKS TO OTHER ACTIVITIES This activity links to activities in ART services (#6690), enhancing adherence and facilitating defaulter tracking and patient retention. Relationships between secondary hospitals and community-based referral facilities will be strengthened via the use of network coordinators, CBOs and NGOs. Patients not yet eligible for ART will be clinically and immunological monitored, and will receive OI prophylaxis where indicated. OVC (#6694) will be integrated into HBC activities and all clients will be encouraged to bring their household members to access VCT ((#6695)) services. Women who become pregnant will be referred to PMTCT (#6699). Insecticide treated bed nets and water guard will be provided to all patients enrolled in PMTCT and all OVCs. Partnership with other IPs will provide opportunities for leveraging resources. Patients and their families will be linked to community-based income-generating activities where available. POPULATIONS BEING TARGETED All HIV positive persons including women and children and their households will be assisted to access care and support. Positive persons in the general population will

be reached through CBOs and support groups. In order to improve access to services, HIV positive clients will be supported to access health care facilities via community-based transportation support. Facility based care providers and community based care organizations will be trained to provide quality services and facilitate the establishment/strengthening of referral networks. KEY LEGISLATIVE ISSUES ADDRESSED This activity will facilitate equitable access to care and support especially to vulnerable groups of women and children. CU-ICAP will advocate for men's involvement in care in the community and as for improved inheritance rights for women and children. This activity will foster a necessary policy changes and favorable environment for Orphans and vulnerable children programming. CU-ICAP will also advocate for stigma and discrimination reduction at the community level. EMPHASIS AREAS Major areas of emphasis will include development of networks, linkages, and referral systems. Minor areas of emphasis will include human resources, IEC, training, and linkages to other sectors and initiatives.

Continued Associated Activity Information

Activity ID: 5552
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 626,500.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Food/Nutrition	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	21,500	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	225	<input type="checkbox"/>

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Increasing women's access to income and productive resources
Food
Microfinance/Microcredit

Coverage Areas

Cross River
Kaduna
Benue

Table 3.3.06: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6708
Planned Funds: \$ 3,013,750.00

Activity Narrative: ACTIVITY DESCRIPTION

The GHAIN PC in the focal states relates to activities in GHAIN 3.3.10 (6705), 3.3.07 (6700), 3.3.08 (6701) and 3.3.01(6706).

Global HIV/AIDS Initiative Nigeria (GHAIN) will provide facility-based palliative care (PC) services to 52,503 people living with HIV/AIDS (PLWHAs) by supporting 28 existing comprehensive antiretroviral therapy (ART) sites, establishing 12 new sites and increasing coverage by going to four additional focus states listed among the USG priority states.

In Country Operational Plan 07 (COP07), GHAIN will support practical strategies that ensure people living with HIV (PLHIV) can access comprehensive and qualitative, non-ART, basic HIV/AIDS care and support. Based on lessons learned, funding priorities and the present partner guidance, GHAIN will focus on facility-based approach to PC service delivery while the Centre for Development and Population Activities (CEDPA), a USG partner implementing community home based care (CHBC), becomes responsible for the community-based components of care.

GHAIN will strategically engage all the comprehensive ART sites and the selected Primary Health Care (PHC) centers to provide comprehensive basic care and support services in line with the National Palliative Care Guidance and the USG PC Policy. Services to be provided include: HIV counseling and testing (CT) that will be supported under the CT program; basic nursing care, assessment of signs and symptoms (including pain), prevention of malaria and opportunistic infections (OIs), PC medications, nutritional assessment; psychological care including adherence counseling, pain control; non-ART laboratory services; referral support for ART and other medications. GHAIN will establish strong linkages with CEDPA, to provide the Home Based Care (HBC) and other support services for all its clients. GHAIN will work with CEDPA, other United States Government (USG) implementing partners and Government of Nigeria (GON) to finalize the development of the training manual on facility palliative care and home based care for providers and volunteers. GHAIN will also develop a standardized training manual for integrating HIV services into PHCs. These manuals will be produced for utilization by the GON and USG service providers and volunteers in PC points of service. A total of 200 people will be directly trained by GHAIN using these materials, in addition to numerous other indirectly throughout the country.

GHAIN will strengthen support groups, integrated into forty (40) comprehensive ART sites and in PHCs in saturation states, namely Anambra, Edo, Federal Capital Territory (FCT), Lagos, Cross River, Kano, Akwa Ibom, Enugu, Kogi and Niger states. The activities of the support groups to be funded by GHAIN will be mainly for contact tracking and peer support, while CEDPA provides continued community- and home-based care services, thus, ensuring a working continuum of care without duplication of services.

Howard University will continue to work with the Pharmaceutical Society of Nigeria (PSN), other pharmacy professional bodies and where possible, help licensed patent medicine vendors to build the capacity of their members in seven pilot communities to further improve the dispensing of prescribed PC related medications through PHC facilities and patent medicine stores as applicable, as well as to complement the existing referral services for clients. Additionally, Howard will be a part of the close collaboration with CEDPA and will offer training-of-trainers workshops to their community health extension workers on aspects of medication-related PC.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to reaching 52,503 PLWHA out of the USG overall strategic five year plan for Nigeria. It will also contribute to strengthening the national, state and local/facility level systems for implementing quality PC programs. The diagnostic laboratory services will be used for monitoring PLHIV thus ensuring timely entry into the ART program.

This program will also contribute to institutional and staff capacity building. Thus, GHAIN will continue to strengthen its exit/sustainability plan both at the country program level working with the health facilities implementing comprehensive ART programs and at the local level working with the facility based support groups to build their capacity and to customize a specific plan and schedule for each facility. The plans will include an

assessment phase, customized plan for building capacity, and a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

LINKS TO OTHER ACTIVITIES

GHAIN will concentrate its PC activities in the health facility while CEDPA concentrates on community- and home-based care services. The facilities will identify one staff that will serve as a PC coordinator and will be provided with necessary training to double as the supervisor for all PC activities, including the facility based support groups. The facility referral coordinator and the PC coordinator will work hand in hand to coordinate the linkages between CEDPA and GHAIN supported activities. These will provide linkages to care and support services for those persons who test positive for HIV (including pregnant women). They will also ensure management for OIs and the all-important contact tracking for clients on ARV drugs that are lost to follow-up. These linkages will assist in maximizing the support opportunities provided by PEPFAR funding. GHAIN will also work in close collaboration with the National Public Health directorate to strengthen delivery and decentralization of HIV management to PHC. GHAIN will work closely with the GON in the development of the National HBC manuals, as well cross referrals within public facilities for PC related complications.

POPULATIONS BEING TARGETED

GHAIN will provide PC services (specifically clinical care and support services) to adults (including pregnant women) living with HIV/AIDS through facility-based support groups. These clients will be generated from PMTCT, Care and Treatment, counseling and testing, and TB-HIV programs. GHAIN will empower secondary and primary health care facilities to serve as referral points for clients and their families being provided with HBC services by CEDPA.

KEY LEGISLATIVE ISSUES ADDRESSED

GHAIN will strengthen gender equity in HIV/AIDS care and support programs while emphasizing male involvement in care initiatives to ensure sustainability. GHAIN will collaborate with Partners for Development to provide micro-credit facilities for indigent clients, and with other USG implementing partners to provide wrap around services that protect the rights of the child, enhance food supply, improve sanitation in communities, provide clean water and Insecticide Treated Nets (ITN) and strengthen non-HIV health services, including family planning, child health and nutrition.

EMPHASIS AREAS

This activity includes a major emphasis on capacity building through the training of key health care providers which is critical in delivery of quality laboratory and clinical palliative care services to clients. Minor emphasis will lie in the development and strengthening of referrals/linkages and on commodity procurement.

With plus up funds GHAIN will: expand into two additional states with three comprehensive sites; pilot LGA comprehensive services with palliative care in five primary health clinics and three home-based care service outlets; and, train 72 additional service providers and serve 7,000 PLWHAs.

Continued Associated Activity Information

Activity ID:	3237
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	GHAIN
Funding Source:	GHAI
Planned Funds:	\$ 3,005,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	52	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	59,503	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	272	<input type="checkbox"/>

Indirect Targets

Number of service outlets providing HIV-related palliative care (excluding TB/HIV) - 440
Number of individuals provided with HIV-related palliative care (excluding TB/HIV) - 500,000
Number of individuals trained to provide HIV palliative care (excluding TB/HIV) - 1,720

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Food
Microfinance/Microcredit
Education

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6719
Planned Funds: \$ 4,070,100.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in Palliative Care (#6719) TB/HIV (#6713), PMTCT (#6718), ART Services (#6715), and OVC (#6720). All 22 APIN+ sites will identify HIV-infected persons through the PMTCT, VCT, TB, and ART centers. These include 10 tertiary teaching hospitals, 10 secondary hospitals and 2 primary health care clinics and supplemented by 3 stand-alone VCT centers in Plateau and Oyo states. All HIV-infected individuals are clinically pre-assessed for eligibility for ART services. Palliative care services, which are consistent with the Nigerian Palliative Care Guidelines, are provided through all 22 APIN+ sites. Facility-based palliative care services will be provided to approximately 52,900 PLWHA. We will also provide community outreach to an additional 75,000 individuals through PLWHA support group activities. A network model of care will be used to deliver services. The program will identify, collaborate with and strengthen the capacities of support groups and community based organizations (CBO) to deliver palliative care services, including the provision of services such as domestic support, management of minor ailments (ex diarrhea ORS preparation and use), pain management, referral services, and counseling services. HIV-infected individuals with CD4+ <200 will be provided with co-trimoxazole prophylaxis, according to national guidelines. Diagnostics for common opportunistic infections (OIs) are performed at pre-assessment and may include: Candida albicans, protozoal infections, and gastrointestinal parasites. A basic care package including clean water kits and bed nets will be provided for all HIV infected patients. Pain management assessments will also be conducted by clinicians in the ART sites and analgesics will also be provided. When ART patients miss scheduled clinic visits, or bed ridden clients are reported by the home based care (HBC) team from the communities, the HBC team from ART sites will follow them up. An SOP will be developed to guide HBC visits. During these visits, the team will provide basic medical assessments of signs and symptoms, basic nursing care, nutritional assessments and psychosocial supports and make appropriate referrals. A basic care kit (consisting of ORS, ITN, water guard, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, and GV) will be provided and when needed, visiting teams will provide, cotrimoxazole, paracetamol, clean water kits and bed nets to patients and their families. We will partner with PLWHA support groups and CBOs to mobilize the community, provide psychosocial support to PLWHAs and their families, provide ART treatment adherence counseling, and assist with patient follow-up and HBC activities. We will build the capacity of these groups to develop more innovative means of interacting and supporting HIV infected and affected populations. HBC activities will be supervised by a hospital team in each of the sites. Two hundred-twenty health care and non-health care workers will be trained in palliative care including HBC using national training manuals. This will be in line with the National Palliative Care Guidance and the USG Palliative Care policy. These activities will strengthen the overall health systems at our individual sites, provide an integrated and comprehensive health care package to our patients thereby enhancing the overall program of treatment and care.

CONTRIBUTION TO OVERALL PROGRAM AREA Harvard PEPFAR will contribute to the PEPFAR PC 2007 goal by providing basic palliative care services in 22 such facilities. At these facilities, we will provide palliative care services to 52,900 PLWHA. We will also provide community outreach to an additional 75,000 individuals through PLWHA support group activities. The program will also contribute to strengthening human capacity through training of health worker, community workers and PLWHAs and their families. These activities are consistent with the PEPFAR 5-year strategy because they seek to scale up palliative care services and build capacity to provide care and support for PLWHA. LINKS TO OTHER ACTIVITIES This activity relates to activities in Palliative Care (#6719) TB/HIV (#6713), PMTCT (#6718), ART Services (#6715), and OVC (#6720). Linkages between sites will be developed for the development of referral networks and capacity building in this area. Furthermore, linkages between tertiary, secondary and primary health care sites will improve outreach to the community and will allow for different levels of medical intervention as needed. As part of this program, we will provide nutritional counseling and multivitamin support for patients. The program will also link up with other USG IPs, private sector and the GON. POPULATIONS BEING TARGETED This activity targets all HIV infected patients who seek treatment and care at the 22 Harvard APIN Plus sites participating in this program. 720 individuals will also be trained in palliative care.

KEY LEGISLATIVE ISSUES ADDRESSED This program seeks to increase gender sensitivity in programming through counseling and educational messages targeted at vulnerable women and girls. Furthermore, through gender sensitive programming, and improved

quality services the program will contribute to reduction in stigma and discrimination as well as encourage men to contribute to care and support in the families. We will accomplish this through PLWHA outreach and patient counseling. Community outreach groups will assist our PLWHAs and their families in the many psychosocial issues involved in HIV infection and ART treatment.

EMPHASIS AREAS There is no emphasis that is 50%, hence, this activity places minor emphasis on community mobilization and the development of networks through palliative care and outreach initiatives as detailed in section 1 above. Additionally, this program places minor emphasis on logistics, commodity procurement for treatment and care modalities, training, and information, education and communication. These emphases are further detailed above in section 1.

Continued Associated Activity Information

Activity ID: 5369
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 2,573,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	23	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	52,900	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	720	<input type="checkbox"/>

Indirect Targets

PLWHA support groups at 9 APIN Plus/ART centers will provide community outreach to 75,000 individuals over the year. These efforts will enhance ART education to patients and their families, increase patient adherence and encourage HIV testing in family members. A magazine featuring life stories of HIV-infected individuals produced by AIDS Alliance has been provided to HIV-infected individuals in our program along with a layperson's guide to ART treatment and care. These tools assist patients and their families in understanding HIV treatment and care, and further serve to diminish stigma and discrimination at the community level.

Target Populations:

Adults
Commercial sex workers
People living with HIV/AIDS
Pregnant women
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Reducing violence and coercion
Stigma and discrimination

Coverage Areas

Borno
Lagos
Oyo
Plateau
Benue
Kaduna
Enugu

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: International Foundation for Education and Self-Help
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6747
Planned Funds: \$ 200,000.00

Activity Narrative: ACTIVITY DESCRIPTION: With COP07 funding, IFESH will provide basic care and support services to individuals identified as HIV+ from C&T. Basic care and support services will be provided in 5 sites, (where VCT & PMTCT services are provided) located in Rivers, Imo and Benue States. This activity provides a critical component of the complete HIV related care package by offering initial care and support to HIV-infected individuals. Under COP07 activities IFESH will provide basic care and support services to 1900 PLWHA. HIV positive persons identified through mobile/community HCT and PMTCT activities will be provided with basic care services including: patient training and education in self care, medical services (assessment of signs and symptoms and referrals), psychological care (adherence, crisis, bereavement), nutritional counseling, prevention for positives, fellowship to share coping mechanisms through enlisting in a support group, provision of cotrimoxazole prophylaxis, pain and symptom management, and access to community home based care services. PLWHAs will be provided with prevention care packages containing water treatment, water vessel and Insecticide Treated Nets (ITNs). All identified HIV positive persons will be referred to treatment facilities with comprehensive HIV/AIDS related services for baseline laboratory investigations and for ART where indicated. Laboratory monitoring (CD4 counts, hematology, blood chemistry, and malaria smears) will be supported from this funding. IFESH will facilitate support group activities to combat denial, stigma and discrimination. Funds will support the recruitment of a Care & Support program staff to supervise and monitor program activities in the field. Community home based care will be provided in the catchments areas that IFESH supports. This will be implemented by trained community health extension workers and community volunteers, among whom would be retired nurses and midwives within the community and volunteer PLWHA from support groups. This activity will be linked to the primary prevention and VCT programs emphasizing the "home-based" prevention linkage to ensure that family members at risk are tested and counseled, a strategy that supports family engagement in home-based care and support. Home based care providers will be organized into a team that is linked to a facility within their catchment area. IFESH will collaborate with other IPs so that a standard training curricula is utilized and standard provider manuals are distributed. There will be training of new health care workers (HCW) including community volunteers and re-training sessions for the previously trained HCWs. The training will equip the trainees with the capacity to provide basic care and support services (OI prophylaxis, psychosocial support, home based care). A total of 40 care providers will be trained.

The capacity of already existing healthcare facilities in the targeted areas will be strengthened to provide quality care and support to the PLWHAs. Healthcare workers in the general hospitals and the surrounding health centers will be mobilized, sensitized, trained and equipped to provide these services. IFESH will provide outreach services at each site to HIV-infected and uninfected individuals through HCT advocacy, anti-retroviral therapy education, stigma reduction, and risk reduction through other prevention activities. Funding will directly support the provision of care and support services to clients attending the sites. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Rivers, Benue, and Imo states.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: This activity provides services which are a high priority for the 2-7-10 Emergency Plan strategy by providing a basic package of care for all HIV+ adults and People affected by AIDS. The services are consistent with the draft Guidelines for Palliative Care in Nigeria and the USG Palliative Care Policy as well as the Nigerian Guidelines for Antiretroviral Therapy which stress home based care, symptom management, and OI prophylaxis. Capacity development and consistency with national guidelines will ensure sustainability.

LINKS TO OTHER ACTIVITIES: This activity also relates to activities in Counseling & Testing (6748) and PMTCT (6725). All patients are monitored and linked to ARV therapy when indicated. Care and Support services such as psychosocial support and symptom management promote ARV adherence. Services will be integrated with prevention for positives activities including counseling and condom availability. Home based care programs will be implemented by a number of indigenous NGOs, CBOs, FBOs. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services. Women will be linked to other sources of care and Income Generating Activities (IGAs) where available.

POPULATIONS BEING TARGETED: Services are offered to adults living with HIV/AIDS and their affected family members, men and women of reproductive age, pregnant women, their spouses or partners, the children of index pregnancy and health care workers. Sites have been chosen to maximize linkage with USG supported facilities providing comprehensive HIV treatment services and provide services for HIV+ pregnant women identified through PMTCT. Nurses, other health workers as well as volunteer PLWHA and caregivers of PLWHAs are targeted for training.

KEY LEGISLATIVE ISSUES ADDRESSED: This activity addresses the key legislative issue of "Gender" since services will be provided equitably to women and data will be collected to demonstrate this. The activity also addresses the key legislative area of "Stigma and Discrimination" as training of health care workers and community volunteers will reduce stigma, mobilization of communities to address issues which bring about cross generational and transactional sex.

EMPHASIS AREAS: The major emphasis area for this activity is "Training" as capacity development for sustainability is a key focus. Minor emphasis areas for this activity include "Commodity Procurement" and "Logistics" as pharmaceuticals and supplies are provided to sites and secondary partners to facilitate service provision.

Continued Associated Activity Information

Activity ID: 5665
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Foundation for Education and Self-Help
Mechanism: Cooperative Agreement
Funding Source: GHAI
Planned Funds: \$ 75,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,900	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>

Target Populations:

Adults
Most at risk populations
HIV/AIDS-affected families
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker

Coverage Areas

Lagos
Rivers

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6770
Planned Funds: \$ 4,249,931.00

Activity Narrative: Reprogramming 9/07: \$600,000 in reprogrammed FY07 funds advanced for COP08 targets, funding to be reduced accordingly from the COP08 budget submission for BC&S.

ACTIVITY DESCRIPTION: This activity also relates to activities in counseling and testing (#6772), Condoms and Other Prevention (#9210), HIV/AIDS Treatment Services (#6766), OVC (#6771), TB/HIV (#6765), and HVLab (#6767). ACTION will provide comprehensive care to 51,405 HIV+ adults. The basic care package which will be available to all HIV+ adults includes: access to appropriate TB diagnostics and linkage with DOTS programs described under TB/HIV, instruction in appropriate water purification and provision of Water-Guard, provision of ITNs, linkage to psychosocial support through participation in PLWHA support groups and individual counseling operational at all points of service, provision of TMP/SMX prophylaxis for all those with CD4 absolute count < 350 cells/ml³, pain and symptom management, and access to community home based care services. A standard formulary will be provided to sites to treat common opportunistic infections. The function of PLWHA support groups will be strengthened by a PLWHA ACTION Program Officer with a counseling background who will work with support groups to improve educational and support programs and linkage to the point of service and community. Laboratory monitoring including CD4 counts, hemogram, clinical chemistry, pregnancy testing if indicated, and malaria smears are supported and funded under this program area for those not requiring ARV treatment. All clients have direct access to HIV medical care. Community home based care will be provided in the catchment areas surrounding the 24 clinical hub sites ACTION supports. This will be implemented by a supervising community home based care nurse and health extension workers and volunteers. This activity will be linked to the primary prevention and VCT programs emphasizing the "home-based" prevention linkage to ensure that family members at risk are tested and counseled, a strategy that supports family engagement in home-based care and support. A number of models will be utilized depending upon the site preference including supplementing site staffing with dedicated home based care staff or developing an agreement with a local NGO/CBO/FBO to provide this service. Extension workers will be preferentially recruited from the PLWHA support group membership. Home based care will be provided to an average of 200 patients per site for a total of 4,800 patients served. Home based care will be linked to the patient's medical care source as the supervising community home based care nurse will work under the medical direction of the site physician. Training essential for program success will target nurses, aids, counselors and PLWHA/community volunteers will be carried out by ACTION program staff at the site level to maximize coverage. The total training target is 324. ACTION will collaborate with other IPs so that a standard training curricula is utilized and standard provider manuals are distributed. Training curricula focusing on pediatric care will be developed, and this is described under OVC activities. ACTION currently supports ARV services at 16 sites and will develop 8 additional sites under COP07 for a total of 24 full service sites. Full service sites will be affiliated with 20 additional primary health center ARV sites so that routine care of stable patients can be moved to the community level. These primary health center sites already have established referral relationships with existing ARV sites at the secondary or tertiary level and will be strengthened under COP07 to provide ARV and Care and Support services in a more accessible location. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: This activity provides services which are a high priority for the 2:7:10 Emergency Plan strategy by providing a basic package of care for all HIV+ adults. The services are consistent with the draft Guidelines for Palliative Care in Nigeria and the USG Palliative Care Policy as well as the Nigerian Guidelines for Antiretroviral Therapy which stress home based care, symptom management, and OI prophylaxis. Capacity development at the site level and consistency with national guidelines will ensure sustainability. ACTION staff will contribute to development of a national palliative care training curriculum, identified as a priority by the FMOH. **LINKS TO OTHER ACTIVITIES:** This activity is linked to C&T (#6772), Condoms and Other Prevention (#9210), HIV/AIDS Treatment Services (#6766), OVC (#6771), TB/HIV (#6765), and HVLab (#6767). VCT targeting most at risk populations is established proximate to points of service. All patients are monitored and linked to ARV therapy when indicated. Care and Support services such as psychosocial support and symptom management promotes ARV adherence. Services will be integrated with prevention for positives activities including counseling and condom

availability. Services are co-located with TB DOTS centers and ACTION staff work with sites to ensure coordination systems are in place. High quality laboratory services supported by an ACTION facilitated laboratory QA program are available at sites. Home based care programs will be implemented by a number of indigenous NGOs, CBOs, FBOs. Sub-agreements will be coordinated with other Emergency Plan IPs to ensure non-overlap of funding and services. POPULATIONS BEING TARGETED: Services are offered to adults living with HIV/AIDS. Sites have been chosen to maximize linkage with national TB program DOTS sites and provide services for HIV+ pregnant women identified through PMTCT. Doctors, nurses, other health workers (public sector) as well as people living with HIV/AIDS and caregivers of PLWHAs are targeted for training. Volunteers participate in providing home based care services. KEY LEGISLATIVE ISSUES ADDRESSED: This activity also addresses the key legislative issue of "Gender" since services will be provided equitably to women and data will be collected to demonstrate this. The activity also addresses the key legislative area of "Stigma and Discrimination" as training of health care workers and community volunteers will reduce stigma. EMPHASIS AREAS: The major emphasis area for this activity is "Training" as capacity development for sustainability is a key focus. Minor emphasis areas for this activity include "Commodity Procurement" and "Logistics" as pharmaceuticals and supplies are provided to sites and secondary partners to facilitate service provision.

Continued Associated Activity Information

Activity ID: 3259
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 1,923,750.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50
Training	51 - 100

Targets	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	44	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	51,405	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	324	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Laboratory workers
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Stigma and discrimination
Gender

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Benue

Delta

Kogi

Lagos

Nassarawa

Niger

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Ogun

Osun

Plateau

Sokoto

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6778
Planned Funds: \$ 325,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This activity supports 1 member of the USG care team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of a full-time Ugandan technical advisor for palliative care. This position is continuing unchanged from earlier COP requests. The dollar amount to be programmed and the number of partners working in this program area have increased modestly, and the team believes that this experienced manager and technical expert will be able to cover these increased responsibilities without additional staff required to support her. The palliative care advisor continues to liaise with all the other program area managers and ensure that a strong network is developed to provide for the wide variety of needs of the people living with HIV/AIDS and their families. Oversight, supervision, mentoring, and capacity-building will be provided by the palliative care advisor making twice monthly supervision visits to the field, with the new, less experienced partners being visited more frequently than the well established institutional contractors.

The palliative care advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeng technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG palliative care working group. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent and relevant technical approach across USG Agencies and amongst all partners implementing palliative care programs. This advisor spends 100% of her time advising in this program area and does not have primary program responsibilities in any other program area. None of the costs for this position are captured in any other budget category.

Continued Associated Activity Information

Activity ID: 5364
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: USAID Agency Funding
Funding Source: GHAI
Planned Funds: \$ 370,157.00

Table 3.3.06: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6786
Planned Funds: \$ 210,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This HBHC activity relates directly to all HHS Nigeria Basic Care and Support COP07 activities (see ID references in the narrative).

To support and enhance the USG Nigeria Basic Care and Support activities, the USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions planned that will focus on adult/adolescent palliative care/basic care and support issues. The budget includes two FSN salaries, ICASS and CSCS charges related to this staff position, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for two weeks of in-country support by ART/Care & Support specialists.

These HHS/CDC BC&S staff positions will work in coordination with the USAID BC&S staff (#6778) and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#6770), Harvard SPH-APIN (#6719), Columbia University-ICAP (#6697), Catholic Relief Services-AIDSRelief (#6675), Africare (#6672) and a partner to be determined by an RFA in COP07 (#6754). The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6708), Catholic Relief Services-7 Dioceses (#6686), and a USAID APS partner (#6758) for COP07 to be selected. USAID and CDC Basic Care and Support staff will provide assistance as needed to the U.S. Department of Defense (#6802) program with the Nigerian Ministry of Defense.

HHS/CDC and USAID Palliative Care staff will provide technical support and capacity development to new partners undertaking BC&S activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National palliative care guidelines. It is estimated that the BC&S staff under this activity will provide monitoring and support to over 80 clinical sites in COP07.

Continued Associated Activity Information

Activity ID: 5365
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 34,474.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Table 3.3.06: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6802
Planned Funds: \$ 851,600.00

Activity Narrative: ACTIVITY DESCRIPTION

DOD palliative care activities link to DOD, PMTCT (#6801), TB/HIV (#6795), OVC (#6808), Voluntary counseling & testing (#6796), ARV Drugs (#6797), ARV services (#6798) activities, with HBC providers and existing CBOs to ensure continuity of basic care and support for all PLWHAs and for community awareness activities.

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on several levels. This includes developing a strong USG relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities and offering a cost effective model for implementation through a direct USG-GON collaboration. .

The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. Membership on this Committee includes senior representatives of both militaries and includes the Federal Ministry of Health (FMOH) and National Committee on AIDS Control (NACA) representation to participation in the Government of Nigeria HIV harmonization process. Thus, the Program fully adheres to all USG and FMOH national treatment guidelines.

COP 2005 PEPFAR funding supported the initiation of HIV treatment services at four facilities at Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), 445 Nigerian Air Force Hospital (Ikeja in Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2006 funding is also supporting the NMOD-DOD program in use of the Supply Chain Management Partnership (SCMS) for drug acquisition. COP07 will see expansion to seven additional facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri). At least 80% of the clients accessing services at these military facilities are civilians from surrounding communities making the military program an important member of the FMOH national HIV effort.

In line with National guidelines and protocols, the NMOD/DOD program will support the provision of palliative care services to 14,570 PLWHA and their families in the communities in and around the military sites providing ART. A component of this program will be developing and maintaining links with active community-based organizations, home-based care providers (HBCs) and faith-based organizations (FBOs) that will provide at home follow up of patients attending the ART clinics. DOD will also work with, and support, the NMOD and its partners in further developing internal guidelines, protocols and standard operating procedures (SOPs), using evidence-based interventions, particularly in the area of paediatric care and implementation of a preventive-care-package.

DOD will support the provision of comprehensive clinical care, including OI prophylaxis, diagnosis and treatment as well as pain and symptom management, throughout the full course of the infection at all 14 hospitals. This will be accomplished by: strengthening institutional and health worker capacity with ongoing, in-service training; providing initial training to 56 additional health care workers in palliative care skills as part of and in addition to ART education; increasing the capacity of clinicians to diagnose and manage common OIs; provide psychosocial counseling; strengthening laboratory diagnostic facilities (see DOD lab submission); and improving pharmacy capacity (see DOD ARV drug submission). Facility based care will be enhanced using a network model through trained volunteers, nurses, health workers and family members working together both in the facilities as well as following up patients at home. In its commitment to best practice and evidence-based care, the NMOD/DOD will implement a preventive-care-package for all HIV+ clients which will include nutritional counseling and evaluation using a BMI based method, provision of insect treated nets and water guards as well as cotrimoxazole for patients with low CD4 counts.

As part of overall facility based care and treatment, health care workers who have been trained and have been supporting treatment at facilities operating since 2005 will be sent to new facilities in the initial phases of operation to provide mentoring and continuity of services among military facilities and monitor quality of services. Continued site support will be conducted using these preceptors as a central care/ART QA/QC team as developed over 2006-2007.

Funding under DOD will also support clinical care activities and support the involvement of USG partners and implementing partners (IPs), support groups and community-based workers, and PLWHAs, in promoting improved general care and support; distribution of national educational materials on HIV care and those addressing stigma and discrimination

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site visits by the NMOD/DOD and appropriate partners, are essential components of this program. Consultant teams will be comprised of trained providers from other Military facilities which have already commenced treatment activities. These consultant visits will occur at least.

This program fully adheres to USG policies and acquisition regulations, minimizes indirect costs to accomplish the capacity building described above. International and local organizations synergize with the Nigerian Ministry of Defense to identify best practices and implement evidence based interventions in a sustainable manner. The program design ensures continued USG visibility and accountability at all levels of implementation.

By the end of COP07, DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The expansion of care and support to an additional 7 communities, supporting 7 existing communities and maintaining links with other partners will provide increased access of such services to currently underserved communities and contribute towards the overall PEPFAR palliative care targets and the 5-year USG plan for Nigeria.

POPULATIONS BEING TARGETED

The military, civilian military employees, dependents and the general population surrounding the 14 sites. Focusing on HIV positive adults, including pregnant women, patients co-infected with TB and HIV through seamless integration with PMTCT and TB/HIV program elements.

KEY LEGISLATIVE ISSUES ADDRESSED

Targeted community involvement will address gender issues, increase uptake by women and reduce male discriminatory norms. Community level training and involvement in HBC will reduce stigma and discrimination associated with HIV status.

EMPHASIS AREAS

The major emphasis will be on community involvement with minor emphasis on training, links with other sectors, food/nutrition, community development, network development, quality assurance and quality improvement.

Continued Associated Activity Information

Activity ID:	3247
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 380,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	14,570	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	56	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Military personnel
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination
Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Food

Coverage Areas

Lagos

Federal Capital Territory (Abuja)

Kaduna

Plateau

Benue

Borno

Cross River

Delta

Enugu

Oyo

Rivers

Benin

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Centre for Development and Population Activities
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9839
Planned Funds: \$ 3,513,750.00

Activity Narrative: ACTIVITY DESCRIPTION: This activity also relates to activities in HVCT (#6702, 6772), HTXS (#6703, 6766, 6715,6678), HKID (#6701, 6771, 6679), HVOP (# 6735, 6707), HVAB (# 6733, 6684), HVLAB (# 6709, 6767, 6680, 6716), PMTCT (# 6706,6768, 6699) and TBHIV (#6700, 6765).

In COP07, Positive Living (PL) will provide community/home based palliative care (CHB-PC) services to 67,013 people living with HIV (PLWHACHB-PC will be implemented in 48 sites located in; Anambra, Edo, Federal Capital Territory (FCT), Lagos, Cross River, Kano, Akwa Ibom, Enugu, Kogi, Niger (Global HIV/AIDS Initiative Nigeria (GHAIN) states) , Bauchi and Rivers states (PL comprehensive sites). Services to be provided include: 30% effort on basic nursing care, assessment of signs and symptoms (including pain), prevention of malaria and opportunistic infections (OIs), palliative care medications, nutritional assessment; psychological care including adherence counseling, pain control; 20% effort on basic laboratory services; and 50%effort on Home Based Care (HBC) and Training, referral support for advanced management and ART.

CEDPA will implement the standardized GON/USG basic care package that will include; basic medical assessments of signs and symptoms, routine basic nursing care, nutritional assessment and counseling, identification of danger signs of common OIs, and referral for treatment, psychological and spiritual counseling, and referral to social services for education, food assistance and counseling and make appropriate referrals.. A basic care kit (consisting of ORS, ITN, water guard, bleach, cotton wool, gloves, soap, calamine lotion, Vaseline, and GV) will be provided and when needed in accordance with the National PC guidelines and USG PC policy

Activities will be implemented at 2 levels: in GHAIN sites PL will support 52,503 clients with home-based care services and will be referred to GHAIN supported health facilities for HIV testing, ART, OI management and laboratory investigations. In the Rivers and Bauchi (8 comprehensive sites), PL will offer comprehensive palliative care services to 14,510 clients. We estimate that 20,104 (30% of 67,013) will require home-based nursing care. Of the 14,510 clients that will receive comprehensive palliative care, 5,000 will be from Bauchi, 3,420 from Rivers, and 1,000 from each of the GHAIN states. Affected family and community members are the secondary beneficiaries;

PL activities will involve health care providers at facility, community and home based levels(PLWHA, volunteers and family care givers) through 2 complementary approaches: outreach HBC volunteer program and the complementary medical services at referral centers based at community health posts including Primary Health Centers (PHC); support 20 community-based clinical facilities which will be upgraded to handle OI management, basic laboratory and prophylaxis services for PLWHA; train a total of 2,250 CHB-PC workers and 10,200 family members who will be given basic skills to provide continuous care and support. HBC volunteers will make regular home visits to PLWHA and their families providing HBC services. Medically qualified care coordinators will attend to and prescribe anti-biotics, start IVs, supervise volunteers who will be assigned designated care areas of operation to a maximum of 10 clients per volunteer. Through GHAIN, PL will collaborate with Howard University to train, community pharmacists, and trainers who will further train outreach workers (community health extension workers and patent medicine vendors).

SOPs, training manuals and materials will be adapted and updated to address identified gaps; ELICO maps model will be adopted to help HBC volunteers keep track of the individuals and families they visit, and follow-up. Community volunteers and PLWHAs will work as conduits to their families, support groups and communities for improved service delivery and reach out to the vulnerable people like orphans and widows.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The planned community/home-based palliative care interventions will contribute to the overall C&S PEPFAR goal of mitigating the consequences of the epidemic by reaching 67,013 individuals with basic care and support services. PL working with Nigerian stakeholders, at all levels, (national, state, and local) will contribute to the sustenance of the interventions by helping to strengthen community systems to improve quality care for PLWHA and their families, build community-capacity to deliver palliative care by training a total of 2,250 community owned resource persons; and 10,200 family members, to care

and support PLWHA in their communities.

LINKS TO OTHER ACTIVITIES

PL will establish strong linkages with USG partners in particular GHAIN, GoN and other stakeholders to provide a comprehensive care and support package for PLWHA and their families; establish linkages between HVCT (#6702, 6772) centers and care outlets to improve utilization of HTXS (#6703, 6766, 6715,6678)services, enhance community participation in care for PLWHAs, and ensure quality of services. Wrap around activities including; social services, food and education assistance, and livelihood opportunities will be supported through referral linkages. In each of the states PL activities will be linked to prevention activities HVOP (# 6735, 6707), HVAB (# 6733, 6684),) as an integral part of the community-based palliative care program. As part of the services offered by HBC workers, linkages will be established with TB/HIV interventions TBHIV (#6700, 6765), PMTCT services (# 6706, 6768, 6699) and facilitate links to OVC (#6701, 6771, 6679), services in the communities.

POPULATIONS BEING TARGETED: The primary beneficiaries for the PL palliative care services are PLWHA, with an emphasis on women. Training will target community home-based care volunteers, family, members, professional health care workers, and CHEWS. Men will be targets for greater male involvement in CHB-PC.

KEY LEGISLATIVE ISSUES: through evidence based advocacy PL will advocate for reduced stigma and discrimination at all levels. This in turn will improve PLWHA quality of life and increase acceptance within the communities; PL interventions will encourage increased gender sensitivity in programming by targeting vulnerable young girls and women as well men involvement in care and support. PL will work with legal aids initiatives to develop as legal framework that will uphold the rights of people discriminated against as a result of HIV and AIDS such as widows, children and homosexuals.

EMPHASIS AREAS: Most of the activities have less than 50% effort/emphasis, the highest of these being training human resources, commodities supply and community mobilization.

The PLUS-UP funds will be used to: expand to 4 service outlets in 2 states – Taraba and Adamawa; train 350 community health workers; reach 7,000 PLWHA with home-based palliative care and 2,000 with comprehensive PL services; 500 PLWHA and their families with micro-credit finances.

Emphasis Areas

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	52	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	74,013	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,600	<input type="checkbox"/>

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
USG in-country staff
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Volunteers
Stigma and discrimination
Increasing women's access to income and productive resources
Microfinance/Microcredit

Coverage Areas

Akwa Ibom

Anambra

Bauchi

Cross River

Edo

Enugu

Federal Capital Territory (Abuja)

Kano

Kogi

Lagos

Niger

Rivers

Adamawa

Benue

Taraba

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Winrock International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9841
Planned Funds: \$ 330,000.00

Activity Narrative: ACTIVITY DESCRIPTION

Winrock International (Winrock) applied under the USAID APS Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services. Winrock's proposed Capacity Building for AIDS Impact Mitigation (AIM) project was accepted under the APS; Winrock has been awarded with COP06 funds and will commence activities in October 2006. This submission is for continuation of activities in year 2.

In an effort to improve the quality of life of HIV infected individuals and their families, the AIM project will refine and use previously tested and successful approaches to initiate and implement income generating activities to improve the economic and nutrition status of individuals, households and communities affected by AIDS. The types of income generating activities will vary depending on community-identified needs and rural or urban location. In addition, PLWAs and PABAs will be linked to referral sites for prevention awareness, care and treatment services. The AIM team will ensure that one of the criteria for project site selection is close proximity to services provided by national, USG or other donor supported activities for prevention, care and treatment. AIM income-generating activities and provision of life skills and education through community learning centers for OVCs will complement ongoing prevention and care programs. They will address critical economic needs of HIV infected individuals and their families to ensure income and food security.

The AIM project will employ a two-pronged strategy to improve the quality of life of at least 700 women and their families, and award at least \$100,000 in micro and small loans. Single parents, especially widows, will be targeted, along with their entire communities for economic empowerment programs through both income-generating activities, and small business loans.

AIM will establish a training and in-kind grants program to allow targeted beneficiaries to conduct income-generating and agro-enterprise development projects. Skilled experts will be recruited to deliver training to a) women's associations and individual widows and single mothers who meet selection criteria to receive grants and b) communities and individuals interested and able to establish CBOs. Participants will be trained in business plan development as well as how to live positively with AIDS. Those who successfully complete the training and meet grant eligibility criteria will receive in-kind grants of \$50-\$150 to implement income-generating activities. Depending on community identified needs, income generating activities could include agricultural projects such as rice and cowpea processing, poultry farming, snaileries, fisheries, manual food processing, vegetable and communal farms where growing immune-boosting nutritional foods is encouraged and surplus is sold for cash. Other activities could include craft making (e.g. church hat making or bead work), neighborhood grocery kiosks, tailoring, catering, tie-dyeing and others. Winrock experience indicates that these enterprises could lead to an estimated income of US \$16-75 per week, per enterprise.

Most PABAs and PLWAs report that Banks and other lending institutions, including local cooperatives with credit facilities, are consistently reluctant to give them credit because they are considered high investment risks. However, PABAs and PLWAs can live relatively normal and productive lives for many years, particularly with the provision of anti-retroviral treatment (ART). Data also suggest that the lack of economic resources can lead to despair, reinforce stigma and discrimination, reduce quality of life and lead to early death. To help overcome the difficulties PABAs and PLWAs face in accessing credit, the AIM project has forged an innovative partnership with Oceanic Bank International, PLC. Oceanic will establish a loan fund of up to \$100,000 to provide micro and small loans (of \$100, \$500 or \$1,000) to AIM project beneficiaries who exhibit entrepreneurial promise for establishing or expanding micro enterprises. Oceanic does not ordinarily process loans this small for entrepreneurs who lack collateral, however it is willing to pilot a micro-credit product line in this case because AIM will deliver quality training to potential recipients in basic business skills, business plan development, bookkeeping, marketing, loan application development, and repayment obligations. Loan officers of the bank will participate in the training sessions and review the draft business plans, giving participants an opportunity to further strengthen plans before submitting them officially to the bank. A community-based Loan Advisory Board (LAB), made up of

local business and civil society leaders, representatives from PABA and PLWA care and support organizations, and Oceanic Bank representatives, will select PABAs and PLWAs to benefit from this opportunity and will monitor their progress. Using an approach that overcomes the perceived risks of loans for PABAs and PLWAs, Oceanic Bank will tap into a new pool of potential customers and demonstrate a successful business model that other banks in Nigeria will want to follow to remain competitive.

AIM's core partners are Winrock and the Redeemed Christian Church of God (Redeemed) and the Muslim Sisters Organization (MSO). AIM's collaborating partners are the Institute of Chartered Accountants of Nigeria (ICAN) and the Nigerian Institute of Management (NIM). ICAN will support the development of the IAs' financial management and accounting systems and NIM will support the development of the IAs' project management capacity. AIM is in the process of selecting its IAs for this AB activity. All selected IAs will be local Nigerian CBOs/FBOs that will provide direct services to project beneficiaries.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

AIM will target this effort for at least 700 widows and single mothers directly and collaborate with PABA and PLWA support groups and communities of PABA, especially those already being sponsored by Emergency Plan Nigeria. Some of these women are expected to gain enough experience and to produce enough surplus to expand their income generating activities into micro enterprise businesses. Winrock will bring to bear its experience working with the Nigerian Agriculture Development Program under USAID's Farmer-to-Farmer program which will be beneficial for program synergy and lessons learned.

LINKS TO OTHER ACTIVITIES

AIM will be supported through the FY07 COP in HVAB, HVOP, and HKID. AIM will link its activities with other PEPFAR USG partners' activities to ensure strong referrals to comprehensive prevention, care and treatment services. In addition, AIM will collaborate with USAID public-private partnerships to provide job-training graduates with linkages in the business community.

POPULATIONS BEING TARGETED

Widows, single mothers, PLWAs will be targets and they along with PABAs, their families and communities will benefit from this comprehensive and integrated intervention.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and Discrimination, Gender--especially increasing women's access to income and productive resources—and Wrap Arounds – including food, microfinance/micro credit and education will be addressed in this program, by creating linkages and leveraging community resources as mentioned above.

EMPHASIS AREAS

The major emphasis area is local organization capacity building through the strengthening of CBO/FBO capacity to promote ABC and service provision for OVC's and their carers. The minor emphasis area is community mobilization/participation peer education and mentoring for the recipients of the income generating training and grants activity.

Emphasis Areas

% Of Effort

Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Target Populations:

People living with HIV/AIDS

Girls

Caregivers (of OVC and PLWHAs)

Widows/widowers

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Table 3.3.06: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9842
Planned Funds: \$ 156,469.00

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is also related to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09), Medical transmission/blood safety (3.3.03), PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

SCMS will procure prophylaxis, OIs, STIs, home based care kits, bednets and other supplies for adult basic care programs for various PEPFAR Implementing Partners (IPs) in Nigeria. The commodities will be procured in accordance with the Federal Government of Nigeria's (FGON) national treatment and testing program protocols, FGON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centres (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in commodities selection based on national guidelines and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria.

SCMS will aggregate the total requirement for the commodities for the IPs and undertake the procurement of the required commodities on behalf of the IPs and under the authority of the USG Team in Nigeria

Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting.

SCMS will take the lead in establishing and managing the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria.

A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where in-country supply chains will take over the local warehousing and distribution. Where required however SCMS will arrange local warehousing and distribution direct to points of service delivery. Where in country distribution is required, SCMS will utilize the services of existing logistics providers including for example CHANPHARM.

All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the

USG Team.

SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09), Medical transmission/blood safety (3.3.03), PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area: **\$ 12,447,325.00**

Program Area Context:

USG Nigeria's strategy for COP 07 TB/HIV activities will build on COP06 activities and increase collaboration with Government of Nigeria (GON) through the National Tuberculosis and Leprosy Control Program (NTBLCP). The areas of strategic focus during COP07 are: (1) to provide HIV counseling and testing (C&T) to all TB patients and to ensure adequate TB screening, diagnosis, and treatment for all HIV infected individuals at PEPFAR supported facilities; (2) to improve the capacity for HIV C&T and improved TB diagnostics at all National DOTS centers through training and support activities; (3) to strengthen linkages and referral systems between the TB and HIV care programs; (4) to continue harmonizing National monitoring tools for TB and HIV services; and (5) to continue leveraging resources to maximize the public health benefit of HIV and TB programs.

Nigeria, with 131 million inhabitants, is a large and diverse country with the highest TB burden in Africa, and is ranked 4th in the world for TB disease burden. . The World Health Organization (WHO) estimates the incidence of all types of TB to be 290/100,000 population and the incidence of smear positive cases 125/100,000 population. This represents a near doubling of the 1990 estimated rates; much of this increase is thought to be due to the HIV/AIDS epidemic (WHO Global TB Report, 2005). It is estimated that 27% of adult TB patients (15-49yrs) are co-infected with HIV which represents an increase from the last surveillance study in 2001 (19.1% of TB cases infected with HIV). TB services are offered in over 2,000 diagnostic and treatment facilities, with just 65% of local government areas having services. At the end of 2005, 66,848 cases of TB had been reported of which only 52% were smear positive. The TB case detection rate is low (27%) but has improved in the last 5 years. The reported TB treatment success rate is 79%.

The Government of Nigeria (GON) formed a National TB/HIV working group in June 2006 with support of the USG. This working group, which includes USG and IP representation, will provide TB/HIV leadership on issues such as policy, training, and monitoring and evaluation (M&E). In addition, the FMOH has recently finalized The Strategic Framework for Implementing Joint TB/HIV Activities in Nigeria and Guidelines for Management of TB and HIV Related Conditions in Nigeria. These documents provide programmatic and clinical direction to FMOH and USG partner TB/HIV activities in Nigeria.

The seven funded USG implementing partners recruited TB/HIV focused officers and developed capacity to implement TB/HIV programs integrated with the national TB program. In addition, a TB/HIV Program Officer has been appointed to the National AIDS and STI Control Program (NASCP) and to the National TB and Leprosy Control Program (NTBLCP). The NTBLCP in collaboration with the USG and IP's recently finalized updates to their reporting and referral system to reflect the intersection of TB and HIV. Through this incorporation of key HIV patient information, linkage between the TB and HIV programs will be strengthened. A similar process is on-going to revise the HIV Patient Monitoring and Management (PMM) forms for to include important TB information.

There has been a concerted FMOH and USG effort to co-locate TB DOTS services with ART centers as approximately 1/3 of ART sites do not currently have TB DOTS services within the facility. This is an essential step towards TB and HIV service integration due to the high risk of HIV and TB co-infection and the rapid growth in HIV/AIDS care programs in Nigeria. The USG supports more than 40,000 HIV infected clients to receive TB treatment through provision of diagnostic testing and referral to the National TB treatment program, 27,831 is the PEPFAR supported target in COP07 with the remainder funded through TB specific USAID funding. Over 1062 health care workers will be trained or retrained in various aspects of TB/HIV for COP07. In COP06 referral linkages were established between 32 USG supported ART sites and 42 DOTS clinics, this will increase to 138 ART sites directly networked with 179 DOTS clinics. HIV C&T services were established in 19 DOTS sites during COP06 will be expanded to 75 sites in COP07. In COP07, growing networks of care will continue to strengthen the integration of TB and HIV services. Through this model, USG and IP's will ensure that all HIV-infected patients are screened, diagnosed, and treated for TB

as appropriate and that TB patients are provided with HIV C&T and referral for HIV care and treatment at clinical and community facilities. In a phased manner, TB DOTS sites will continue to be established at all HIV. All TB cases diagnosed at these sites will be reported to the NTBLCP and will be provided services through the national system.

The USG will support scale up of a number of national DOTS sites providing HIV C&T services with referral links to ART centers and home-based care. Additionally, USG Nigeria has encouraged partners to rapidly expand TB/HIV activities in new sites with the goal of strengthening referral systems and using such services as a seed activity at these newly activated expansion sites as a precursor to the provision of comprehensive HIV services.

Laboratory upgrades and TB Quality Assurance/Control systems are priorities for NTBLCP and the TB/HIV working group and will be supported in COP07. These upgrades include procuring light microscopes and modifying space to ensure a safe working environment (i.e., infection control). Lab personnel will be trained in TB diagnostic skills at the National TB and Leprosy Training Center (NTLTC) in Zaria which receives PEPFAR support to expand activities to include HIV diagnostic and improved TB diagnostic training.

The USG will support the establishment of two laboratories with TB culturing capacity National Institutes of Medical Research in Lagos and National TB and NTLTC in Zaria. These facilities will complement the NTBLCP and serve as reference facilities that increase the capacity to diagnose sputum AFB smear negative and drug-resistant TB. Fluorescent-microscopy will also be supported at the NTLTC as a more sensitive TB diagnostic tool.

Training curricula and implementation will be coordinated across IP's and with the GON to reduce redundancy and increase efficiency. Training packages for TB/HIV clinical management, HIV counseling and testing, and TB/HIV program management have already been developed for use by all partners. The USG will also support the establishment of State-level TB/HIV working groups that will be tasked with providing TB/HIV strategic and programmatic guidance to the State and Local Government Areas (LGAs).

The USG will collaborate in several other initiatives that are supporting TB and TB/HIV. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria recently approved a \$68 million grant to support TB and TB/HIV activities in Nigeria. These funds are focused on improving TB case detection and outcome and enhancing TB/HIV collaboration. The USG will collaborate with several other partners active in TB control such as the International Federation of Anti-Leprosy Association (ILEP) organizations and WHO to ensure effective resource leveraging occurs. Taken as a whole, these activities support a broad and expanding set of TB services that will promote efficient management of co-infected individuals. These activities strengthen the national system for both HIV and TB service provision and are fully integrated into the national control programs.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	183
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	28,994
Number of HIV-infected clients given TB preventive therapy	4,426
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,062

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6677
Planned Funds: \$ 1,033,750.00

Activity Narrative: ACTIVITY DESCRIPTION This activity will be linked to activities in Basic Care and Support HBHC (6675) , Prevention of Mother to Child Transmission PMTCT(6683) Counseling and Testing (6681),Strategic Information (6674),Basic Health Care and Support (6675)through community and faith based organizations (CBOs & FBOs) and home based care programs. AIDS Relief's strategy for TB/HIV is to ensure that all HIV positive clients in our Local Partners Treatment Facilities (LPTFs) are routinely screened for TB while TB patients have HIV counseling and testing (CT). Dually infected cases will be offered appropriate care within and outside the LPTF. 24,769 HIV positive patients in care at the 28 LPTFs and 10 satellite sites will be screened for signs of TB and from these, 15% (3,715) are expected to be diagnosed with active disease and will be treated for TB. In addition, HIV testing will be done at 28 DOTS sites in 14 states with referral of HIV positive clients to ART sites. This will be in collaboration with State and National Tuberculosis and Leprosy control programs (STBLCP and NTBLCP). We will implement CT in existing TB DOTS centers and also co-locate TB DOTS centers in all our LPTFs that don't currently have TB screening services. Activities in these existing DOTS centers will be to build the capacity to provide CT to all TB patients and to refer them to AIDSRelief HIV care and treatment sites, as outlined in our VCT narrative. All TB/HIV patients will be put on Cotrimoxazole Preventive therapy (CPT) as this has been demonstrated to reduce morbidity and mortality rate among them. Laboratory infrastructure will be upgraded and human capacity developed to ensure adequate TB diagnosis for patients infected with HIV. We will provide diagnostic equipment including light microscopes, commodities for sputum smear microscopy and Chest X-Ray services. Infection control will be through proper specimen collection, waste disposal, proper ventilation, patient triage and administrative control activity such as active identification of those with TB symptoms and patient segregation. We will develop joint adherence strategies for patients on ARV and TB DOTS and strengthen the facilities capacity to meet special needs of persons living with HIV/AIDS on ART and anti-TB treatment. Nosocomial transmission of TB to HIV+ patients will be prevented through measures and principles such as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. Facility co-location of TBHIV services is preferred to clinic co-location. The national guidelines on infection control on co-located sites will be implemented in all our sites. Patients screened and treated for TB and TB/HIV will be entered into the updated reporting tool provided by the NTBLCP with appropriate linkage of medical records between TB and HIV. We will train 78 medical records staff on data collection for suspected and diagnosed TB cases, 62 healthcare providers for the dual TB and HIV clinical management and care and 80 community health workers, treatment support specialists including PLWAs to assist with patient adherence to ART and anti-TB drugs. We will hire a TB/HIV focal person for the management of this program area. Indirectly we will target 3 family members for every PLWHA accessing TB/HIV services by use of community health care providers to track their family members and bring them for TB screening and appropriate care. In COP06, we had TB DOTS centers at 3 LPTFs in 3 states of Plateau, Kano and Kaduna. In COP07 we will do the same at 28 LPTFs in 15 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, Ebonyi and Plateau. CONTRIBUTIONS TO OVERALL PROGRAM AREA TB/HIV care through collaborative activities with NTBLCP will contribute up to 10% of emergency plan TB/HIV care in Nigeria. The planned co-location of TB DOTS centers in all AIDSRelief LPTFs will expand access to quality services which is currently limited in areas where AIDSRelief is active. This improved access will result in higher TB case detection and outcome results. The systematic implementation of TB/HIV collaborative activities by AIDSRelief will contribute to Nigeria 5 Year Emergency Plan strategy which is expected to result into synergies to contain high TB prevalence rates and also improve the overall health system. These synergies are in the areas of capacity building partnership strengthening and advocacy, joint monitoring of TB and HIV/AIDS activities at all levels, TB care as part of HIV counselor training and improving patient management through community based care thus reducing the burden of TB among PLWAs. LINK TO OTHER ACTIVITIES This activity will be linked to activities in Basic Care and Support HBHC (6675), Prevention of Mother to Child Transmission PMTCT(6683), Counseling and Testing (6681),Strategic Information (6674), Basic Health Care and Support (6675) through community and faith based organizations (CBOs & FBOs) and home based care programs. This will be in collaboration with the 7-Diocese program of CRS and other FBOs and CBOs. HVTB activities will be linked to HVSI (3.3.13) with improved tools and models for collecting, analyzing and disseminating TB/HIV data and also the new approved NTBLCP tool for reporting. The activity is also linked to HVCT (3.3.09) activities to ensure that CT is done for all TB cases. It will be Linked to MTCT (3.3.01) to ensure that HIV positive

pregnant women are screened for TB, those infected treated to reduce the risk of transmission to the baby postpartum and to the community and also reduce the mother's morbidity and mortality. **POPULATION BEING TARGETED** The target population is all PLWHAs enrolled into the care and support program at our all of our LPTFs. The trend of tuberculosis by gender and age showed that there are more infected women aged 25-44 years old and thus we will targets women and in particular pregnant mothers living with HIV and AIDS and enrolled into the PMTCT program. Families of TB/HIV infected patients will also be targeted as they are at risk of developing TB if in contact with an infected person with open TB. Indirectly we will target 3 family members for every PLWHA accessing TB/HIV services by utilizing community health care providers to track their family members and bring them down for TB screening and place them on appropriate care. **KEY LEGISLATIVE ISSUES ADDRESSED** This activity will increase gender and age equity by ensuring access to TB/HIV services for young women who account for 41% of TB cases in Nigeria and about 60% among the PLWAs screened for TB at our LPTFs. We will also develop educative and preventive messages targeted at young girls and women to ensure that they seek TB/HIV services in a timely manner and also train our community out reach workers to deliver such messages effectively. **EMPHASIS AREAS** This activity has major emphasis on human resources to meet immediate workforce requirements and minor emphasis on infrastructure to support TB/HIV and TB DOTS programs, needs assessment, quality assurance, training, development of linkages/referral and networks, education and communication materials in collaboration with the STBLCP.

Continued Associated Activity Information

Activity ID: 5399
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 331,184.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	56	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,715	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	220	<input type="checkbox"/>

Indirect Targets

We will indirectly target 2 stand alone DOTS centers in each of the 11 implementing states through the STBLCP and through these indirectly benefit an estimated 7,392 TB patients in COP07. Indirectly we will target 3 family members for every PLWHA accessing TB/HIV services by utilizing community health care providers to track their family members and bring them down for TB screening and place them on appropriate care.

Target Populations:

- Faith-based organizations
- Doctors
- Nurses
- Pharmacists
- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive pregnant women
- Caregivers (of OVC and PLWHAs)
- Other Health Care Worker
- Implementing organizations (not listed above)
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

Coverage Areas

- Federal Capital Territory (Abuja)
- Kano
- Plateau
- Anambra
- Benue
- Edo
- Kaduna
- Kogi
- Nassarawa
- Adamawa
- Ebonyi
- Enugu
- Ondo
- Rivers
- Taraba

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6696
Planned Funds: \$ 859,075.00

Activity Narrative: ACTIVITY DESCRIPTION: This activity also relates to ART (6690), Palliative Care (6697) , Orphans and Vulnerable Children OVC (6694), Voluntary Counseling and Testing VCT (6695) and Prevention of Mother To Child Transmission of HIV (PMTCT) (6699). In FY06, CU-ICAP provided TB/HIV services at 3 hospital networks and initiated linkages with 6 DOTS sites in Cross River and Kaduna States. In FY07 TB/HIV integration activities will be expanded at hospitals and DOTS clinic levels to provide TB services in 12 HIV comprehensive care and treatment (C&T) sites in 7 states (Kaduna, Cross River, Benue, Gombe, Akwa Ibom, Rivers and Kogi), and HIV services to 35 DOTS sites. Building on our extensive experience on TB /HIV integration in other PEPFAR focus countries and working closely with NTBLCP and state/LGA TB control programs, will provide services to TB/HIV co-infected patients through point of service laboratory support, development of SOPs/guidelines, strengthening of referrals and linkages at the facility/community levels to C&T sites. All TB/HIV co-infected patients will be provided with co-trimoxazole (CTX) prophylaxis and linked to other palliative care services. CU-ICAP will support standardized TB screening and case finding in 10,000 HIV-infected patients using structured symptom checklist and facilitate access of at least 1,500 of those patients with TB to DOTS services. DOTS facilities will be supported to provide HIV CT to clients and if positive link to C&T. TB patients will be encouraged to bring contacts for early TB case-finding and preventive therapy (IPT). 150 HIV+ patients will be provided with IPT services. TB/HIV trainings and ongoing supportive supervision will be provided to at least 60 site level staff in collaboration with NTBLCP. 35 laboratory staff will be trained in good sputum specimens collection and improve smear microscopy via enhancing infrastructure and equipment upgrade, consumables e.g. sputum containers, and enhancement of quality assurance programs. Nosocomial transmission of TB to HIV+ patients will be prevented through measures and principles such as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on infection control on co-located sites will be implemented in all our sites. Services will be facilitated through fully funded joint capacity building of 60 health care providers with the GoN and UMD at the National Tuberculosis & Leprosy Training Center (NTBL), Zaria in collaboration with other TB supporting partners e.g. WHO, NLR, and GLRA. CU-ICAP will support NTBLCP in the development of clinical support tools/job aids, national registers and referral forms for recording/reporting system, and production of IEC materials. CU- ICAP will also support the utilization of the updated NTBLCP recording and reporting formats that captures HIV information by the TB program. Support will be provided to at least 35 DOTS (10 hospital and 20 non-hospital) sites to initiate and/or enhance provider-initiated HIV counseling and opt-out testing and strengthen referral linkages from the DOTS sites to care and treatment (ART) centers through partnering with CBOs/NGOs/FBOs and PLWHA groups. Collaboration will continue with GoN, other PEPFAR implementing partners and relevant organizations to rapidly scale-up TB/HIV integration activities at CU-ICAP supported sites. A TB/HIV coordinator would facilitate sites' activities in collaboration with state/LGA TB focal persons.

CONTRIBUTIONS TO OVERALL PROGRAM AREA CU-ICAP will contribute to the overall program goal of enhancing integration of TB/HIV activities by enabling at least five hundred HIV-infected patients receive TB treatment As part of the sustainability plans of the GoN and inline with the 5-Year Strategy, 125 health care workers will be trained to provide TB diagnosis, treatment and/or preventive therapy to HIV-infected patients according to national standards. Likewise health care personnel in 35 DOTS facilities will be strengthened to offer provider-initiated HIV counseling and opt-out testing to TB clients and link all HIV positives clients to care and treatment centers. CU-ICAP will also ensure that GoN structures are strengthened and integrated through joint capacity building of SACA, LACA and NTBLCP, State and LGAs TB supervisors for effective program management including joint supportive supervision. CU-ICAP will help provide basic tools and equipment to reactivate non- functional DOT sites in focus states. CU-ICAP will ensure that activities are implemented with the full participation of other government partners especially GLRA and NLR to promote sustainability, facilitate equity and synergy in line with GoN plans.

LINKS TO OTHER ACTIVITIES This activity also relates to ART (6690), Palliative Care (6697) , Orphan and Vulnerable Children (OVC) (6694), Voluntary Counseling and Testing (VCT) (6695) and Prevention of Mother To Child Transmission of HIV (PMTCT) (6699). The focus is on ensuring adequate and prompt linkage of TB patients and their household contacts to HIV counseling, testing, care and treatment services and also HIV patients with TB to access services at DOTS clinics. Similar services would be made available to OVCs and PMTCT clients. In collaboration with other relevant partners/organizations, CU-ICAP in FY07 will facilitate linkage of clients to other support

services such as micro credit and infant feeding services. POPULATIONS BEING TARGETED CU-ICAP will support activities to encourage all patients in related communities living with TB to bring family members and household contacts to the clinic particularly children (5 years and younger) to enhance screening and early diagnosis and prompt treatment for positive cases. In collaboration with NTBLCP and other TB supporting partners, CU-ICAP will establish TB/HIV services for clients in prisons located within the CU-ICAP designated LGAs and support linkages to care and treatment clinics. Health care workers in both public and private sectors will be trained to provide quality focused TB/HIV integrated services. KEY LEGISLATIVE ISSUES ADDRESSED CU-ICAP will work with the relevant agencies and organizations to enhance policies that will ensure that clients in Nigerian prisons located within CU-ICAP supported sites have access to adequate and integrated TB/HIV services thereby promoting equitable access to care and treatment program. CU-ICAP will also work with relevant agencies to ensure equitable access to care and treatment programs for women, children and underserved populations in all the service sites. EMPHASIS AREAS The major area of emphasis is on training of health care providers on TB/HIV integration services. Health care providers will be trained to provide counseling and testing services, care and treatment, referrals and back referrals between care and treatment centers and DOTs sites. CU-ICAP will fully fund trainings for its participants especially when organized with other partners. Minor emphasis areas are on service quality assurance and improvement, human resource, needs assessments, development, production and dissemination of IEC materials and increase community awareness and mobilization.

Continued Associated Activity Information

Activity ID: 5551
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 502,500.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	35	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	150	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	125	<input type="checkbox"/>

Target Populations:

Pharmacists
Traditional birth attendants
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Prisoners
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Cross River
Kaduna
Benue
Akwa Ibom
Gombe
Kogi
Rivers

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	GHAIN
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	6700
Planned Funds:	\$ 2,283,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: The goal of the tuberculosis (TB) component is to reduce the burden of TB and HIV-related TB by expanding joint TB/HIV activities, expanding Directly Observed Treatment services (DOTS) coverage and increasing community participation in TB/HIV activities. Global HIV/AIDS Initiative Nigeria (GHAIN) will implement this activity in close collaboration with the National Tuberculosis and Leprosy Control Program (NTBLCP) and other partners based on the following guiding principles: services will be enhanced and expanded to ensure that all TB patients have access to HIV diagnosis and care services, and all HIV patients have access to TB care and services; implementation of joint TB/HIV activities (including supervision) will be in-line with national policies and guidelines; involvement of people living with HIV/AIDS (PLWHA), tuberculosis (TB) patients, and communities in TB/HIV program planning and implementation, and proper mechanisms for preventing cross infection or re-infection of TB in the health facilities.

Strengthening of the TB/HIV services will involve the expansion of service delivery points to include Primary Health Care (PHC) levels and the intensification of case finding, case holding and referrals. This will include the introduction of TB control activities into HIV service points through: promotion of community mobilization and TB education including treatment adherence and stigma reduction where HIV services are provided; introduction of sputum smear microscopy and TB treatment in CT centers; training of HIV/AIDS support groups and community-based organizations (CBOs) on TB control activities; and strengthening TB care delivery (treatment & monitoring) by HIV home-based or CBOs. Similarly, TB/HIV services will be strengthened by establishment or integration of HIV services into TB clinics via the following activities: provision of HIV education at TB service points; promotion & provision of HIV counseling & testing (CT) to TB patients; active case finding of TB cases among household of HIV-infected patients; establishment of an effective referral mechanism for management of HIV-related illnesses; and training of health care workers in the management of drug side effects and immune-reconstitution syndrome. While GHAIN will concentrate its services within the health facilities, the Center for Development and Population Activities (CEDPA) will support GHAIN's initiatives by providing community and home based care for HIV positive clients who are also sputum smear positive.

GHAIN, through German Leprosy and TB Relief Association (GLRA), is actively involved in the National efforts for TB. GLRA is one of the key partners in the design/implementation/update of the National reference tools (Standard Operating Procedures (SOPs), checklist). All National TB accomplishments can be claimed as indirect targets, and we estimate that aside of GHAIN's direct accomplishments, 300 centers will provide TB treatment to 15,000 HIV infected patients. GHAIN will also put systems in place to track the United State Government (USG)/Nigeria custom indicators for TB/HIV services.

GHAIN will provide TB/HIV services in comprehensive sites and PHCs in Anambra, Edo, FCT, Lagos, Cross River and Kano States and eight new states, namely Akwa Ibom, Kogi, Enugu, Taraba, Adamawa, Bauchi, Benue and Niger States. Depending on performance of GFATM, this expansion plan may need to be revised. GHAIN will support the establishment of a pilot/model comprehensive HIV/AIDS service in a rural Local Government Area (LGA) of Cross River State and an urban LGA in Kano State. A total of 4,608 HIV-infected clients attending HIV care/treatment services will receive treatment for TB disease. GHAIN will train 347 health workers in TB/HIV screening and diagnosis (emphasizing TB in HIV infected clients).

Continued Associated Activity Information

Activity ID: 3228
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHAIN
Funding Source: GHAI
Planned Funds: \$ 1,352,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in TB/HIV-related institutional capacity		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for TB/HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	27	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	0	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,608	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	347	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 HIV positive pregnant women
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers
 Tuberculosis patients

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Wrap Arounds

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Taraba

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6713
Planned Funds: \$ 1,903,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in Palliative – Care & Support (6719), ART Services (6715), Prevention of Mother to Child Transmission PMTCT (6718) and Orphans and Vulnerable Children OVC (6720) APIN Plus/Harvard sites will identify HIV infected patients through PMTCT, VCT centers and ART centers and hospitals. These sites constitute a network of delivery points including tertiary teaching hospitals (10), secondary hospitals (11) and primary health care clinics (3). At 25 APIN+ sites, all HIV-infected individuals are clinically pre-assessed for eligibility for ART treatment and funding through this activity will provide palliative care for TB/HIV coinfecting patients (n=9,500). TB screening by sputum examination according to national guidelines is conducted in all HIV-infected patients pre-assessed (~52,900) for ART and monitoring for TB coinfection in the 33,370 maintenance patients already on ART. All HIV infected women (~3,312) from our 32 PMTCT sites will be assessed for ART eligibility and diagnosed for TB. The TB clinics at 9 of our sites are National TB centers offering the government DOTS program. NIMR is the National Tuberculosis Reference Laboratory and will provide an important resource to our other sites in strengthening their capacity for TB diagnosis and cross-training of health care workers in TB and HIV. TB services provided at these clinics will be integrated with ART services and VCT in order to promote the development of a comprehensive system of care for individuals with HIV/TB coinfection. Training of 238 health care workers in both HIV and TB clinical and laboratory settings will be provided. The TB diagnosis, treatment and prophylaxis will follow the National TB Leprosy Control Program (NTBLCP) guidelines and will integrate our referral and scale-up plans accordingly. To date, more than 40% of our clinic attendees present with pulmonary tuberculosis. Depending on clinical status, many patients will be treated for TB prior to receiving ART, following the NTBLCP Guidelines. TB drugs are not often adequate at our associated TB DOTS centers, a small number of TB drugs will be provided on an emergency basis. Concurrent ART and TB treatment follows the National guidelines of d4T+3TC+EFV (800mg). All coinfecting patients with CD4 values <200 cells/mm will receive cotrimoxazole. INH prophylaxis therapy will only be provided on a case by case basis following the NTBLCP guidelines. 1,200 HIV+ patients are estimated to be given IPT. Nosocomial transmission of TB to HIV+ patients will be prevented through such measures and principles such as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on infection control on co-located sites will be implemented in all our sites. Treatment is provided in connection with the Federal ART Program in 9 tertiary care teaching hospitals and specialist hospitals (Plateau, Lagos, Oyo, Borno, Benue & Kaduna). We plan to add additional tertiary care sites of which 1 will be in Benue and 1 in Enugu. We will work with 11 secondary level hospitals/clinics in the 7 states and 3 primary health clinics (Lagos & Plateau) that provide TB diagnosis in addition to VCT, clinical exams, phlebotomy, ART care, basic management of OIs, and referrals for specialty care. APIN will also work with GON in developing the Federal Public Health Laboratory into a national reference lab, a project which has been identified by the Minister of Health as a priority. TB diagnostic capacity will include culture, PCR, and sequencing for resistance testing. A dedicated TB program officer has been hired and will provide TB expertise to all APIN+ sites. He will be responsible for training efforts and reporting of TB patients to the NTPLCP. CONTRIBUTION TO OVERALL PROGRAM The provision of TB diagnostics and treatment within participating ART facilities is consistent with the PEPFAR goal of ensuring that all facilities offering ART develop the ability to diagnose TB and provide nationally accepted directly observed therapy, short course strategy (DOTS) sites within their facility. There will deliberate attempt to locate CT in DOTS centers so as to increase detection of co-infected TBHIV patients. At these facilities, we estimate that we will provide clinical treatment for TB to 9,500 patients with HIV/TB coinfection either prior to or during their ART therapy, thus contributing significantly to the 2007 PEPFAR goals. At all of our APIN + sites we will provide referral to TB DOTS sites that are either co-located or within short proximity. The provision of TB diagnosis and treatment, infrastructure building and health care personnel training under this program will work towards building and maintaining Nigerian National tuberculosis treatment capacity, which is consistent with the PEPFAR 5-year strategy. LINKS TO OTHER ACTIVITIES This activity also relates to activities in Palliative – Care & Support (6719), ART Services (6715), Prevention of Mother to Child Transmission PMTCT (6718) and Orphans and Vulnerable Children OVC (6720). Through this activity we will provide linkages between participating treatment sites and the National Tuberculosis Reference Laboratory, as described above in the above section. Additionally, linkages to potential patient populations through outreach initiatives, VCT activities, and ART services will improve utilization of care opportunities created through PEPFAR

funding. This activity is most immediately linked to care and support and ART services because TB diagnosis and treatment are provided as a part of patient palliative care and support at sites which also provide ART and the TB co-infection rate is high in our populations and has a major impact on ART management. POPULATIONS BEING TARGETED This activity targets adults and children with HIV and TB coinfection by providing a mechanism for critically important TB diagnosis and treatment both prior to the initiation of ART and also during the course of ART therapy. We will pre-screen newly enrolling ART patients for TB in the coming year and will also diagnose and treat TB in patients that are currently on ART therapy. All HIV infected pregnant women participating in our PMTCT testing and prophylaxis programs will also be eligible for TB diagnosis and treatment under this program. KEY LEGISLATIVE ISSUES ADDRESSED This activity will increase gender equity by focusing on strategies which seek to reach an equitable number of men and women who have HIV and TB coinfection. Furthermore, it seeks to provide additional focus on supports for pregnant women who have HIV and TB coinfection. Through data collection and patient surveillance from this activity, we will be able to show the breakdown of men and women who are accessing TB diagnostics and treatment services. Outreach activities and patient counseling also seek to address stigma and discrimination and increase access to information, education and TB diagnosis and treatment for women and girls with HIV. EMPHASIS AREA We place major emphasis on the training of health care workers at participating sites to provide TB treatment in accordance with program protocols. This activity places substantial emphasis on the development of networks and referral systems by linking the National Tuberculosis Reference Laboratory to participating treatment centers. This activity places minor emphasis on commodity procurement, infrastructure building, and logistics through funding for TB diagnosis and treatment for eligible patients, as described above in section 1. Minor emphasis is also placed on community mobilization and participation through outreach initiatives described above in section 1.

Continued Associated Activity Information

Activity ID: 3222
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 764,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	25	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	1,200	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	9,500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	238	<input type="checkbox"/>

Indirect Targets

Indirect targets for these activities include quality assurance and control activities to ensure the provision of high quality TB diagnostic and treatment services. Additionally, we will provide technical assistance at the national level to promote the integration of TB services with ART services.

Target Populations:

Adults
Commercial sex workers
Street youth
Truck drivers
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Borno
Lagos
Oyo
Plateau
Kaduna
Akwa Ibom
Benue
Enugu

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6765
Planned Funds: \$ 3,260,300.00

Activity Narrative: Reprogramming 9/07: \$566,700 in reprogrammed FY07 funds advanced for COP08 technical assistance training targets, funding to be reduced accordingly from the COP08 budget submission for TB/HIV.

ACTIVITY DESCRIPTION: This activity is also linked to VCT (6772) Basic Care and Support (6770), OVC (6771) and HIV/AIDS Treatment Services ((6766) ACTION will leverage significant TB laboratory and clinical expertise and build upon ongoing collaboration with the National TB and Leprosy Training Center (NTBLTC) in Zaria to focus on strengthening the integration of high quality TB and HIV care delivery in support of the national TB control strategy. At 34 points of service directly supported by ACTION, 11,431 newly presenting HIV+ patients or existing Care and Support patients developing symptoms will be screened for TB, 30% or 4592 will be linked to TB treatment, and 2,286 or 20% will receive preventive treatment. Two ACTION laboratory and medical program officers will be dedicated full-time to these activities. In addition, ACTION will collaborate with a Gate's funded international project at Johns Hopkins University to provide technical advice and pilot the Microscopic Observed Drug Sensitivity (MODS) assay. Improving the quality of smear microscopy and TB laboratory diagnosis will remain a major focus in COP07. Centralized training for 100 laboratory scientists and staff will be conducted jointly by ACTION and the NTBLTC in proper smear microscopy methodology. These personnel will also be trained in HIV diagnosis using HIV rapid test kits and linked to trained counselors so that a co-infected patient will be appropriately counseled and diagnosed at TB clinics. Microscopes and supplies will be provided to sites. An ongoing QA program will be conducted including: joint site visits with the FMOH or relevant State MOH for observation/retraining, selective review of completed smear examinations, and proficiency testing with "unknown" slides provided by the QA team. The ACTION M&E staff will work with sites to ensure that incident TB cases are properly reported to the FMOH. ACTION will continue to focus on improving laboratory detection of TB infection by supporting a cost effective innovative laboratory diagnostic approach and TB culture capacity at a minimum of three training sites to support national TB program priorities. One method is a rapid improved immuno-flourescent technology that increases the sensitivity of detecting TB bacilli in direct sputum smear microscopy several fold piloted at NTBLTC in COP06. The second approach is the conventional culture system that allows the detection of the bacilli in a culture medium in an incubator over several weeks and provides drug sensitivity testing. 200 specimens per month will be tested. The microscopic observation drug susceptibility (MODS) assay will be piloted at these sites as a more scaleable alternative. ACTION will network with Global Fund in implementing these plans to avoid duplication of services to be developed under Global Fund. Integrated clinical management of HIV/TB co-infected patients at ACTION points of service will be strengthened. FMOH DOTS site expansion will be supported through training collaboration and minor renovations at sites to ensure 100% co-location with ARV sites. 48 physicians will be trained as Master Trainers in diagnosis and proper management of co-infection. They will return to sites to carry out site level training for indirect targets of 240 health workers trained. Patient record tools have been modified to prompt for TB screening indicators and site level training of health workers will focus on utilization of a symptom history focusing on chronic cough, fever, weight loss, or night sweats to prompt referral for TB evaluation. Chest X-rays will be supported for sputum negative patients being evaluated for TB or candidates for INH prophylaxis. HIVQUAL will be utilized as a clinical quality indicator and improvement strategy at sites. These efforts will increase TB screening, with a target of 11,431 new HIV patients screened and an anticipated 30% requiring TB treatment. INH prophylaxis will be provided for HIV+ patients with active TB excluded in accordance with national guidelines. Cotrimaxozole Preventive Therapy (CPT) will be provided to eligible TB/HIV patients. Nosocomial transmission of TB to HIV+ patients will be prevented through such measures and principles as basic hygiene, proper sputum disposal, and good cross ventilation at clinics. Facility co-location of TB/HIV services is preferred to clinic co-location. The national guidelines on infection control on co-located sites will be implemented in all our sites. In addition to the training collaboration with the NTBLTC, ACTION currently supports integrated TB HIV services at 16 sites and will develop 18 additional sites under COP07 for a total of 34 sites. Sites will be established at the secondary and primary health center levels with linkages to tertiary centers to provide accessibility of services to patients. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina,

Gombe, Kwara, and Akwa Ibom. CONTRIBUTIONS TO OVERALL PROGRAM AREA: Training and support to improve the quality and integration of TB HIV services are consistent with FMOH and EP priorities. The aims are an expansion of TB DOTS points of service with collocation of DOTS/ARV services, an increased number of HIV patients screened and treated for TB, and use of preventive therapy driven by best evidence. An overarching focus on technical capacity development will ensure sustainability. Smear microscopy QA will be carried out collaboratively with the FMOH and State MOH to promote sustainability through capacity development and integration into the health sector system. Prior support and collaboration with the NTBLTC has included infrastructure upgrades to create a national clinical and laboratory TB training facility, development of curricula and carrying out trainings to facilitate HIV testing at all DOTS points of service improving the quality of TB diagnosis and management among HIV+ patients, and upgrading of the NTBLTC diagnostic laboratory and clinical care facilities. COP07 activities will focus on sustainability of the national training program and this national model facility for laboratory diagnosis and clinical care with a decreasing dependence upon ACTION technical expertise and a focus on the training of a cadre of Master Trainers. LINKS TO OTHER ACTIVITIES: This activity is also linked to VCT (6772), BC&S(6770), OVC (6771) and HTXS (6766). The collaboration with the NTBLTC will also include training to ensure that VCT is available at all DOTS points of service. Linkage to TB diagnosis and treatment is an important component of all Care and Support services. Linkage to ARV services and proper management of patients requiring ARV and TB medications is a major program area focus. Zankli Hospital is a private facility which has a significant TB lab infrastructure. As a public private partnership, ACTION will provide training and collaborate in the piloting of TB diagnostic methods. POPULATIONS BEING TARGETED: ARV services are offered to HIV positive infants/children and adults living with HIV/AIDS. Doctors, nurses, and laboratory workers are targeted for training in both the public and private sectors. KEY LEGISLATIVE ISSUES ADDRESSED: This activity focuses on "Wrap Arouns – Other", as the activity relies upon non-EP funding related to TB and promotes linkage with HIV specific funded programs to ensure that comprehensive services are available to HIV/TB co-infected persons.

Continued Associated Activity Information

Activity ID: 3254
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 920,020.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in TB/HIV-related institutional capacity		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for TB/HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of HCT clients in a TB setting (including TB suspects)		<input checked="" type="checkbox"/>
Number of HIV care clients screened for TB		<input checked="" type="checkbox"/>
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	44	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	2,286	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,592	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	185	<input type="checkbox"/>

Indirect Targets

240 health workers trained in TB/HIV care and service linkage as indirect target from 48 Master Trainers training 5 staff each.

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Public health care workers
Private health care workers
Doctors
Laboratory workers
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Other

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Lagos

Nassarawa

Benue

Delta

Kogi

Niger

Akwa Ibom

Gombe

Jigawa

Kaduna

Katsina

Ogun

Osun

Plateau

Sokoto

Table 3.3.07: Activities by Funding Mechanism

Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6781
Planned Funds: \$ 117,000.00
Activity Narrative: ACTIVITY NARRATIVE
 This activity supports 1 member of the USG Care and Support team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of a full-time Nigerian technical advisor for TB/HIV. This position is continuing unchanged from earlier COP requests. The dollar amount to be programmed and the number of partners working in this program area have increased modestly, and the team believes that this experienced manager and technical expert will be able to cover these increased responsibilities without additional staff required to support her. The TB/HIV advisor continues to liaise with the other program area managers and ensure that a strong network is developed to provide for the needs of the people living with HIV/AIDS and their families. Oversight, supervision, mentoring, and capacity-building will be provided by the palliative care advisor making twice monthly supervision visits to the field, with the new, less experienced partners being visited more frequently than the well established institutional contractors.

The TB/HIV advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG TB/HIV working group. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners. This advisor spends 100% of her time in this program area and does not have primary program responsibilities in any other program area. None of the costs for this position is captured in any other budget category.

Continued Associated Activity Information

Activity ID: 5401
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: USAID Agency Funding
Funding Source: GHAI
Planned Funds: \$ 80,865.00

Table 3.3.07: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6790
Planned Funds: \$ 200,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This HVTB activity relates directly to all HHS Nigeria TB/HIV COP07 activities (see ID references in the narrative below).

The USG team in Nigeria through HHS/CDC will utilize TB/HIV funds to support three full time TB/HIV program officers for the HHS/CDC Global AIDS Program (GAP) Office Clinical Care Unit in Nigeria. Each of these qualified FSN officers (one Senior Program Specialist, one Program Specialist and one TB/HIV Laboratory Technician) will have significant experience in program planning and implementation related to TB and HIV. They will be responsible for providing strategic leadership and technical support to the Government of Nigeria as well as to USG partners including: University of Maryland-ACTION (#6765), Harvard School of Public Health-APIN (#6713), AIDSRelief (#6677), Columbia University School of Public Health-ICAP (#6697), and the U.S. Department of Defense (#6795), Africare (#6672). The objective of this support is to develop and efficiently implement the USG's PEPFAR TB/HIV strategy as outlined in PEPFAR/Nigeria's 5-year strategy and the TB/HIV 5-year strategy recently developed by the Government of Nigeria. These strategies call for integrating TB and HIV services to allow TB patients to be counseled and tested for HIV and referred to HIV care as appropriate, and for patients infected with HIV to be adequately screened for TB and linked with care and treatment. Specific activities are the establishment of quality TB DOTS services at all HIV care points of service and the availability of confidential HIV counseling and testing at all TB points of service supported by PEPFAR.

The budget includes funding for three FSN salaries, ICASS and CSCS charges related to these staff positions, limited international and required domestic travel, training and minor support costs. The funds planned in this activity are also expected to support 5 weeks of in-country Technical Assistance by TB/HIV program area specialists from HHS/CDC GAP HQ or relevant agencies as requested by the HHS/CDC GAP Office in Nigeria. These officers will take a leadership role in identifying additional local partners suitable for PEPFAR support in order to expand integrated and sustainable TB/HIV activities. They will also coordinate USG TB/HIV activities with other key TB and HIV initiatives such as the Global Fund Against HIV/AIDS, TB, and Malaria, The World Health Organization (WHO) (#6811), and The International Association of Anti-Leprosy Association (ILEP) in Nigeria. These officers will represent HHS/CDC as part of the USG team on the recently established National TB/HIV Working Group. This group has the mandate to provide national leadership for TB/HIV strategy, program development, and implementation. They will also work in coordination with the USAID Basic Care and Support TB/HIV staff and their partners (WHO, FHI/GHAIN #6700). This coordination will be in the form of joint work plans, regular meetings and communication between agencies, and joint internal and external TA to partners.

Continued Associated Activity Information

Activity ID: 5402
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 53,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Table 3.3.07: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6795
Planned Funds: \$ 396,600.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity will also be linked to all appropriate Basic Health Care and Support HBHC(6802) Orphans and Vulnerable Children OVC (6808) Laboratory Infrastructure HLAB (6799) Counseling and Testing HVCT (6796).

COP05 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo, Lagos), 445 Nigerian Air Force Hospital (Ikeja, Lagos). During COP06, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COPO7 plans expansion to seven new facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri). Total of 14 sites are to be used.

Approximately 40-50% of tuberculosis (TB) patients are HIV-infected and, conversely, it is estimated that roughly 20% of HIV-infected patients develop clinically-overt TB. Aggressive detection and treatment of TB is important in order to reduce morbidity and mortality associated with HIV infection. In addition, aggressive HIV counseling and testing of TB patients represents an important public health strategy which will be key in the further identification and treatment of HIV-infected individuals.

The NMOD/DOD partnership will extend free HIV services to include screening for TB among all HIV+ identified in or referred to HIV treatment clinics at the military hospitals. The NMOD/DOD will ensure that all clients accessing ART services are routinely screened by questionnaire for TB, and if clinically indicated, confirmed by 3 sputum smears, fluorescent stain and/or culture (Nationally accepted algorithm). In addition, to improve the detection of military, dependents and surrounding community civilians who are co-infected with TB/HIV, HIV counseling and testing at the TB Units in all the military hospitals will be integrated using an opt out approach. Expansion of TB/HIV services in FY07 will also ensure a close linkage of military implementation to national strategies and programs.

During COP07, it is anticipated that a total of 2914 patients (20% of the estimated 13470 HIV+s screened for TB) will be diagnosed with active TB and will require TB treatment through the NMOD/DOD program. Patients co-infected with HIV/TB will either be provided with TB treatment at the diagnosing military site or referred to the nearest appropriate public supported Direct Observable Treatment System (DOTS) site. Many military facilities work in conjunction with NGO or FMOH DOTS sites through out the country and have been strengthening these referral mechanisms with support from PEPFAR. At military facilities, TB prophylaxis will be offered to HIV+ patients (1,347) according to individual clinical need and according to national guidelines. The NMOD/DOD partnership will utilize proven adherence strategies for patients on anti-retroviral (ARV) and TB treatment. Community health workers, community support groups and volunteers, including people living with HIV/AIDS (PLWHAs), will be trained locally by clinical staff and supported to assist with patient adherence to ART and TB drugs through a buddy system.

Funding will support training of 42 additional healthcare staff in TB and HIV diagnosis and clinical management to increase detection and referral of TB cases to the TB Unit among their HIV positive patients. Clinicians and laboratory technologists at each HIV clinic and TB Unit of each military hospital will undergo intensive (two week) training organized in collaboration with the FMOH, national TB program and other stakeholder.

Funding will also support improvement in laboratory capacity for TB diagnosis. Laboratory infrastructure and equipment will be upgraded and staff trained in TB screening and diagnosis of patients infected with HIV. This will include but not be limited to biologic hoods, microscopes, staining material, and safety equipment for staff which will complement overall HIV lab improvements under PEPFAR. The NMOD/DOD will link with government and other implementing partners' reference laboratories, such as ACTION (UMD) and the TB reference facility in Zaria for laboratory training, development of SOPs and quality improvement activities ensuring continuity of PEPFAR supported programs . Support to other National Programs, such as the NIAID supported program at the National Institute of Pharmaceutical Research and Development in the form of clinical samples.

Cotrimaxozole Preventive Therapy (CPT) will be provided to eligible TB/HIV patients .Nosocomial transmission of TB to HIV+ patients will be prevented through measures and principles such as basic hygiene , proper disposal of sputum .good cross ventilation at the clinics and provision of face masks etc. Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site visits by the NMOD/DOD and appropriate partners, are essential components of this program. These consultation visits will occur at least quarterly.

This program fully adheres to USG policies and acquisition regulations, minimizes indirect costs to accomplish the capacity building described above. International and local organizations synergize with the Nigerian Ministry of Defense to identify best practices and implement evidence based interventions in a sustainable manner. The program design ensures continued USG visibility and accountability at all levels of implementation. By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTIONS TO OVERALL PROGRAM AREAS

The provision of DOTS centers on 14 NMoD sites, and the development of links with DOTS centers provided by other partners, will expand access to quality TB services. This improved access will result in higher TB case detection and improved treatment outcomes. Through the provision of services to 2694 TBHIV patients, the DOD will contribute to the emergency plan treatment goals for TB/HIV care in Nigeria

LINKS TO OTHER ACTIVITIES

This activity will also be linked to all appropriate Basic Health Care and Support HBHC(6802) Orphans and Vulnerable Children OVC (6808) Laboratory Infrastructure HLAB (6799) Counseling and Testing HVCT (6796)

Activities will be linked also to behaviour modification prevention programs(6803) and to strategic information systems (6800)), to improve surveillance and monitoring information, and to inform policy and system strengthening activities .

POPULATIONS BEING TARGETED

People in the military personnel, civilian employees, dependents, and the general population of the communities surrounding 14 sites affected by TB/HIV, including orphans and vulnerable children (OVC), PLWHAs and their families. Women, in particular within the age range of 25-44, will be targeted, as there is a higher reported incidence of TB among this group.

KEY LEGISLATIVE ISSUES ADDRESSED

Improved gender balance in programming through prevention, diagnosis and treatment activities targeted at young girls and women, who account for 41% of TB cases in Nigeria and who have limited access to services.

EMPHASIS AREAS

This activity includes major emphasis on linkages with other sectors and initiatives and minor emphasis on commodity procurement, quality assurance, capacity building and training.

Continued Associated Activity Information

Activity ID:	3240
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 650,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	14	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	1,347	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,914	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	42	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
 Military personnel
 Orphans and vulnerable children
 People living with HIV/AIDS
 Girls
 Boys
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Doctors
 Laboratory workers
 Nurses
 Other Health Care Workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Borno

Cross River

Delta

Enugu

Oyo

Plateau

Benin

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: World Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6811
Planned Funds: \$ 500,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is linked to the goal of reducing the burden of TB in HIV patients, the second objective of the WHO Interim Policy on Collaborative TB/HIV activities, as intensified TB case finding and TB care is offered to HIV positive patients.

WHO in collaboration with the federal and state ministries of health will use FY07 funds to continue the 3rd year of phased implementation of TBHIV activities initiated with FY05 funds. Using FY07 funds, WHO will continue to provide technical assistance to federal and state TB and HIV control programs to coordinate and implement TBHIV activities in 6 additional states. TBHIV activities will be initiated and implemented in 36 DOTS facilities, 12 ART sites and 6 community based organizations providing HIV/AIDS care and support services. In each state there will be a network of 2 ART sites with referral links to 6 DOTS facilities and 2 care and support organizations.

HIV Counseling and testing services will be established in 36 DOTS facilities. Health workers in DOTS facilities will have the capacity to diagnose HIV in TB suspects, treat HIV positive persons with active TB, and provide CPT and referral to ART clinics and care and support services.

Six community based organizations providing HIV/AIDS care and support services will be trained and mentored to identify and refer members with symptoms and signs of TB to DOTS facilities for diagnosis and treatment. Thirty-six community members will be trained as treatment supporters and will also facilitate links between community and facility based activities.

To ensure intensified case finding, screening and diagnosis of TB will be strengthened in 12 ART clinics, referral links established with DOTS services and TB infection control measures instituted.

Based on the patient load in the past year, it is anticipated that the 36 DOTS facilities will test an estimated 32,500 TB suspects for HIV. Of these about 6,000 persons will be dually infected and require treatment . A total of 234 health workers of different cadres, including state TB and HIV control officers and community workers, including PLWHA representatives will be trained to implement TBHIV activities.

By the end of FY07, and cumulating with, TBHIV activities in FY05 and FY06, a total of 18 states will have a network of 36 ART sites with capacity for referral / diagnosis and treatment of TB; 108 TB DOTS treatment clinics will provide counseling and testing services with referral to HIV care and treatment services; 18 HIV/AIDS care and support organizations will serve as community links for symptomatic screening and referral of HIV positive TB patients.

FY07 funds will also be used to strengthen coordination and reporting of TB and HIV activities in all the states supported by USG in TBHIV activities. State TB/HIV working groups will be established in the additional six states and at the same time the working groups already established in the 12 states during FY05 and FY06 will also be maintained. In addition, WHO and the FMOH will also use FY07 funds to establish state TB/HIV working groups in states where other PEPFAR partners are implementing collaborative TB/HIV activities. FY07 funds will also be used to conduct advocacy and sensitization for TBHIV activities at state and local government levels and annual coordination meetings of state AIDS and TB program coordinators with the National TB and HIV coordinators. Two dedicated National Professional Officers will be hired by WHO to provide technical assistance and facilitate, national, state and Local government mentoring, supervision and coordination of TBHIV activities. In collaboration with the FMOH, joint monitoring and supervision will be conducted and FY07 funds will also be utilized as required for on-going revision, printing and dissemination of national TBHIV reporting and recording forms.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

TB is the most common cause of morbidity and mortality among HIV positive persons. This activity focuses on reducing the burden TB in HIV patients and will contribute to the goals of the Government of Nigeria and the Emergency Plan targets.

While the DOTS strategy started by establishing TB clinics in primary health care facilities, the HIV/AIDS strategy started by establishing ART facilities at tertiary institutions, the result has been an incongruity between the location of DOTS clinics and ART facilities to the detriment of the dually infected. By linking TB and HIV services, this activity contributes to the Federal Governments strategy to have DOTS clinics and ART sites in the same facility or close by with a very strong referral mechanism.

LINKS TO OTHER ACTIVITIES

This activity is linked to ART, counseling and testing, palliative care and community based care and support services.

This activity is linked to the goal of reducing the burden of TB in HIV patients, the second objective of the WHO Interim Policy on Collaborative TB/HIV activities, as intensified TB case finding and TB care is offered to HIV positive patients. It also contributes to reducing the burden of HIV in TB patients, the third objective of the Interim Policy, as the ART sites serve as referral facilities for the DOTS sites where CT takes place. Individuals identified as TB/HIV patients will be referred to appropriate TB and HIV health facilities in order to receive appropriate care and treatment.

This activity is also linked to the strategic direction of the National TB and Leprosy Control Program (NTBLCP) to establish DOTS clinics in all the ART sites in the country to reduce the incongruity in the availability of TB and HIV services and promote TB/HIV collaboration at the facility level.

POPULATIONS BEING TARGETED

This activity targets HIV positive persons receiving treatment, care and support and HIV positive persons with active TB.

This activity also targets HIV patients who had hitherto not had access to TB screening and care. In Nigeria, TB is the commonest Opportunistic Infection (OI) in (PLWHA). This activity thus offers HIV patients a longer life free of the morbidity and mortality caused by TB.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will work to increase equitable access to quality TB and HIV services to women, children, and other marginalized populations. It is also anticipated that the ready availability of such services will reduce stigma and discrimination that is associated with TB and HIV patients.

EMPHASIS AREAS

This activity includes major emphasis on training. Minor emphasis will be on human resources and on development of network/linkages/referral systems, and infrastructure.

Continued Associated Activity Information

Activity ID: 3220
USG Agency: U.S. Agency for International Development
Prime Partner: World Health Organization
Mechanism: Track 2.0
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	36	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	156	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
International counterpart organizations
People living with HIV/AIDS
Policy makers
Program managers
Teachers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Volunteers

Coverage Areas

Adamawa

Benue

Ebonyi

Ogun

Rivers

Table 3.3.07: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9878
Planned Funds: \$ 512,600.00

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is also related to activities in ART (#9894), Palliative Care (#9842), OVC (#9883), VCT (#6742) and PMTCT (#9748) for the provision of HIV/AIDS related commodities needed in those services.

SCMS will procure laboratory equipment, consumables, test kits and other supplies for the TB HIV program on behalf of various PEPFAR Implementing Partners (IPs) in Nigeria including the U.S Department of Defense (DoD), University of Maryland, Institute of Human Virology (IHV)/ACTION, Family Health International(FHI)/GHAIN, Columbia University (CU)/ICAP, Harvard University School of Public Health (HSPH)/APIN+, Society for Family Health (SFH) and Catholic Relief Services/AIDSRelief.. The request will be coordinated by CDC acting on behalf of the IPs and managed by SCMS. The commodities will be procured in accordance with the Government of Nigeria's (GON) national treatment and testing program protocols, GON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centers (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in commodity product selection based on Standard Treatment Guidelines, testing protocols and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria.

SCMS will aggregate the total required commodities for the IPs and undertake the procurement on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting. SCMS will take the lead in establishing and managing the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria.

A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where in-country supply chains will take over the local warehousing.

All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the

USG Team.

SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity is also related to activities in ART (#9894), Palliative Care (#9842), OVC (#9883), VCT (#6742) and PMTCT (#9748) for the provision of HIV/AIDS related commodities needed in those services

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Funding in this activity is allocated as follows: UMD-IHV = \$78,600, CU-ICAP = \$30,000, RTKs = \$404,000.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9879
Planned Funds: \$ 100,000.00

Activity Narrative: ACTIVITY DESCRIPTION Africare's TB-HIV program is also related to Basic Care and Support (6672), Counseling and Testing (6673) Africare is currently supporting 4 sites in 2 states: Somolu General Hospital in Lagos state, and Niger Hospital, Braithwaite Memorial Hospital and University of Port Harcourt Teaching Hospital in Rivers state to carryout HCT with care & support (C&S) services. Mobile HCT is also carried out in selected motor parks. In COP07, activities will be expanded to include TB-HIV program, in collaboration with the National TB and Leprosy Control Program (NTBLCP). Under this new programmatic activity Africare will hire a TB-HIV project officer to provide leadership in this activity. In COP07, Africare will provide HIV related palliative care to 5,500 persons. It is estimated that approximately 400 HIV+ clients attending HIV palliative care services will receive treatment for TB disease. The TB-HIV program will be integrated into the HCT program; that is, clients for TB diagnosis will be referred for HIV testing and vice-versa. The project will provide HCT to 1,000 TB patients and TB screening to 3,000 HIV+ clients. GON has setup TB DOTS centers in project sites. The project will procure necessary laboratory equipment such as microscopes, chambers for sputum smear preparations, etc., and training of staff. NTBLCP will ensure that drugs and reagents are made available at the sites. Mobile clinics at the motor parks and other public places will target MARPs such as truck drivers, mobile populations, etc. The project will work with Primary Health Centers, which will serve as Outreach Point of Service (OPS) Centers where clinic days will be used for HCT as well as TB screening and referrals made for laboratory diagnosis. TB clients with HIV will be linked to the project's C&S services which include clinical and laboratory diagnosis, home based care, and psychosocial and spiritual support. Clients that are due for HIV treatment will be referred to ART sites in the network. At the health facility and community levels, infection control education will be emphasized. The project will use IEC materials, health workers, volunteers, care givers and peer educators to educate beneficiaries on basic TB infection control such as basic hygiene, ventilation, and drug adherence. Africare will train Africare staff and health care providers within the health facilities, who will in turn train mobile counselors and volunteers using an approved national training curriculum. A total of 40 care providers will be trained and educated to screen for TB among HIV+ clients. With the use of updated data tools, Africare's M&E staff will track activities at project sites. Africare will build the capacity of health care providers, CBOs/FBOs and NGOs to ensure sustainability after the project close out. All providers will be provided with manuals/SOPs adapted from existing national guidelines to assist them in service provision.

CONTRIBUTIONS TO OVERALL PROGRAM AREA: Africare's TB-HIV program in Lagos and Rivers states will build the capacity of the health facilities on TB-HIV management. The integration of TB diagnosis into the HCT services will afford HIV+ clients the chance of knowing their TB status early. Conversely, increased availability of diagnostic counseling and testing services in medical settings will assist to identify the number of clients with TB-HIV who are potential candidates for HIV treatment and care services. The TB treatment program by NTBLCP will strengthen the project's palliative care program. Training of mobile counselors and volunteers on screening for TB would assist early diagnosis of TB. The outreach programs will also ensure that services reach the underserved in the communities. The networks and linkages established with CBOs/FBOs, state and local authorities will close gaps in the provision of services to the communities. This will help reduce new infections. This activity will also contribute to the national plan of early diagnosis of TB-HIV and referral/linkages to care due.

LINKS TO OTHER ACTIVITIES Africare's TB-HIV program is also related to Basic Care and Support (6672), Counseling and Testing (6673). TB patients that are HIV+ will be counseled on prevention for positives messaging while those that are HIV- will be given prevention messages as well. The project will ensure that clients for TB diagnosis are referred for HIV C&T and those that are HIV+ enroll in the project's care and support program. The home based care program for clients will provide basic care kits, prophylaxis for minor ailments, spiritual counseling and other supports. Clients will also be referred to ART sites for treatment. The HVTB program will assist in strengthening the capacity and practices in health facilities to screen, diagnose and treat HIV-infected patients for TB which is an essential component of quality care in HIV programs.

POPULATIONS BEING TARGETED: The HVTB activities target specifically HIV+ clients and those that may be at risk of infection such as their family members. Activities will target young people, adults, pregnant women, truck drivers/mobile populations and other most at risk populations. Project activity will test for TB among and provide information and

other services to care givers and family members of PLWHA on TB case management. Medical staff in the health facilities and volunteers from partner organizations would be trained on TB management especially among PLWHA. Similar training will also be made available to the support groups, local groups and care givers of PLWHA in project communities.

KEY LEGISLATIVE ISSUES ADDRESSED Africare's TB-HIV program will help increase gender equity in programming by ensuring that equitable number of men and women participate in program activities. Stigma and discrimination of PLWHA is high in project communities leading to problems of disclosure by those infected, either to partners or family members. Activities will support programs targeted at reducing stigma and discrimination in the project communities, which will encourage care and support for PLWHA. Activities will use strategies that address other social norms of women's and men's behavior in the communities that increase their vulnerability to impact of HIV and TB. Such strategies include the involvement of men as peer educators, counselors, support group members, etc.

EMPHASIS AREAS: Activity's major emphasis will be on training of project staff, health workers, volunteers, CBOs/FBOs, other partners and care givers on TB-HIV management and caring for people with TB-HIV. Minor emphasis will be on developing policy and guidelines, human resources, development of networks/linkages/referral systems, commodity procurement, logistics and infrastructure. Funding will be expanded to the area of community mobilization and advocacy for care and support of those living with TB-HIV. Networks will be established with government agencies, NGOs, CBOs/FBOs and other groups for support in program implementation.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in TB/HIV-related institutional capacity		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for TB/HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of HCT clients in a TB setting (including TB suspects)	1,000	<input type="checkbox"/>
Number of HIV care clients screened for TB	3,000	<input type="checkbox"/>
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	0	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	400	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/>

Target Populations:

Adults
Family planning clients
Most at risk populations
Street youth
Mobile populations
Truck drivers
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth

Coverage Areas

Lagos
Rivers

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12364
Planned Funds: \$ 200,000.00
Activity Narrative: ACTIVITY DESCRIPTION: The Society for Family Health is currently implementing the Comprehensive Integrated Approach to HIV/AIDS Prevention and Care (CIHPAC) Project in Nigeria. The main goals are to contribute to a reduction in HIV prevalence among youths aged 15-24 years; to create an enabling environment for behavior change and program sustainability in collaboration with other partners. Tuberculosis remains a serious public health problem in Nigeria. HIV is known to increase the burden of tuberculosis. The prevalence of HIV among TB patients is 19.1% (Nigeria National Sentinel Survey 2001) and it is estimated that TB is the leading cause of deaths among PLWHAs and responsible for 14-54% of HIV/AIDS deaths globally. As part of the social mobilization for TB control activities in Nigeria, SFH will develop and air national a four language TV campaigns to create awareness on TB management and prevention among HIV persons and the general population. This will support the National Tuberculosis/Leprosy Control program which has funding through the Global Fund to air 13 TV slots per quarter on Network Television. Mass media activities will be completed with interpersonal communication activities using mid-mass media such as mobile drama shows (road shows). Additional drama scripts will be developed to create awareness on the links between TB and HIV while opportunities for questions and interactions are created at the end of each drama show. One hundred TB/HIV focused road shows will be staged at SFH high risk communities reaching 8000 persons. SFH will train IP partner provider staffs (5 persons per IP) using specially designed flip charts to conduct outreaches on TB prevention and management. These activities will create an enabling environment for TB-HIV management targeted at community, religious leaders and political/local government officials.

Links to other activities

The activities will be ultimately linked to treatment, care and support services that are being directly implemented by USG implementing partners and the GoN. This activity will support advocacy and social mobilizations programs that will be conducted at the community level.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	45	<input type="checkbox"/>

Target Populations:

Most at risk populations
People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Leadership, Management, and Sustainability
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12369
Planned Funds:	\$ 200,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: This activity relates to OVC (3.3.08), TB/HIV (3.3.07), and Other Policy/Systems Strengthening (3.3.14) Program Areas.

In addition to the capacity-building support currently being provided to 12 Nigerian Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs), the Leadership, Management and Sustainability (LMS) Program will expand its institutional capacity building support to selected Government Institutions to increase their abilities to provide nationwide coordination, thereby increasing synergies and effectiveness of the PEPFAR programs. One of the institutions that will be strengthened in this expansion is the National TB and Leprosy Control Program (NTBLCP) in the Federal Ministry of Health. LMS will develop leadership and management skills at national and state levels for the NTBLCP leadership and focal person in the Federal and State Ministries of Health respectively. Support will also include strengthening organizational and programs management capacity to efficiently and effectively address the National TB response and to coordinate the huge increase in activities as a result of the recent award of a Global Fund TB grant.

In COP 07 LMS will provide technical assistance to governmental agencies and NGOs engaged in the coordination and implementation of services to HIV/AIDS affected individuals in Nigeria as related to TB diagnosis and treatment in this population. Although this is a new initiative in Nigeria, LMS and its predecessor project the Management & Leadership (M&L) Project provide this support in other countries. LMS will focus on building financial, governance, planning, coordination and human resources systems in NTBLCP. Using a variety of tools and techniques, including virtual programs, workshops, and one-on-one instruction and mentoring, LMS will work with the NTBLCP to improve their financial management, human resource management, management information systems, monitoring and evaluation, quality assurance, strategic and project planning, leadership, and governance systems. Building on its broad experience LMS will do an assessment of the NTLCP's status in management and governance areas and will then develop for each organization a work plan that is designed to quickly build on areas of strength, eliminate weaknesses, and improve over all organization capacity and performance. The focus of LMS will be to enhance the ability of the NTBLCP to clearly understand and meet its responsibilities and to continually improve its operations to meet a changing environment.

LMS will work with the NTBLCP to develop and train a team of management facilitators in the national TB training center to provide management support and mentoring at the state level.

LMS will work with the NTBLCP to develop a model for TB control management teams that can be replicated at the state level. LMS will work with the NTBLCP to develop SOPs to strengthen management systems which can be rolled out to state control programs. LMS will provide continuing support to the NTBLCP and the national TB training centre to roll out SOPs to state control programs.

The national and state TB control programs will have an improved organizational structure with a clear mission, more efficient governance, effective internal and external communications, M&E systems, and improved management. There will be strengthened leadership practices and competencies at national and state levels to coordinate TB control activities and by multiple funding agencies.

Emphasis Areas**% Of Effort**

Human Resources

10 - 50

Local Organization Capacity Development

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of individuals trained in TB/HIV-related institutional capacity

12

Number of local organizations provided with technical assistance for TB/HIV-related institutional capacity building

1

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

Doctors

Nurses

Policy makers

Host country government workers

Public health care workers

Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Centre for Development and Population Activities
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12373
Planned Funds: \$ 482,000.00
Activity Narrative:

ACTIVITY DESCRIPTION: In COP07, Positive Living (PL) is implementing a two pronged TB/HIV palliative care services: 1) CEDPA will provide comprehensive TB/HIV care services in 3 states- Imo, Benue and Bauchi reaching 200 PLWHA; and 2) home/community-based TB/HIV treatment care and support and referral for 4,108 PLWHAS in 11 GHAIN supported states- Anambra, Edo, Federal Capital Territory (FCT), Lagos, Cross River, Kano, Enugu, Kogi, Niger, Adamawa and Taraba. PL will therefore provide a total of 4,308 PLWHA with TB/HIV care and support services in a total of 24 sites located in 14 states. The TB/HIV component of Positive Living (PL) will address the increasing TB case load among HIV positive persons by increasing access to treatment and improving treatment outcomes. This activity will link TB and HIV prevention, care and treatment activities at the community and primary care level. All TB/HIV clients reached by CEDPA under the GHAIN arrangement will be counted as indirect targets.

The 24 CBOs will contribute to TBHIV care in the following ways: 1) Provide treatment support services through out treatment until cure; 2) Provide patient family and community education on TBHIV co-infection; 3) Complement case finding efforts of traditional facility based TB treatment programs; 4) Increase accountability of local health services to the community; 5) Lobby the state and local authorities for increased commitment to TBHIV control. 1,200 community health workers, home based care volunteers and peer educators will be trained to provide TB/HIV education, care and support including adherence to TB treatment regimens; family members (2 per PHA) will be given basic skills to provide continuous care and support. Four pilot community-based clinical facilities will be supported to handle TB management, basic laboratory and community services for HIV positive persons. This activity will ensure that 800 HIV positive persons and their family members are referred and supported to access routine screening for TB. It is anticipated that 200 HIV positive persons will require treatment for TB. Co-infected TB/HIV patients will be linked to medical services at GHAIN, other USG-funded health care facilities and DOTS centers. Communities will have increased knowledge on prevention and control of TBHIV and increased capacity to provide care and support for dually infected patients.

Partners and family members of HIV/TB patients will be counseled and referred for TB screening and linked to appropriate care and support services. TB/HIV activities will be integrated into ongoing palliative care program (HBHC #9839) and prevention programs (HVAB, and HVOP). HBC volunteers will be trained to recognize TB symptoms and danger signs, proper referral of PHAs for TB screens and treatment, home-based nursing care, infection control, follow-up and adherence counseling. Standard operating procedures, training manuals and IEC materials will be adapted and updated; ELICO maps model will be adopted to help HBC volunteers keep track of the individuals and families they visit, and follow-up. Project activities will be properly documentation at every stage of implementation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in TB/HIV-related institutional capacity		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for TB/HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	200	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,200	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Public health care workers
Laboratory workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Adamawa
Anambra
Bauchi
Benue
Cross River
Edo
Enugu
Federal Capital Territory (Abuja)
Imo
Kano
Kogi
Lagos
Niger
Taraba

Table 3.3.07: Activities by Funding Mechanism

Mechanism: KNCV Tuberculosis Foundation
Prime Partner: Tuberculosis Control Assistance Program, KNCV Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12423
Planned Funds: \$ 200,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This TB Control Assistance Program (TB CAP) will be implemented by the KNCV Tuberculosis Foundation. The activity is linked to ensuring uninterrupted drug availability at TB and HIV treatment sites. Currently there are 2219 treatment sites in Nigeria and the National goal is to reach over 3015 sites country wide. As a first activity, the current drug management system will be assessed. Based on the assessment results a prioritized workplan will be developed to address the following technical areas:

- Technical assistance to National and state TB and HIV control programs to develop / revise the national and state forecast, budget and procurement plans for drugs and commodities for the treatment of TB and provision of joint TB/HIV services;
- TA on establishment of appropriate logistics systems for 6 zonal stores;
- Ensuring appropriate store conditions to accommodate NTBLCP's aim of maintaining buffer stocks of three months at the LGA-level, six months at the state-level, and twelve months at the national level;
- A ToT for National, state and local government staff on forecasting, budgeting, procurement, distribution and monitoring of commodities; and,
- A mentored roll-out plan targeting the six zonal stores.

It is anticipated that a multi year plan is needed to fully address all these technical areas with appropriate funding.

Contribution to Overall Program Areas: Currently, the supply chain system for drugs and other supplies needed is weak. A central store exists in Lagos which supplies regional stores in Jos and another in the north central zone, but still dependent of the ILEP NGOs. There is insufficient capacity at national, zonal and state levels to effectively manage the drug supply system. A Strategic Framework of Implementing Joint TB/HIV Activities in Nigeria has been promulgated in 2005-06. This strategy includes WHO-recommended interventions aimed to reduce the burden of HIV among TB patients, to reduce the burden of TB among PLWHA and to establish the mechanisms for coordination between the TB and HIV programs as well as with other partners. There was a dramatic acceleration of TB/HIV planning and programming in the 2005-2006 period. This activity will contribute to strengthening and expanding the capacity of the Government of Nigeria's response to the treatment of TB among patients living with HIV. This activity will also contribute to the strengthening and scale up of the national drug logistics and management systems, especially as it relates to TB drugs for TB/HIV co-infected patients. This activity will ensure that program policies and guidelines as well as training curricula reflect the planned changes.

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in TB/HIV-related institutional capacity	200	<input type="checkbox"/>
Number of local organizations provided with technical assistance for TB/HIV-related institutional capacity building	7	<input type="checkbox"/>
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		<input checked="" type="checkbox"/>

Indirect Targets

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting: 2,219

Target Populations:

Pharmacists
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area: **\$ 16,215,712.00**

Program Area Context:

Nigeria is home to an estimated 1.8 million children who have lost one or both parents to AIDS – a number projected to increase to 3.4 million by 2015. Significant geographic variations in the prevalence of HIV and the distribution of orphans are documented. Highest concentrations of orphans are found in the Southeast (25.6%) and the lowest in the Northwest (15.1%). Urban/rural differences are thought to be marginal. A planned 2006-2007 National Survey will help to clarify the exact scale, scope and characteristics of the OVC crisis in Nigeria.

Vulnerability among children is widespread and pervasive. AIDS is one of many factors contributing to orphaning. In addition to orphaning, other factors leading to child vulnerability include widespread poverty, conflict and gender inequalities. Nigeria also has a large population of children who are infected with HIV and who are currently in need of treatment or will require treatment in the future. UNAIDS (2006) estimates that the number of children (0-14) living with HIV is 240,000. Because children are rarely tested, actual numbers of infected children may be significantly higher.

What is abundantly clear, however, is that the burden of OVC on Nigerian households and the extended family is already large, growing and extracting a significant toll. In Benue, a high prevalence state, the average household cares for 3-4 orphans. Nationwide, one in ten families has taken in an orphan. Poverty conspires with orphaning to stretch the extended family. When the safety net of family structures fails, children find themselves in child-headed households or abandoned. Tragically, this leads to streetism; children growing up without caregivers/parental support, and increasing vulnerability to hazardous labor, abuse and therefore, HIV.

Nigeria's response to its AIDS epidemic has only now begun to muster the political will needed to mitigate impact. The Presidency recently pledged debt relief funds to a collaborative program with the Clinton Foundation to accelerate Pediatric ARV treatment. Government of Nigeria's (GoN), leadership in meeting the needs of OVC has been entrusted to the Federal Ministry of Women Affairs (FMWA). Under the co-direction of the National Action Committee on AIDS (NACA) and the FMWA a National Steering Committee has been formed. Within the FMWA, an OVC Unit has been established and inaugurated a Task Team in 2005 to assist it in finalizing the National Plan of Action for OVC (NPOA). A Child Rights Bill endorsed by the Federal Government is in the process of ratification by State authorities. A costed National OVC Action Plan and a National M&E framework have been drafted and are pending executive approval. Work is underway to establish regional coordination centers and an OVC unit in each of the states. Human and material resource capacity of the FMWA are weak at National and sub-national levels, and the USG provides capacity-building support to all these National bodies through its Enabling Environment partner.

PEPFAR is by far the most robust donor response to Nigeria's OVC crisis. UNICEF, Clinton Foundation, GFATM (round 5) and DFID are co-funders of note. The responses of Civil Society, the NGOs and FBOs have been small scale, lacking in coordination/cohesion and minimally effective.

The OVC challenges in Nigeria are enormous and so too are the opportunities. Work to support the FGN with technical assistance for policy development and capacity building is central to the USG approach. This includes support for the ratification and operationalization of the legislative and policy documents listed above. USG will be an active partner in supporting the '3 ones' principle and ensuring that all USG funded activities conform to the FGN five-year emergency plan for Nigeria as well as relevant national policies and programs. USG will also ensure compliance with the 'Framework for the Protection, Care and Support of OVCs and the Presidential Initiative guidance on the utilization, monitoring and evaluation of OVC funds.

Work in Nigeria has been guided by recognition of the need for a continuum of care option, comprehensive family/community based care and support for all OVC. Support for the HIV impacted child and caregivers will continue to be the focus of OVC programs in COP07. In Nigeria, scale up of programs, increased local

ownership, improved quality, monitoring and accountability, as well as increased use of USG resources to leverage new resource flows will receive priority attention.

USG Agencies and their implementing partners have spearheaded efforts to provide community and family centered comprehensive OVC services. Since COP05, the USG team has reached 18,751 OVCs in 14 States and is on track to meet its COP06 target. The target for COP 07, 34,491 has plateaued in large part due to the transition of OVC activities from GHAIN to smaller partners based on the overall strategy of reducing the proportion of budget going to large partners. In COP06 intense efforts have been underway to transition these programs to other OVC partners, and to bring new partners into the OVC portfolio. These efforts have been successful and 2 new OVC awards resulting from the APS are included in COP07. Other strategies have been to reposition a Track 1 OVC partner geographically, and provide small grants "gap funding" until permanent partners are in place. Four other OVC partners have been identified through the APS and awards are expected in the course of COP07. It is anticipated that by the end of COP07 the transition will be complete and all partners will be well established and prepared to scale up in COP08.

Care and treatment and the provision of ART were justifiably the focus of early efforts. Work must now be accelerated to also extend coverage in the six core program areas (i.e. education, health, psychosocial support, safety and protection, nutrition and shelter). Special attention will be paid to reducing stigma and discrimination for those impacted by HIV and removing gender biases that limit life prospects or access to services for OVC and their caregivers. Awareness creation, capacity building and the mobilization of community responses and resources will be a focus of efforts. Ownership and investment by local authorities and the communities themselves are key to strengthening long term prospects for sustainability. USG partners are well positioned to guide, leverage and make use of resources from communities, NGOs, other donors and the GoN.

Universal Basic Education programs in Nigeria are intended to remove financial barriers to access for all children. The reality, however, is that local authorities impose levies for books, exams, PTA, etc. These additional monies place basic education beyond the grasp of numerous OVC. In collaboration with GoN officials at all levels, USG implementing partners will raise awareness and lobby for the elimination of these levies and fees for OVC. This will free financial resources that can then be used to reach larger numbers of needy children with other services. Several projects are already working with communities to provide food for OVC. These community contributions are used to improve OVC nutrition, health, performance in school and lessen the burden on caregivers and families. Gender is a critical issue in Nigeria and all OVC activities will ensure that girls and boys receive equal attention and opportunities.

The OVC Program will build on already strong linkages amongst USG Agencies. As OVC work is inherently cross-cutting in nature, the OVC technical team is integrally involved in most of the prevention, care, and treatment program areas and is often the driver of improved collaboration and stronger linkages between areas. OVC targets for COP07 include 30,421 individuals served and 1,850 providers/caretakers trained.

Program Area Target:

Number of OVC served by OVC programs	30,421
Number of providers/caregivers trained in caring for OVC	1,850

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6679
Planned Funds: \$ 288,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is also linked to HMBL (6676), HVTB (6677), HVCT (6681), HTXD (6682), HTXS (6678), HLAB (6680) and CRS-SUN (6686). It also relates to HMIN (3.3.04) provided by PEPFAR partners.

AIDSRelief (AR) has a family centered approach for the care and treatment of Persons Living with HIV and AIDS (PLWHAs) and those affected by the epidemic especially orphans and vulnerable children (OVCs). Our OVC activities (6679) include Pediatric basic care and support and pediatric TB/HIV care. Significant changes will include establishment of specific OVC services from 3 Local Partner Treatment Facilities (LPTFs) in COP06 to 26 sites in 11 states in COP07 to provide OVC services to 2,239 clients. We will ensure that the OVC in our care get access to the full package of care including counseling and testing (CT), nutritional counseling/support, psychosocial support, education and economic empowerment by connecting them to other OVC programs in particular the Catholic Relief Services (CRS) under the Scale Up Nigeria (SUN Project). We will participate in advocating the Government of Nigeria (GoN) at the state levels for welfare services for OVCs (free primary education)

In order to increase skills in pediatric HIV/AIDS care we will train 60 health care providers using the Government of Nigeria (GoN) national tools and guidelines. These will be trained in the clinical management of pediatric HIV+ clients including management of TB and other opportunistic infections (OIs), pediatric counseling and support for treatment adherence. Specific training will be provided to at least one pediatric doctor per LPTF for the early detection and treatment of TB, Pneumocystis jirovecii pneumonia (PCP) and Lymphoid Interstitial Pneumonitis (LIP). In addition AR will train pediatric counselors to meet the special needs of children and their parents/care givers and provide the support needed at family level by working with home based care programs under the 7-Diocese program of CRS (6686).

AR will provide laboratory diagnosis and monitoring for OIs and TB infection among the pediatric HIV+ clients. We will provide CD4 testing for all HIV+ OVCs and ensure that those needing antiretroviral treatment (ART) receive it from the ART service program. We will use a family centered approach which provides comprehensive HIV/AIDS care and treatment services to families and encourages other household members to be tested. A home based care package addressing children's diseases that have a high prevalence such as malaria and diarrhea will be provided to include Insecticide Treated Mosquito nets (ITNs), nutritional supplements including micronutrients and Water guards for safe drinking water.

AR will provide facility based care for the OI and TB/HIV of OVCs under the care of the community based programs (CBOs) such as the SUN project in the states where we will be working but the costs of OIs will be met by them and CRS SUN will report these targets (no duplicative counting will occur). We will work with at least 2 other facilities in each state of our operation (State and FBOs), include 3 health workers at each, a total of 66 in our training activities and through this approach indirectly benefit 14,650 OVCs estimated to be under their care. We will carry out joint monitoring and evaluation of these activities with the concerned institutions on a quarterly basis using nationally approved tools that allows the monitoring of services provided directly by AR and those by referral from AR to another organization or leveraged from other donors.

In COP07 we will provide OVC services at 26 LPTFs across 11 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Lagos, Nasarrawa, Oyo and Plateau.

CONTRIBUTION TO OVERALL PROGRAM AREA

Pediatric patients represent 10% of AIDSRelief's treatment targets, with many pediatric patients being identified for basic care and support and TB/HIV services. The total number of OVC targeted COP07 is 2,239 including 809 on non-ART care and 1,430 on ART. In addition, our scaling up of OVC services will contribute to the USG/ PEPFAR target of providing comprehensive quality of care to 400,000 children infected and affected by HIV and AIDS in Nigeria.

The OVC activity will contribute to AIDSRelief overall comprehensive package of care for PLWHAs by ensuring that children's specific needs are taken care of. Our training activities

will contribute to the overall program sustainability by building a knowledge base across our 26 LPTFs and 22 other sites.

LINKS TO OTHER ACTIVITIES

This activity is linked to HMIN (3.3.04), HMBL (6676) to ensure OVCs are protected from HIV infection through safe injection and blood transfusions when they need them. It is linked to HVTB (6677), HVCT (6681), HTXD (6682), HTXS (6678), and HLAB (6680) by linking OVC to these services and thus comprehensive HIV and AIDS services.

We will collaborate with the SUN project in all sites where these programs co-exist to enable OVCs in our care have access to psychosocial support and other services. AR will also collaborate with community based organizations for the provision of community and home based care service to the OVC clients and nutritional support. AR state program managers and referral coordinators will ensure that OVCs under our care are linked to these other services as described in section 1 above. We will sub grant the SUN project (6688) and other CBOs for these services and monitor service delivery on a monthly basis.

POPULATION BEING TARGETED

This activity will target 2,239 OVCs including 809 on non-ART care and 1,430 on ART plus Caregivers of OVCs and Community Based Organizations. Most of AR sites have a community based component that will ensure comprehensive access to OVC services.

We will indirectly target 14,650 OVCs by working with 22 other facilities/organizations in the states where we operate. 66 personnel from these sites will be included in our training activities.

KEY LEGISLATIVE ISSUES ADDRESSED

The activity will ensure gender and age equity in access to basic care and support and TB/HIV services to both male and female OVCs in AIDSRelief supported LPTFs.

EMPHASIS AREAS

The activity has Major emphasis on commodity procurement and minor emphasis on training, human resources, community mobilization and participation, development of network/linkages/referral systems and linkages with other sector initiatives.

Continued Associated Activity Information

Activity ID:	5416
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 150,625.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,239	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	60	<input type="checkbox"/>

Indirect Targets

We will work with at 2 other facilities in each state of our operation (State and FBOs), include 3 health workers at each, a total of 66 in our training activities and through this approach indirectly benefit 14,650 OVCs estimated to be under their care. We will carry out joint monitoring and evaluation of these activities with the concerned institutions on a quarterly basis.

Target Populations:

Faith-based organizations
Doctors
Nurses
Orphans and vulnerable children
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Federal Capital Territory (Abuja)
Kano
Plateau
Anambra
Benue
Edo
Kaduna
Kogi
Lagos
Nassarawa
Oyo

Table 3.3.08: Activities by Funding Mechanism

Mechanism: OVC
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6688
Planned Funds: \$ 2,000,000.00

Activity Narrative: ACTIVITY DESCRIPTION

Building the capacity of Nigerian faith based communities to reduce the impact of HIV/AIDS by providing care and support for OVC will significantly improve the quality of life of OVC and caregivers as well as increasing the long-term sustainability of such an effort. The package of services provided under this activity include: supporting OVC access to education, home based care visits, psychosocial counseling, supporting access to basic health care services including access to subsidized drugs, treatment of minor/common ailments, providing appropriate referral to ARV sites, growth monitoring for those under 5 years of age, nutrition support for the most needy of the OVC, legal support, life skills training to increase the capacity of OVC to make more informed life choices, and the acquisition of income generating skills for selected OVC. All suspected cases of pediatric HIV will be referred to AIDSRelief (AR) or other IPs. In addition, the capacity of community members and caregivers to respond to OVC needs will be strengthened.

Another program element involves strengthening the organizational capacity of the Catholic Secretariat of Nigeria-CSN, and 10 focal dioceses to manage and support local and community based response. The implementation structures of this initiative revolve around CSN, Diocesan Action Committee on AIDS (DACA) and Parish Action Committee on AIDS (PACA). DACA is primarily responsible for daily program management while PACA is entrenched at the community level for social mobilization/service delivery. CSN provides leadership and overall coordination at the national level. This tripartite structure forms the foundation of CRS/OVC sustainability framework. A series of mentoring and capacity building activities aimed at institutional strengthening will be conducted. Partners will receive training including project management, M&E, financial, administration, and management of small grants. The M&E strategy is participatory, community driven and aligned to the national framework within the context of the 'three ones' initiative. A special emphasis will be placed on developing tools for monitoring services provided to OVC according to the new PEPFAR reporting guidance for OVC. Referral systems will be established with other IPs, and GON to ensure that OVC beneficiaries are receiving services in all 6 core service areas.

The primary direct targets for this project for were initially 6000 individuals receiving at least three OVC services and 510 individuals trained. With plus up funds, 9000 OVC can now be reached. The 510 individuals trained will be newly trained in OVC and will replace volunteer attrition. Indirect targets include 12000 individuals receiving OVC services and 60 individuals trained in OVC. Ten people from LGA will be trained. Each of the 10 people trained will provide step down training to 6 of their colleagues and each of those colleagues will reach 200 OVC with services. OVC will be working in 8 states (Edo, Benue, Kaduna, Kogi, Niger, Plateau, Nassarawa and the FCT). Present active 10 sites across 8 states will remain unchanged in COP 07. As of August 2006 CRS-SUN has reached 1669 OVC (836 females and 833 males) using COP 05 funds awarded as a result of the APS.

CONTRIBUTIONS TO OVERALL PROGRAM AREAS

Activities in the program area are focused on strengthening the capacity of families and communities to provide care and support for OVC. These activities contribute to the USG's PEPFAR 5 year strategy of providing care to 400,000 OVC and are consistent with the Strategic Framework on OVC by providing services to 6,000 OVC and training 510 individuals within faith based structures on care and support of OVC and caregivers. In addition, specific policy and community mobilization capacity building initiatives aimed at leveraging national guidelines and procedures around critical needs of OVC including school fees will be provided for the leadership of CSN, Parish structure and other affiliated institutions.

LINKS TO OTHER ACTIVITIES

This links to 6678 (HTXS), 6682 (HTXD), 6686 (BC&S) and 6677 (HVTB) and 6687 (VCT). CRS7D care and support project is implemented in CRS OVC project States. All OVC families receive community based care and support from the 7D project (6686). OVCs and their caregivers that are positive will be referred appropriately to CRS AIDS Relief (6678) sites for treatment. Infants born to PMTCT clients will be followed up via the growth monitoring component of the OVC activities. Children of support group members in the 7D project will benefit from the OVC activities. Through collaboration and referral networks with organizations like Christian Aid and AR, OVCs will access services and opportunities that are not provided directly by CRS SUN project.

POPULATIONS BEING TARGETED

OVC, caregivers of OVC, and children and youth (OVC) of general population are the direct project target while FBOs, religious/community leaders, and community volunteers are indirect beneficiaries of CRS SUN project activities. The general population of youth will benefit as a result of the life skills training that will be conducted in schools. AR will also refer their OVC on ART to the CRS OVC project to ensure a more complete package of care for OVC on ART.

KEY LEGISLATIVE ISSUES

This program will strive to address gender issues: specifically increasing women's legal rights through the provision of support for legal fees and advice. Linkages with community efforts to provide assistance in protecting women and children's legal rights will also be strengthened. Effort will be made to address issues related to stigma and discrimination that hamper care and support activities as well as prevention effort.

EMPHASIS AREAS

The major emphasis area is local organization capacity development. Minor emphasis areas are: community mobilization/participation; development of network/linkages/referral system; IEC and linkages with other sectors and initiatives.

The SUN Project will improve the quality of life of OVC and caregivers through direct service to OVC and through capacity building of OVC, households, communities and partners. Education will be supported through partnerships with schools, payment of school fees and provision of materials. Health will be promoted through partnerships with health care centers for growth monitoring and treatment; health education during support group meetings and home visits; distribution of insecticide treated nets, water guard and other materials; treatment of minor ailments during home visits; and referral to health centers. Suspected cases HIV will be referred to AIDSRelief or other treatment centers. Psychosocial support will be provided through group counseling, home visits and integration into community recreational activities. Protection programs will vary among partners to addresses the findings of the Situation Analysis. Income generation programming for caregivers and youth will expand with plus up funding.

Partner capacity to serve OVC will also be strengthened. CSN provides leadership, technical support and national coordination. CRS provides mentoring and capacity building including training in project management, monitoring and evaluation, financial, administration, and management of small grants. This support is provided at all levels, for CSN directors, the CSN Health Unit and provincial structures, and the DACA and PACAs in all ten dioceses. These Committees are responsible for program management, volunteer mobilization and service delivery at the community level. Youth will be engaged as peer educators and in program design and evaluation.

The M&E strategy is participatory, community driven and aligned to the national framework within the context of the 'three ones' initiative. Referral systems will be established with other IPs, and GON to track whether OVC beneficiaries are receiving services in all 6 core service areas.

Continued Associated Activity Information

Activity ID:	5407
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	OVC
Funding Source:	GHAI
Planned Funds:	\$ 1,470,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
# of local organizations provided with technical assistance for strategic information activities.		<input checked="" type="checkbox"/>
# of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	9,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	510	<input type="checkbox"/>

Indirect Targets

10 000 community members receiving sensitization on the needs of OVC households; 1000 children (not only OVC) in the communities receiving HIV prevention messages; 294 Partner staff with strengthened capacity to respond to OVC needs

Target Populations:

Community leaders
 Faith-based organizations
 Orphans and vulnerable children
 Volunteers
 Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination
 Increasing women's legal rights

Coverage Areas

Edo
 Federal Capital Territory (Abuja)
 Kaduna
 Kogi
 Nassarawa
 Niger
 Plateau
 Benue

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1.5
Prime Partner: Hope Worldwide South Africa
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAJ)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6689
Planned Funds: \$ 276,647.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to Abstinence and be faithful (6723), Palliative Care ((basic health care and support) (3.3.06), PMTCT (3.3.01), and HIV/AIDS treatment/ART (3.3.11) activities provided by PEPFAR partners

HOPE Worldwide Nigeria (HWWN) will strengthen communities and provide care and support to Orphaned and Vulnerable Children (OVC) in 4 Program sites. Fourteen community/faith-based organisations (CBO/FBO) will be trained and mentored to serve 4,200 OVC from 840 households and 60 caregivers trained in caring for OVC. HWWN's capacity building for benefiting CBO/FBO will cover methodology for attracting more funding for programs, documentation and communication, services to OVC and networking. Trained organisations will provide services such as psychosocial support, counselling, income generation for OVC and care givers. Two trained CBO/FBO which have the capacity to scale up their activities will be selected to receive sub-grants to carry out these activities.

PEPFAR funding will be used to establish 5 new OVC and caregiver support groups through CBO/FBOs, and will continue their support for the existing ones. A Child Care Forum comprising key community stakeholders such as village chiefs, youth leaders, local government and health workers as well as any other relevant stakeholder will be formed in each of the program site to ensure that OVC have access to the essential services. Technical assistance will be provided by one of our Anchor partners (Emory School of Public Health) to carry out Household Surveys at the sites. They will also assist in setting up the monitoring of services provided directly by HWW, by referral from HWW, by another organisation independently and by services leveraged by HWW and its sub-grantees. IEC materials will be produced to further sensitise the communities about the OVC situation and how to respond.

Departments of Health at the local levels which have already been mobilized and trained will be mentored to continue to provide support to OVC in COP07. The departments of Education and Agriculture and Rural Development have been identified as key stakeholders needed to provide the multi-sectoral response outlined in the OVC National Plan of Action. These Departments will be mobilized under this program. Social workers and teachers will receive trainings to provide care and support to OVCs and set up kids clubs within the communities and the schools and to step down training in the Education department and in community development associations. People trained will be constituted into a group and be mentored and monitored throughout COP07. HWWN will work closely with the Agriculture and Rural Department Departments and the local arm of the Federal Ministry of Women's Affairs that is responsible for OVC response in Country, and facilitate their active involvement in OVC response at the local level. These departments' capacity will be strengthened to spearhead the community child care forum that will be set up in various communities.

3,700 OVC from 740 households will be reached directly with psychosocial, educational and vocational/economic strengthening and 40 caregivers will be trained in caring for OVC. HWWN's psychosocial support includes kids clubs, support groups, preparing memory books, life skills and counselling services. The vocational and economic strengthening strategy primarily targets child headed households and facilitates the acquisition of marketable skills by OVC in carpentry, tailoring and other areas through internship with professionals and volunteer entrepreneurs in the communities. The formal education and school based programs cover school enrolment (especially girls, who are most at risk of leaving school in order to care for sick family members), school supplies and free uniforms. HWWN local partners under the program (Coca Cola and the Rotarians For Fighting AIDS) will assist in upgrading public schools that will in turn provide levy free education for OVC. The program will leverage National Programs like NAPEP, UBE, NDE and school feeding programs and other USG ABC programs. HIV positive OVC will be referred to other USG partners for appropriate treatment while the program will continue to provide psychosocial support. In COP06, 2,034 OVC were reached in the 4 sites where HWWN program existed. A total of 7,900 OVC will be served and 1,580 Caregivers reached along with 100 providers/ caretakers trained in caring for OVC in COP07 in the 4 sites in Lagos State.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program will increase the number of multiplier organizations receiving capacity building and collaborate with other partners to provide care and support to OVC and caregivers, which will contribute to COP07 overall Emergency Plan OVC targets for Nigeria. Planned activities will increase number of community partners including FBOs providing OVC services, increase community understanding of OVC needs and concerns and help decrease stigmatisation of OVC. This will contribute to improving the quality of life of OVC and their caregivers, increasing the number of OVC with life skills and resilience, and improving OVC access to educational, nutritional, medical and psycho-social services. We will undertake State level advocacy visits to Commissioners, religious, opinion, traditional, women & youth leaders to mobilize community about OVC issues. The activities mentioned above contribute substantively to USAID Nigeria's 5-Year Strategy emphasis of providing community support services to at least 25 percent of children affected by AIDS and the National Action Plan to scale-up the national response to OVC, building on previous and existing experiences to reach more children, with more services over a longer period of time.

LINKS TO OTHER ACTIVITIES

HWWN OVC relates to Palliative Care ((basic health care and support) 3.3.06), PMTCT (3.3.01), Abstinence and be faithful 6723) and HIV/AIDS treatment/ARV services (3.3.11).

POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers of OVC and PLWHA and community-based organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and Discrimination, Gender--especially increasing women's access to income and productive resources—and Wrap Around – including food, microfinance/micro credit and education will be addressed in this program, by creating linkages and leveraging private resources as mentioned above.

EMPHASIS AREAS

The main thrust of the program in COP07 will be on Community Mobilization and participation, Local Organization capacity building. Efforts will be put into training, linkages with other sectors and initiatives, development of referral network, information, education and communication

Continued Associated Activity Information

Activity ID: 5405
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide South Africa
Mechanism: Track 1.5
Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target

Number of OVC served by OVC programs

Target Value

4,200

Not Applicable

Number of providers/caregivers trained in caring for OVC

60

Target Populations:

Community-based organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender
Increasing women's access to income and productive resources
Stigma and discrimination
Wrap Arounds
Food
Microfinance/Microcredit
Education

Coverage Areas

Lagos

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6694
Planned Funds: \$ 334,400.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to ART (6690), Palliative Care (6697), VCT (6695) PMTCT (6699) services.

In COP06, CU-ICAP assisted 3 secondary hospitals in Kaduna and Cross River States to support 600 HIV-infected and affected children (OVC) who accessed support services, care and treatment, laboratory, and pharmacy support at the hospitals, their referral networks, and surrounding communities.

In COP07, CU-ICAP will expand support to 12 new hospital networks in 7 states and to 2,786 infants and children enrolled into care and support. CU-ICAP will strengthen the coordination of PMTCT, ART and OVC services for seamless movement of HIV+ children across the various services. Support and capacity building for local NGOs, CBOs and FBOs will enable the implementation of advocacy and social mobilization, psychosocial support, home based care (HBC), and educational support. Clients and their caregivers will be linked to food and microfinance programs. OVC services (6694) will be integrated into community HBC programs. Networking with community organizations and other implementing partners will enable leveraging of resources, and trainings will enhance service delivery, capacity building and sustainability.

CU-ICAP's pediatric programming has 5 elements: enhancing PMTCT effectiveness; supporting pediatric HIV diagnosis; enhancing pediatric case finding and referral to care and treatment; and ensuring comprehensive care and treatment services, including ART, for HIV-exposed and infected children. In FY07, CU-ICAP's health care for OVC will include prophylaxis of opportunistic infections (OIs), management of OIs and other illnesses, and ART for eligible patients. Facilities will also receive support and training to collect, prepare, and transport dried blood spots (DBS) for infant diagnosis, to be performed at laboratories supported by other implementing partners.

To achieve these objectives and overcome challenges faced in COP06, CU-ICAP will provide infrastructural support and training for clinical staff using GON pediatric protocols, guidelines and SOPs. Family focused care and elements of pediatric care will also be woven into each ART training. Procurement of drugs and supplies for pediatric care will continue, as will pharmacy training and supervision.

CU-ICAP will work through local partners to provide educational support e.g., school levies to most at-need children following clearly identified selection criteria. CU-ICAP will also work with Fantsuam Foundation (FF), MWG and GAWON Foundation to provide therapeutic nutrition for malnourished children and motherless infants. They will provide home based primary care, psychosocial support and link OVC to health facilities for basic health care needs by providing transport and other support. These partners will also provide OVC services and will support peer education at primary and secondary schools. In addition CU-ICAP along with her local partners will set up a monitoring system using the nationally approved tools that allows the monitoring of services provided directly by CU-ICAP; by referral from CU-ICAP to another organization.

At the community level, subcontracts with the following organizations will provide family focused OVC services and linkages to hospital and allied services: MWG, FF, TCF, GAWON, Catholic Archdiocese of Ogoja (CACA), Grassroots HIV/AIDS Counselors and ARFH and other CBOs and PLWHA groups.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

By training 250 care givers and health care providers, CU-ICAP, through partnership with organizations listed below, will enhance the delivery of quality services to a cumulative 2,786 OVC that are/will be enrolled in basic care and support programs such as health, educational and vocational support, psychosocial support and food and nutrition. All these activities will improve the lives of the OVC in line with the national plan of Action on OVC and the National Strategic Framework and contribute to meeting the PEPFAR primary and supplemental direct targets. CU-ICAP will leverage resources through advocacy and training in partnership with GON and other IPs to contribute to the indirect targets. Fifty policy makers and key decision makers in the health and education sectors will be reached by advocacy efforts.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (6690) and Palliative Care (6697) in that all children infected with HIV will be monitored and placed on ART when indicated. HIV-exposed and infected children will be placed on prophylactic Cotrimoxazole (CTX) from six weeks or as soon as diagnosis is confirmed. Also OVC and their households will be provided with insecticide treated bed nets and water guards for safe and clean water by partnering with SFH. Household members of OVC will be referred for VCT (6695) and women enrolled in PMTCT (6699) will be provided with intermittent treatment prophylaxis for malaria prevention and their children referred for OVC services.

POPULATIONS BEING TARGETED

This activity targets the general population especially infants and young children and other at-risk children in HIV infected and affected families. The entry point for OVC in the general population will be CU-ICAP's partner organizations. HIV positive infants and children, HIV-infected pregnant or breast feeding women and malnourished patients will be assisted to access care and support. Health and allied care providers in clinical and non clinical settings will be trained to provide services to OVC. Community and facility based volunteers, traditional birth attendants and support groups programs, will be used to increase access to care and support especially to the underserved.

KEY LEGISLATIVE ISSUES ADDRESSED

CU-ICAP will advocate equal access to education and improved legal and social services such as the protection of inheritance rights for women and children, especially the girl child, and increased gender equity in HIV/AIDS programming. CU-ICAP will advocate for increased access to income and productive resources and education for women. This activity will foster necessary policy changes and ensure a favorable environment for OVC programming. CU-ICAP will support CBO and FBO partners to leverage resources for micro-credits and microfinance activities to support OVC care givers and other areas of focus. CU-ICAP will advocate for free education for HIV-infected children and will work to provide interim arrangements for school fees or other supports where needed.

EMPHASIS AREAS

CU-ICAP major area of emphasis will be the development of networks, linkages and referral system. Minor areas of emphasis will include commodity procurement, linkages with other sector and initiatives, training and food/nutrition support.

Continued Associated Activity Information

Activity ID:	5547
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University Mailman School of Public Health
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 155,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,786	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	250	<input type="checkbox"/>

Target Populations:

Traditional birth attendants
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
Volunteers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Host country government workers
Public health care workers
Private health care workers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Volunteers
Food
Microfinance/Microcredit

Coverage Areas

Cross River
Kaduna
Benue
Akwa Ibom
Gombe
Kogi
Rivers

Table 3.3.08: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6701
Planned Funds: \$ 1,115,000.00

Activity Narrative: Reprogramming 9/07: CEDPA will provide non-clinical services for each OVC supported by GHAIN in those communities where the two projects are active. The targets will be attributed to GHAIN, but the activity narratives will reflect that 2050 OVC will received \$100 each of community oriented supports through CEDPA's activities.

ACTIVITY DESCRIPTION

This activity relates to activities in HTXD (6705), HVTB (6700), HBHC (6708) and MTCT (6706).

Global HIV/AIDS Initiative Nigeria (GHAIN) will provide palliative care (PC) services to 3,681 children living with HIV (CLHIV) by supporting 75 sites (new and old) and increasing coverage by going to 8 additional focus states listed among the USG priority states.

In COP07, GHAIN will support practical strategies that ensure CLHIV can access comprehensive and qualitative, non-ART, basic HIV/AIDS care and support. Based on lessons learnt, funding priorities and the present partner guidance, GHAIN will focus on facility based approach to PC service delivery while the Centre for Development and Population Activities (CEDPA) - a USG partner implementing community home based care (CHBC) - becomes responsible for the community-based components for care.

GHAIN will strategically engage all the comprehensive ART sites and the selected Primary Health Care (PHC) centres to provide comprehensive basic care and support services in line with the National Palliative Care Guidance and the USG PC Policy. Services to be provided include: HIV counseling and testing (CT) that will be supported under the CT program; basic nursing care, assessment of signs and symptoms (including pain), prevention of malaria and opportunistic infections (OIs), PC medications, nutritional assessment; psychological care including adherence counseling for children and their care givers, pain control; non-ART laboratory services; referral support for ART and other medications. GHAIN will establish strong linkages with CEDPA, to provide the Home Based Care (HBC) and other support services for all its clients. GHAIN will work with CEDPA, other USG partners and Government of Nigeria (GON) to finalize the development of the training manual on facility palliative care and home based care for providers and volunteers. GHAIN will also develop a standardized training manual for integrating HIV services into PHCs. These manuals will be produced for utilization by the GON and USG service providers and volunteers in PC points of service. A total of 300 people trained to provide PC for both children and adults will serve the children population.

GHAIN will further establish a pilot Early Infant Diagnosis (EID) laboratory in Cross River State to support the State's strategy of universal access. It is envisioned that this laboratory will serve as a reference laboratory serving the 5 comprehensive sites in Cross River, as well as sites located in Anambra, Akwa Ibom, Rivers and Edo.

GHAIN will strengthen support groups, integrated into 45 comprehensive ART sites and in 30 PHCs in saturation states, namely Anambra, Edo, FCT, Lagos, Cross River and Kano states and expand into eight new states, namely Akwa Ibom, Kogi, Enugu, Taraba, Adamawa, Bauchi, Benue and Niger States. Depending on performance of GFATM, this expansion plan may need to be revised.

The activities of the support groups to be funded by GHAIN will be mainly for contact tracking of children and support to their care givers, while CEDPA provides continued community home based care services, thus, ensuring a working continuum of care without duplication of services.

GHAIN is a major player in the design of the National reference tools for PC/HBC (curricula, SOP...). At least 30 PHC and 45 ART centers (total: 75) will use these tools. Next to 4 staff per center will be trained, thus, 300 persons trained. At least 25,000 children on ART in the country will benefit from this tool, as well as the CLWHA registered but not yet on treatment. These will serve as indirect targets.

Howard University will continue to work with the Pharmaceutical Society of Nigeria (PSN), other pharmacy professional bodies and where possible, help licensed patent medicine vendors to build the capacity of their members in seven pilot communities to further improve the dispensing of prescribed PC related medications through PHC facilities and

patent medicine stores as applicable, as well as complement the existing referral services for clients. Additionally, Howard will be a part of the close collaboration with CEDPA and will offer training-of-trainers workshops to their community health extension workers on aspects of medication-related PC.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute towards reaching 3,144 CLHIV out of the USG overall strategic five year plan for Nigeria. It will also contribute to strengthening the national, state and local/facility level systems for implementing quality PC&S programs. The diagnostic laboratory services will be used for monitoring CLHIV thus ensuring timely entry into the pediatric ART program.

This program will also contribute to institutional and staff capacity building. Thus, GHAIN will continue to strengthen its exit/sustainability plan both at the country program level showing how it will work with the health facilities implementing comprehensive ART programs and the facility based support groups, to build their capacity and to customize a specific plan and schedule for each facility. The plans will include an assessment phase, customized plan for building capacity, and a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

LINKS TO OTHER ACTIVITIES

GHAIN will concentrate its PC activities in the health facility, providing medical care services while CEDPA takes the community home based care services, to provide social support, spiritual care, psychosocial care and procurement of kits. The facilities will identify one staff that will serve as a PC coordinator and will be provided with necessary training to double as the supervisor for all OVC PC activities, including the facility based support groups to ensure that the needs of children and their care givers are catered for. The facility referral coordinator and the PC coordinator will work hand in hand to coordinate the linkages between CEDPA and GHAIN supported activities. These will act as linkage for those children who test positive to HIV to care and support services as well as providing management for OIs and for contact tracking children on (antiretroviral) ARV drugs who are lost to follow-up. These linkages will assist in maximizing the support opportunities provided by the Emergency Plan's funding.

POPULATIONS BEING TARGETED

GHAIN will provide PC services (specifically clinical care and support services) to children living with HIV/AIDS through facility-based support groups. The children will be generated from Care and Treatment, counseling and testing, and TB-HIV programs. GHAIN will empower secondary and primary health care facilities to serve as referral points for children and their families being provided with HBC services by CEDPA.

KEY LEGISLATIVE ISSUES ADDRESSED

GHAIN will strengthen gender equity in HIV/AIDS care and support programs using a comprehensive approach; addressing the specific needs of children in this regard and also emphasizing male involvement in care initiatives to ensure sustainability. GHAIN will collaborate with the Partners for Development to source for micro-credit facilities for the indigent care givers to be able to support the children, and with other USG implementing partners to wrap around good governance by securing services that protect the rights of the child, enhance food supply, improve sanitation in communities, provide clean water, Insecticide Treated Nets (ITN) and strengthen non-HIV health services, including child health and nutrition.

Continued Associated Activity Information

Activity ID:	3229
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	GHAIN
Funding Source:	GHAI
Planned Funds:	\$ 1,758,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,101	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	300	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 Orphans and vulnerable children
 Caregivers (of OVC and PLWHAs)
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 Private health care workers
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Food
 Microfinance/Microcredit
 Democracy & Government
 Increasing women's access to income and productive resources

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6720
Planned Funds: \$ 1,068,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is also linked to PMTCT (6714), C&S activities for adults (6719), TB/HIV activities (6713), pediatric ART services (6715), C&T activities (6721) and SI activities (6717).

Twenty-five APIN Plus/Harvard sites will identify HIV-infected OVC through PMTCT, VCT centers and ART centers and hospitals. These sites constitute a network of delivery points including tertiary teaching hospitals (10), secondary hospitals (13) and primary health care clinics (4) in Plateau, Oyo, Borno, Lagos, Kaduna, Benue, and Enugu states. While many of the original PMTCT sites are classified as secondary or community-based in nature, the expansion sites represent a continuation of the overall movement from primary to secondary sites as these new sites are virtually all secondary or community-based. We will strengthen the coordination of PMTCT, ART and OVC services for seamless movement of HIV+ children across the various services. The experience gained from the initial rounds of this activity will assist us in more efficient implementation of OVC activities in the new centers. Active PMTCT programs at 32 sites will identify HIV-exposed infants who will require PCR diagnosis and clinical assessment to determine ART eligibility. OVC who are ART eligible will be provided ART services under our ART Activities. We aim to provide care and monitoring to 5000 HIV-infected OVC who are not ART eligible under these care and support (C&S) activities. HIV-infected OVC will be provided with co-trimoxazole prophylaxis according to national guidelines. Diagnostic testing for common opportunistic infections (OIs) will be performed at pre-assessment and may test for: malaria, protozoal infections, and gastrointestinal parasites. Multivitamins, clean water kits, ORS (preparation and use), and bed nets will be provided for all babies and infants covered under this activity.

Monitoring and evaluation of all aspects of our OVC activities (6720) will be conducted as a part of our SI activities (6717). We collect electronic data on patient care, which is used for site and program specific evaluation of services provided in each of our OVC program areas, including evaluations of CD4 counts, loss to follow-up and viral suppression. This data is used to conduct program evaluation and provide feedback to site investigators on a quarterly basis. On site data managers will conduct monthly evaluations.

We will partner with persons living with HIV/AIDS (PLWHA) support groups to provide outreach to OVC and their families and caregivers through VCT advocacy, ART education and counseling, stigma reduction, risk reduction and ART adherence. These PLWHA community outreach groups will provide supports to our ART patients and their families in the many psychosocial issues involved in HIV infection and ART treatment and assist with patient follow-up and home-based care. Supports will include referrals for special educational services for OVC, food and nutritional support, and income generating activities for caregivers and older OVCs. Outreach through the PLWHA support groups will also encourage utilization of VCT services by other family members. We will build the capacity of these groups to develop more innovative means of interacting and supporting HIV-infected and affected populations.

This funding will also support training for 400 caregivers of HIV-infected OVC. These activities will strengthen the capacity of our sites to provide comprehensive care to OVC.

CONTRIBUTION TO OVERALL PROGRAM AREA Outreach activities through PLWHA support groups will seek to provide comprehensive psychosocial supports for OVC and their families, in line with the National Strategic Framework for HIV/AIDS. Additionally, we seek to strengthen the capacity of the PLWHA support groups to continue to provide psychosocial support and outreach to PLWHA and OVC, in line with National objectives. Additionally, by working with pediatric ART and PMTCT sites to provide pediatric C&S services for HIV-infected OVC, we aim to scale-up the ability of participating sites to provide comprehensive and sustainable services for this population, which is consistent with national objectives and the PEPFAR 5-year strategy. **LINKS TO OTHER ACTIVITIES** This activity also relates to activities in PMTCT (6714) through a system of referrals to provide pediatric care and support services to HIV-infected pregnant women and their infants. Linkages will be made to our C&S activities for adults (6719) and TB/HIV activities (6713) in order to ensure a comprehensive system of care for OVC and their families. The integration of pediatric ART services (6715) and care linked to active PMTCT (6714) and adult ART centers will facilitate the development of the overall network of care for

HIV-infected families and communities. Linkages to outreach initiatives and C&T (6721) activities seek to improve the utilization of care opportunities created through PEPFAR funding. Additionally, through our SI activities (6717) information about efficacy of care, derived from data collected on the patients treated under this activity may be used to develop new treatment protocols to increase the quality of pediatric C&S services.

POPULATIONS BEING TARGETED These activities seek to target OVC who have been exposed to HIV through pregnancy and breastfeeding from an HIV-infected mother through the identification of exposed infants from our PMTCT program. We will also identify OVC from other areas as targets for supportive pediatric care and family outreach. Outreach initiatives also seek to target mothers and family members of HIV-infected OVC, including PHWHA, to ensure comprehensive family psychosocial supports. Caregivers of OVC are also targeted to encourage VCT for potentially exposed children and as the individuals responsible for ensuring care utilization for pediatric patients in these programs. We also seek to target street youth and out of school youth through community outreach initiatives based in VCT clinics. The targets listed above are within reach if the requested funding is approved. In COP06, our target of 600 OVC was reached in mid-year, of this funding cycle, with over 600 HIV-exposed OVC receiving intervention supported by our programs. With the 32 PMTCT sites proposed coupled with continued development and support of the existing sites, the target of 5000 will be reached without difficulty.

KEY LEGISLATIVE ISSUES ADDRESSED These activities will address gender equity through the collection of data to show the breakdown of girls and boys that are accessing pediatric HIV care, which may lead to the development of strategies to improve equity in the utilization of care and outreach to OVC. Through counseling of families, we will seek to provide referrals for educational services for OVC as well as to directly educate OVC and their families about HIV/AIDS, ART, and adherence. Counseling will also provide families with referrals to nutrition supports and IGAs as necessary. Furthermore, outreach activities and PLWHA support groups will seek to address issues of stigma and discrimination, provide psychosocial supports for women and girls and increase access to information about ART.

EMPHASIS AREAS These activities will place major emphasis on the development of networks and referral systems in order to support the development of a comprehensive system of care through links to community PLWHA support groups and PMTCT, VCT and ART sites. Minor emphasis is placed on community mobilization and participation and on information, education and communication through outreach to OVC in the community and their families as described above. Minor emphasis is also placed on training through activities focused on training caregivers in the care of HIV infected OVC.

Continued Associated Activity Information

Activity ID: 5415
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	400	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Street youth
HIV/AIDS-affected families
Orphans and vulnerable children
Pregnant women
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Laboratory workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Education

Coverage Areas

Borno
Lagos
Oyo
Plateau
Benue
Kaduna

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Christian Aid
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6724
Planned Funds: \$ 175,665.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to HIV/AIDS treatment centres and community adherence activities (3.3.11), care and support programs (3.3.06), TB/HIV programs (3.3.07), and counselling and testing services (3.3.09) provided by PEPFAR partners.

The Community Based Care of Orphans and Vulnerable Children (CBCO) program is a multi-country Track 1.0 OVC project, with activities starting in Nigeria in COP 07. The scheduled CBCO partners in Nigeria in COP 07 are the Anglican Dioceses of Jos and Makurdi, in Plateau and Benue States respectively.

Jos Diocese covers the urban and rural areas of Plateau State. These areas have high HIV rates (up to 7.7% in some areas) and are prone to widespread conflict and displacement, resulting in large numbers of OVC. Makurdi Diocese, in Benue State, covers Makurdi city and large parts of the surrounding rural areas. Benue state has experienced consistently high HIV rates of over 9% since 1999 when it peaked at 16%.

Christian Aid will partner with the health and development units of Jos and Makurdi Dioceses, the Gospel Health and Development Services (GHADS) and Anglican Diocese Development Service (ADDS). Emergency Plan funding will be used to: support a capacity development program with ADDS and GHADS; establish community based OVC support structures that directly provide services and facilitate referrals; train clergymen and community organizations to combat stigma and provide counselling; support advocacy for the leverage of additional support for OVC; support lesson learning and the roll out of national OVC initiatives at State and Local level.

The expected impact in COP 07 is to improve the quality of life for 2,200 OVC, including the provision of Direct Primary support to at least 1,200 and Direct Supplemental Support to a further 1,000. In order to ensure these targets are reached all registered children will be monitored regularly using the CBCO OVC and Quality Assurance Tracking Database. The Database allows the monitoring of services provided directly by CBCO, by referral from CBCO, by another organisation independently and by services leveraged by CBCO.

Community organisations, in collaboration with GHADS and ADDS, will directly provide a selection of essential services from the six core areas (food and nutrition, shelter and care, protection, health, psychosocial support and education). They will also facilitate referrals to other organisations to fill in significant gaps. ADDS and GHADS will develop advocacy skills that will enable them to leverage additional support from public sector service providers. Priorities are likely to include advocacy to remove constraints to UBE and to improve access of vulnerable groups to services of organisations such as NAPEP. The potential of private sector support for OVC services (e.g. school support) will also be explored.

In order to ensure Primary targets are reached and to assist scale up, priority will be given to interventions that have low costs per OVC and can cover large numbers (e.g. child protection committees, Savings and Loans Associations for income generation). Scale up will also be facilitated by the development of a related programme, the proposal for which is currently being considered under APS Number 620 06 002.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The program will support the development of a network of organisations implementing household/family-based OVC programs as set out in the Emergency Plan. It will directly contribute 2,200 OVC. The program will improve the lives of OVC in line with the National HIV/AIDS Strategic Framework by delivering sustainable, comprehensive quality approaches to care and support services, by strengthening socio-economic, nutritional and psychosocial support programs for vulnerable groups and by building capacity for implementation of HIV/AIDS technical responses. It will encompass all six components identified in the National OVC Plan of Action as being essential for scaling up OVC support effectively: Service Delivery Environment, Education, Health, Household Level Care and Economic strengthening, Psychosocial Needs and Social Protection and Monitoring and Evaluation Framework.

Christian Aid and partners will assist, through advocacy and support to lesson learning with State and Local Government stakeholders, the roll out of activities supported at

national level by ENHANSE. Priorities are likely to include the ratification of the Child Rights Bill in the two States and the roll out of the National OVC Plan of Action. In addition the participation of State Ministry of Women Affairs representatives and SACAs and LACAs in programme activities will be used to share lessons and support local coordination. Indirect targets of 500 OVC and ten persons trained in OVC are expected additive accomplishments.

LINKS TO OTHER ACTIVITIES

Linkages will be established with HIV/AIDS treatment centres and community adherence activities (3.3.11) care and support programs (3.3.06) and TB/HIV programs (3.3.07) to ensure that OVC and carers stay alive and in good health, to counselling and testing centers (3.3.09) to enable family members to receive necessary support and to PMTCT providers (3.3.01) to reduce the increase in numbers of HIV+ children.

POPULATIONS BEING TARGETED

This program targets girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC and family members in community settings using existing established and accepted community organizations as service providers.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and Discrimination: Religious leaders, including priests, bishops and leaders of women's organizations, will be trained to combat stigma in their work and will be supported to engage productively and openly with PLHA. Wrap Arounds: Increased access to micro-finance for households will be provided by existing rural development programs of ADDS (Benue State only). ADDS and GHADS with Christian Aid, will encourage greater access to income generation opportunities through advocacy to regional branches of institutions such as NAPEP and will encourage provision of UBE through advocacy to local and State Government stakeholders. Gender: The program will aim to a) support equal numbers of male and female OVC and address cultural and economic factors that limit access to services of either gender; b) develop opportunities for women to increase their access to economic resources.

EMPHASIS AREAS

This program includes a major emphasis on Local Organization Capacity Development and minor emphases on community mobilization, nutrition and training as outlined in Section 1.

Continued Associated Activity Information

Activity ID: 5430
USG Agency: U.S. Agency for International Development
Prime Partner: Christian Aid
Mechanism: Track 1.0
Funding Source: N/A
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,200	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	400	<input type="checkbox"/>

Indirect Targets

Plateau State SACA has identified 4,486 OVC and will be developing plans with the State Ministry of Women Affairs to support a targeted number of them. CA will integrate five staff from State and Local Governments in training programmes and activities. If one Government staff member contributes to the support of 50 OVC this will lead to 250 indirect targets. The same indirect targets will be used for Benue State (making a total of 500 OVC targeted indirectly and 10 persons trained in OVC).

Target Populations:

- Faith-based organizations
- HIV/AIDS-affected families
- Orphans and vulnerable children
- Children and youth (non-OVC)
- Caregivers (of OVC and PLWHAs)
- Religious leaders
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Stigma and discrimination
- Microfinance/Microcredit
- Education

Coverage Areas

- Benue
- Plateau

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6737
Planned Funds: \$ 2,250,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity will be linked to ART (3.3.10), C&S (3.3.06) and PMTCT (3.3.01) services provided by PEPFAR partners.

The impact of HIV/AIDS on children, families, and communities varies from one region to another and concepts of orphans and vulnerable children are social constructs that varies from one culture to another. In Nigeria, it is estimated that 1.8 million children are either single or double orphans as a result of AIDS while 67,000 children were infected primarily from parent-child transmission. Most children infected with HIV/AIDS die of common childhood illnesses rather than of HIV/AIDS before 2 years of age and most deaths occur in the home. The primary objective of this component is to reduce the disease burden of children affected and infected by HIV/AIDS through the provision of commodities that will reduce malaria (and by proxy anemia), and diarrheal episodes. The Nigerian environment is one in which malaria thrives, responsible for more deaths in the country than any other disease. Orphanhood is likely to be reduced when the primary caregivers are assisted to live healthier lives and children who are infected from childhood are supported to grow without the effect of these debilitating illnesses.

Society for Family Health (SFH) OVC activities (6737) will support all PEPFAR partners to provide palliative care and support to OVC's and their families/caregivers in the PEPFAR focus states. SFH will procure 100,000 Basic Care Kits (BCK) that will be delivered to the implementing partners that will distribute them to the vulnerable children identified in their programs. Each BCK will be designed to promote healthy behaviour practices among HIV positive/affected children and their families with respect to these major areas: malaria prevention and management, diarrhoeal disease prevention, and improved basic sanitation and hygiene practices. As such, the BCK components include: one safe water storage vessel with spigot (std. 25 litre bucket with lid); one bottle of WaterGuard point-of-use water treatment product; one long-lasting insecticide treated net (LLIN) and relevant IEC materials. The WaterGuard commodity will be replenished as needed throughout the year.

SFH will train 100 implementing partner staff members on each of the kit components and their appropriate usage techniques. SFH will also utilize its expertise in behaviour change communications to develop a variety of culturally/regionally appropriate IEC materials and job aids emphasizing positive behavioural decisions and healthcare products pertinent to families caring for OVC's.

SFH OVC activities (6737) will assist implementing partners to build the capacity of collaborating OVC care and support organizations to enable them lead the monitoring and evaluation of activities and also ensure that effective chlorine concentrations is achieved by end users.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In support of PEPFAR partners, the SFH will provide the Basic Care Kit for distribution to OVC's and their families and care-givers. The kit utilizes cross-cutting health programming and products which are combined with IEC materials so the health needs of vulnerable children are addressed as part of a more comprehensive care initiative.

LINKS TO OTHER ACTIVITIES

This component will also be linked to ART (3.3.10). and RH programs of the USG. This activity will consequently improve access to ART and PMTCT (3.3.01) services and referrals, and introduce a preventive strategy to reduce incidence of malaria and diarrhea related morbidity and mortality in orphans and vulnerable children in Nigeria.

POPULATIONS BEING TARGETED

This activity targets OVC and their families/caretakers primarily too promote an overall increase in positive health behaviours; reduce incidence of opportunistic infections and improve quality of life.

KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues addressed include promoting gender equity in access to services and programs.

EMPHASIS AREAS

The major emphasis areas are logistics and commodity procurement while minor emphasis area is quality assurance.

Continued Associated Activity Information

Activity ID: 6497
USG Agency: U.S. Agency for International Development
Prime Partner: Society for Family Health-Nigeria
Mechanism: CIHPAC
Funding Source: GHAI
Planned Funds: \$ 1,060,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caregivers trained in caring for OVC		<input checked="" type="checkbox"/>

Indirect Targets

Partner staff will be trained on kit components and appropriate usage techniques. Also, SFH will facilitate cooperation with and sensitization of PLWHA support group facilitators and members to engage them in kit awareness and demand creation. PLWHA support groups will be co-opted to lead follow-up monitoring and evaluation processes. Other community members may benefit from the promotion of good hygiene practices and use of insecticide treated nets. This will increase herd immunity in the communities where these orphans reside.

Target Populations:

Family planning clients
 HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 Pregnant women
 Women (including women of reproductive age)
 Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Anambra

Bauchi

Benue

Borno

Cross River

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Nassarawa

Plateau

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6771
Planned Funds: \$ 1,706,190.00

Activity Narrative: Reprogramming 9/07: \$500,000 in reprogrammed FY07 funds advanced for COP08 technical assistance training targets, funding to be reduced accordingly from the COP08 budget submission for TB/HIV.

ACTIVITY DESCRIPTION This activity is also related to Counseling and Testing (#6772), HIV/AIDS Treatment Services (#6766), TB/HIV (#6765), and Lab (#6767) services. Focusing on ensuring that a comprehensive package of care is provided for HIV-infected children, ACTION will provide OVC services to 7,203 children at a minimum of 22 sites. ACTION will strengthen the coordination of PMTCT, ART and OVC services for seamless movement of HIV+ children across the various services. Access to free laboratory monitoring for HIV+ children not requiring ARV treatment is funded in this program area including: CD4 measurement, hematology, chemistry, and malaria smear. The basic care package which will be available to all HIV+ children receiving services includes: access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs described under TB/HIV, instruction for parents/caregivers in appropriate water purification and provision of Water-Guard, provision of ITNs, provision of trimethoprim/sulfamethoxazole prophylaxis, symptom management including provision of pediatric formulations of antidiarrheals/analgesics/antipyretics. In addition, a standard formulary will be provided to sites to treat common opportunistic infections. Access to food and nutrition support is a major need for HIV+ children. ACTION will provide comprehensive nutritional support for OVCs, especially those on ART, including assessment, counseling, supplementation and multivitamins/minerals. Linkages with community NGOs and faith based organizations as well as traditional community OVC providers will be established for food and nutrition resource support. Through these linkages, access to other core OVC program services including: shelter and care, protection, psychosocial support, education/vocational training, economic opportunities/strengthening will also be provided. A tracking form will be utilized to ensure that each child has access to these key core program services. In addition, ACTION will pilot provision of Kwashi-pap and other appropriate but scaleable nutritional interventions for children as part of the basic care package. ACTION has worked in COP06 to strengthen psychosocial support for children by improving the quality of counseling available for children at points of service through conducting a training focused on counseling of children to include child development, disclosure of the diagnosis, grief and loss, and adherence to medications. Focusing on sustainability under COP07, this training will be modified as a TOT for 10 very experienced counselors selected to ensure regional distribution. Each of these Trainers will be expected to train 25 other counselors for an indirect target of 250. Community home based care for children is in need of extensive development in Nigeria. ACTION is working in COP06 with the GON, other IPs, and community resources to develop and pilot a pediatric HBC training. This will be scaled up to all points of HBC service so that 2000 children of the 7,203 total target receive pediatric specific HBC. Training of 348 health workers and community outreach workers will be conducted primarily at the site level to ensure maximum coverage in the most cost effective manner. An additional 10 will be trained in the pediatric counseling TOT described above for a total direct training target of 358. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and on geo-political distribution. They include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom.

CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity provides services which are a high priority for the 2:7:10 EP strategy by providing a basic package of care for all HIV+ children. The services are consistent with the draft Guidelines for Palliative Care in Nigeria as well as the Nigerian Guidelines for Antiretroviral Therapy which stress home based care, symptom management, and OI prophylaxis. Capacity development at the site level and consistency with national guidelines will ensure sustainability. ACTION staff will contribute to development of a national palliative care training curriculum ensuring inclusion of pediatric care, identified as a priority by the FMOH. **LINKS TO OTHER ACTIVITIES** This activity is linked to #6772 (Counseling and Testing), #6766 (HIV/AIDS Treatment Services), #6765 (TB/HIV), and #6767 (Lab). VCT services will be available to HIV affected family members in need of HIV testing. All patients are monitored and linked to ARV therapy when indicated. OVC services such as psychosocial support for families and symptom management promotes ARV adherence. Services are co-located with TB DOTS centers and ACTION staff work with sites to ensure coordination systems are in place. High quality laboratory services supported by an ACTION facilitated laboratory QA program are available at sites. Home based care programs will be implemented by a number of

indigenous NGOs, CBOs, FBOs. Sub-agreements will be coordinated with other EP IPs to ensure non-overlap of funding and services. POPULATIONS BEING TARGETED OVC services are offered to HIV positive infants and children, children orphaned from HIV, caregivers of OVCs/PLWAs and HIV/AIDS affected families. Doctors, nurses and other health workers in the public and private sector are targeted for training. Community groups including CBOs, NGOs and FBO will be targeted for training, linkages and identifying OVCs. KEY LEGISLATIVE ISSUES ADDRESSED This activity addresses the key legislative area of "Wrap Arounds" as activities will strengthen/develop linkages between HIV/AIDS services and other sectors for food resources. The activity also addresses the key legislative area of "Stigma and Discrimination" as training of health care workers and community volunteers will reduce stigma. EMPHASIS AREAS The major emphasis area for this activity is "Commodity Procurement" as laboratory reagents for monitoring of ARV patients are supported. Secondary emphasis area include "Training" and "Human Resources" as capacity development for sustainability is a key focus and considerable resources are devoted to training costs as much of our community linkages is through partners. In addition, "Community Mobilization/Participation" is an emphasis as community involvement in identification of and treatment for OVCs is essential. Likewise, "Development of Network/Linkages/Referral Systems" to ensure the referral of HIV+ persons from VCT to ARV/HIV care points of service will be an important focus

Continued Associated Activity Information

Activity ID: 5417
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 309,725.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,203	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	458	<input type="checkbox"/>

Indirect Targets

ACTION has worked in 06 to strengthen psychosocial support for children by improving the quality of counseling available for children at points of service through conducting a training focused on counseling of children to include child development, disclosure of the diagnosis, grief and loss, and adherence to medications. Under COP07, this training will be modified as a TOT for 25 very experienced counselors selected to ensure regional distribution. Each of these Trainers will be expected to train 10 other counselors for an indirect target of 250.

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Wrap Arounds
Food

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Benue

Delta

Kogi

Lagos

Nassarawa

Niger

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Ogun

Osun

Plateau

Sokoto

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	6782
Planned Funds:	\$ 255,000.00
Activity Narrative:	ACTIVITY DESCRIPTION This activity supports 3 members of the USG care team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of a full-time Nigerian technical advisor for OVC, and the “fully-loaded” costs of her full-time administrative and program support staff which includes a program assistant and a program officer. These support positions are being requested for the first time in this COP, as both the dollar amounts to be programmed and the number of partners providing programming in this area has increased dramatically over the past year and is anticipated to continue to increase as the APS identifies additional local faith-based and community-based partners. Oversight, supervision, mentoring, and capacity-building needs are all more intense for these new and inexperienced partners and the entire OVC prevention team contributes to meeting these needs by making regular supervision visits to the field—twice monthly by technical advisors and program officers and monthly by the support staff—with the new, less experienced partners being visited more frequently than the well established institutional contractors.

The OVC advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG OVC working group. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing OVC programs. This advisor spends 100% of her time advising in this program area and does not have primary program responsibilities in any other program area. None of the costs for these positions are captured in any other budget category.

Continued Associated Activity Information

Activity ID:	5408
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	USAID Agency Funding
Funding Source:	GHAI
Planned Funds:	\$ 133,335.00

Table 3.3.08: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6792
Planned Funds: \$ 100,000.00
Activity Narrative: ACTIVITY DESCRIPTION: This HKID activity relates directly to all HHS Nigeria OVC COP07 activities (see ID references in the narrative below).

The USG Nigeria team, through the HHS/CDC Global AIDS Program (GAP) Office has one full time staff position planned for OVC that will focus on pediatric basic care and support issues. The budget includes one FSN salary, ICASS and CSCS charges related to this staff position, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for two weeks of in-country support by pediatric ART/Care & Support specialists.

This HHS/CDC OVC staff member will work in close coordination with the USAID OVC staff (#6782) and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#6771), Harvard SPH-APIN (#6720), Columbia University-ICAP (#6694), Catholic Relief Services-AIDSRelief (#6679) and a partner to be determined by RFA in COP06 (#6751). The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6701), Catholic Relief Services-7 Dioceses (#6688), and a USAID APS partner (#6755) in COP06 to be selected. USAID and CDC OVC staff will provide assistance as needed to the U.S. Department of Defense (#6808) program with the Nigerian Ministry of Defense.

HHS/CDC and USAID OVC staff will provide technical support and capacity development to new partners undertaking OVC activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National OVC guidelines. It is estimated that the OVC staff under this activity will provide monitoring and support to over 80 clinical sites in COP07.

Continued Associated Activity Information

Activity ID: 5419
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 25,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Table 3.3.08: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6808
Planned Funds: \$ 132,000.00

Activity Narrative: ACTIVITY DESCRIPTION

DoD OVC activities (6808) also relates to PMTCT (6801), VCT (6796), ART Services and Drugs (6798 and 6797), and TB/HIV (6795) services.

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on several levels. –This includes developing a strong USG relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities and offering a cost effective model for implementation through a direct USG-GON collaboration. .

The PEPFAR and DOD/USMHRP is an excellent partnership with the MOD and the Nigerian Military. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. Membership on this Committee includes senior representatives of both militaries and includes the Federal Ministry of Health (FMOH) and National Committee on AIDS Control (NACA) representation to participation in the Government of Nigeria HIV harmonization process. The Program fully adheres to all USG and FMOH national treatment guidelines. The subordinate committee, called the Emergency Plan Implementation Committee (EPIC), is comprised of Nigerian and US Military members and directs the implementation of the Program through daily communication between Committee members. The MOSD has directed the EPIC to harmonize with all other partners and funding streams of the Nigerian Military to ensure complete synergy among programs and coordinated/complementary use of resources.

COP05 saw the opening of four facilities at Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), 445 Nigerian Air Force Hospital (Ikeja in Lagos). During COP06, the DoD-NMoD partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). The FY07 budget will see expansion to seven additional facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri). OVC services (6808) will be implemented at these seven new sites.

The DoD OVC activities encompass paediatric basic care and support, paediatric TB/HIV care and community support for OVC in HIV affected families. In COP07, OVC services will increase from 7 to 14 military sites and supporting communities, serving 1,085 orphans and vulnerable children (OVCs) through a network of linked services and in cooperation with other partners, including community- and faith-based organizations, serving these communities.

DoD will provide a basic package of care that includes laboratory diagnosis and monitoring for opportunistic infections (OIs), and drugs for their treatment, to all paediatric HIV+ clients. DoD will provide a family-centered comprehensive package of diagnosis (including TB, malaria and diarrheal diseases), treatment and care services (including Insecticide Treated Mosquito nets, nutritional supplements and water guards) to patients and clients.

DoD will continue to train multi-disciplinary teams in the clinical management of paediatric HIV+ clients, including TB and other opportunistic infections, paediatric counseling and support for treatment adherence. 42 additional healthcare staff and volunteers, including PLWHAs, will be trained to meet the special needs of children and their parents/care givers and provide the support needed at community and family level. This multi-disciplinary approach will minimize losses to follow-up and integrate prevention messaging within the treatment and clinic activities. Further emphasis on providing a seamless service (PMTCT, VCT, ART) and links with other providers, including PEPFAR partners and IPs, to support the provision of a comprehensive range of activities will be a key focus of this activity.

By training uniformed members and civilian employees at all levels that are invested in a

career track in the Government of Nigeria, this Program fosters a generation of skilled workers who are more likely to remain within the military. As these employees are promoted, individuals not only acquire technical skills, but also gain management and oversight capacity fulfilling PEPFAR goals for independent and sustainable programs.

The two Day Centres established in COP06 will continue to be supported and evaluated and an additional centre may be developed or support given to such centres established by other partners within the communities. Services provided will include basic education on hygiene and universal precautions, nutritional advice and support, status disclosure and stigma reduction, and involvement of the extended family in these activities will be encouraged.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site visits by the DoD/NMoD and appropriate partners, are essential components of this program. As part of this process, services provided to these children will be monitored by DOD using nationally and PEPFAR approved tools that allows the monitoring of services provided directly by DOD and those provided via referral from DOD to another organization.

By the end of COP07, DOD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

This program fully adheres to USG policies and acquisition regulations, minimizes indirect costs to accomplish the capacity building described above. International and local organizations synergize with the Nigerian Ministry of Defense to identify best practices and implement evidence based interventions in a sustainable manner. The program design ensures continued USG visibility and accountability at all levels of implementation.

CONTRIBUTION TO OVERALL PROGRAM AREA

The inclusion in OVC services, such as nutrition support and special pediatric counseling, will contribute to the comprehensive care of children infected and affected by HIV and AIDS. In addition, by extending these services to 7 additional sites and communities, this activity, and the further development of links with other DOD programs and with other service providers, will contribute to the overall national target of improving care to HIV affected and infected orphans and vulnerable children.

LINKS TO OTHER ACTIVITIES

DOD will collaborate with community-based and faith-based organizations in the provision of community and home-based care services to the OVC clients.

POPULATION BEING TARGETED

This activity will target Orphans and Vulnerable Children, families affected by HIV/AIDS, caregivers of OVCs and community-based organizations (CBOs and FBOs).

KEY LEGISLATIVE ISSUES ADDRESSED

The activity will address gender, such as increasing gender equity in HIV/AIDS programs, and wrap around-issues, such as linking the OVC services with community based organizations that provide services such as life skills improvement, food/nutrition, education, household help and child care.

EMPHASIS AREAS

The activity has major emphasis on capacity development and minor emphasis on training, community mobilisation, network development, and food and nutrition support.

Continued Associated Activity Information

Activity ID:	5409
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 40,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,085	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	42	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Wrap Arouns
Food
Education

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Benue

Borno

Cross River

Delta

Enugu

Oyo

Plateau

Rivers

Benin

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Christian Aid
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9881
Planned Funds: \$ 1,134,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to HIV/AIDS treatment centres and community adherence activities (3.3.11), care and support programs (3.3.06), TB/HIV programs (3.3.07), and counselling and testing services (3.3.09) provided by PEPFAR partners.

Community Care in Nigeria (CCN) will support the scale-up of OVC and HBC service provision in seven States (FCT, Edo, Anambra, Adamawa, Lagos, Benue and Niger) and development of the capacity of indigenous multipliers and CSOs. It will develop a community and family based approach in which communities design and implement their own OVC protection and care. Although the provision of direct benefits is a central part of OVC programming and is included here, attention is also given to longer term developments that will create an enabling environment for OVC and that will ensure that services continue to be provided after the close out of the program. Part of this will be support to the strengthening of coordination structures for OVC activities at State and Federal Government levels.

All elements of the program will contribute to the national response to HIV and will be based on relevant plans such as the National OVC Plan of Action, the NSF and local plans developed by SACAs and LACAs. Liaison with SACAs, LACAs and the Ministry of Women Affairs will be integral to the program. CCN will address all six objectives included in the OVC National Plan of Action, will specifically target Objective 3 of the HIV/AIDS National Strategic Framework for Action 2005 - 09, and will complement and be integrated into other USG funded and Government of Nigeria programs. It will contribute to the development of networks of learning that can develop best practice for OVC work and stimulate the expansion of quality HIV related services

Activities will be accomplished through a consortium made up of Christian Aid (CA) and the Association of Women with HIV/AIDS in Nigeria (ASWHAN) along with a range of implementing partners that includes five Anglican Church Dioceses. The consortium approach is based on utilizing the added value of each partner and provides a combination of competencies that will address the Emergency Plan's goals to expand HIV/AIDS service delivery and facilitate a greater management role for Nigerian organizations. CA will provide internationally proven technical, management and capacity development experience.

CA is currently implementing a Track 1 supported program which aims to improve the quality of life for 25,000 Orphans and Vulnerable Children (OVC) affected by HIV, through community-based responses, working with 11 CA partners in Uganda, Kenya, Zambia and Nigeria. The program offers comprehensive models of care and support, to meet both the psychological and material needs of OVC, and promotes advocacy and learning on issues affecting OVC. Expanding this program as an awardee from the APS will increase coverage of PEPFAR focal states, and share experience and best practice approaches.

Support groups composed of women clearly offer a particular added value in terms of supporting OVC and this is one of the main areas that will be targeted by ASWHAN. In the context of this program ASWHAN are ideally placed to ensure that program design reflects the needs of OVC. They are also well placed to assist the rest of the program adopt a gender sensitive approach that addresses the unique needs of women and female OVC.

Among the support groups that will be supported by ASWHAN are six support groups previously supported under the GHAIN program. CA will work with the USG team to ensure smooth transition and avoid gaps in services for children served under these programs.

Consistent with the goals of the APS under which CA was awarded, CA will provide technical support to ASWHAN to develop the capacity to directly access USG funds in the future. Christian Aid will act as the prime for the course of the three years of this program. However a key principle of the consortium will be that over the course of the program, management and granting responsibilities will be transferred from CA to ASWHAN. By the end of the program ASWHAN will be able to directly receive funding from USAID under sub grant programs and will be in a position to apply for grants under umbrella grants programs subject to completion of legal requirements. The process and timeframe for this will be determined by an Executive Committee responsible for the management of the

program and comprising the two consortium members. The Committee will review program progress, make decisions regarding the allocation of program resources, develop work plans and assess opportunities for further program expansion.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The program will directly benefit 11,000 OVC and 5,000 families who will have accessed OVC services by the end of the 3 year program. In the first year, the program expects to reach 3,000 OVC and 1500 families will have been supported.

Christian Aid and partners will assist, through advocacy and support to lesson learning with State and Local Government stakeholders, the roll out of activities supported at national level by ENHANSE. Priorities are likely to include the ratification of the Child Rights Bill in the two States and the roll out of the National OVC Plan of Action. In addition the participation of State Ministry of Women Affairs representatives and SACAs and LACAs in programme activities will be used to share lessons and support local coordination. Indirect targets of 500 OVC and ten persons trained in OVC are expected additive accomplishments.

LINKS TO OTHER ACTIVITIES

Linkages will be established with HIV/AIDS treatment centres and community adherence activities (3.3.11) care and support programs (3.3.06) and TB/HIV programs (3.3.07) to ensure that OVC and carers stay alive and in good health, to counselling and testing centers (3.3.09) to enable family members to receive necessary support and to PMTCT providers (3.3.01) to reduce the increase in numbers of HIV+ children.

POPULATIONS BEING TARGETED

This program targets girl and boy OVC and families affected by HIV/AIDS. It will provide services to OVC and family members in community settings using existing established and accepted community organizations as service providers.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and Discrimination: Religious leaders, including priests, bishops and leaders of women's organizations, will be trained to combat stigma in their work and will be supported to engage productively and openly with PLHA. Wrap Arounds: Increased access to micro-finance for households will be provided by existing rural development programs of ADDS (Benue State only). Christian Aid will encourage greater access to income generation opportunities through advocacy to regional branches of institutions such as NAPEP and will encourage provision of UBE through advocacy to local and State Government stakeholders. Gender: The program will aim to a) support equal numbers of male and female OVC and address cultural and economic factors that limit access to services of either gender; b) develop opportunities for women to increase their access to economic resources.

EMPHASIS AREAS:

This program includes a major emphasis on Local Organization Capacity Development and minor emphases on community mobilization, nutrition and training as outlined in Section 1.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC		<input checked="" type="checkbox"/>

Indirect Targets

The participation of State Ministry of Women Affairs representatives and SACAs and LACAs in programme activities will be used to share lessons and support local coordination. Indirect targets of 500 OVC and ten persons trained in OVC are expected additive accomplishments.

Target Populations:

Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Increasing women's access to income and productive resources
Stigma and discrimination
Microfinance/Microcredit
Education

Coverage Areas

Adamawa
Anambra
Benue
Edo
Federal Capital Territory (Abuja)
Lagos
Niger

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Winrock International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9882
Planned Funds: \$ 1,469,000.00

Activity Narrative: ACTIVITY DESCRIPTION

Winrock International (Winrock) applied under the USAID APS Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services. Winrock's proposed Capacity Building for AIDS Impact Mitigation (AIM) project was accepted under the APS; Winrock has been awarded with COP06 funds and will commence activities in October 2006. This submission is for continuation of activities in year 2.

AIM OVC activities focus on The Nigerian OVC National Plan of Action which describes the current response to the needs of OVCs as inadequate and poorly coordinated. The result is that most of the country's nearly 2 million OVCs are left without sufficient support in communities largely unaware of their dire circumstances. AIM's objective is to reach at least 2100 OVCs over 3 years with care and support activities, by establishing 35 community-based learning centers which provide education, mentoring, community engagement and opportunities for OVCs to express themselves to their communities.

Education enables children to access and share information and enhances social development. Most important for OVCs, it facilitates access to AIDS awareness and protects them from exploitation, breaking the cycle of vulnerability to AIDS. Some OVCs operate child-headed households, caring for sick parents and their siblings. The 2 local consortium partners, Redeemed and MSO, will award five small grants of US \$250-\$1,000 to CBOs to carry-out the above mentioned activities in the seven target states, a total of thirty five (35) grants in all. These Acada centers will conduct evening classes at community donated or designated venues for the most vulnerable out-of-school children. These children are out of school for many reasons that may include lack of resources for school fees and supplies, working or studying a trade, age, or providing care to sick family members. The Acada centers will prepare these vulnerable children with the basic skills to help them succeed in the future. The curriculum will include English, literacy and numeracy, and life skills. AIDS education awareness programs will be integrated into the program.

AIM will promote the Greater Involvement of People Living with AIDS (GIPA) principle by encouraging IPs to select community educators who are HIV+. Such educators help dispel discrimination by acting as role models for living positively with AIDS. This program will prepare HIV/AIDS affected orphans for transition into the formal education system and will provide basic education and life skills to older children who have never been to school and are unlikely to attend school. The Acada centers will conduct three academic sessions of nine months each in each community, thus reaching at least 2,100 students. AIM will develop a kit of basic instructional materials for community educators and will ensure gender equity. In addition to the direct results of increasing educational opportunities for OVCs, implementing partners will broaden their organizational capacity by moving from being grant recipients to becoming small grant providers.

AIM will work with implementing agents that receive grants to establish a mentoring program. Together with the IPs, AIM staff will assess the mentoring skills and materials of agents, drawing from Winrock's Mentoring Manual and lessons learned from experience implementing the USAID-funded Education for Development and Democracy Initiative (EDDI) and African Education Initiative (AEI) Ambassador Girls' Scholarship Programs. The Mentoring Manual provides basic information to mentors to facilitate discussions on topics such as HIV/AIDS, sexual maturation, reproductive health, careers, leadership, and the importance of education. Using this tool, AIM implementing partners will have a strong foundation for building capacity to provide mentoring support in their communities. The grant recipients are expected to carry out mentoring activities, guidance and counseling sessions, life skills training, and role modeling for AIDS orphans. Mentors will also organize group events, such as debates, football matches, and traditional musical drama performances to mobilize communal support for children affected by HIV/AIDS.

Music, dance and theater are important elements of social education in Nigeria. Implementing partners and agents will work with Acada learning centers to develop musical dramas, cultural dance and theater to educate vulnerable groups on the challenges of HIV/AIDS. OVCs and youth will be encouraged to develop and enter their drama or musical piece into state competitions. Winning pieces will be used to educate peers to assist in dispelling the stigma and discrimination associated with AIDS. The best

performance from each state will be selected and invited to perform at the national level, and presented an award. The state and national events can be synchronized with important dates associated with AIDS, such as World AIDS Day, of the African Child.

AIM's core partners are Winrock, the Redeemed Christian Church of God (Redeemed) and the Muslim Sisters Organization (MSO). AIM's collaborating partners are the Institute of Chartered Accountants of Nigeria (ICAN) and the Nigerian Institute of Management (NIM). ICAN will support the development of the IAs' financial management and accounting systems and NIM will support the development of the IAs' project management capacity. AIM is in the process of selecting its IAs for this AB activity. All selected IAs will be local Nigerian CBOs/FBOs that will provide direct services to project beneficiaries.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The Nigerian OVC National Plan of Action states that "there is a generally low level of consciousness of the situation of OVC in all parts of the country... consequently there is a need for OVC awareness-creation campaigns." Community barber shops and hair salons are well patronized and central focal points and regular meeting places for men and women. They are a point of entry for recurring events and can be used to target men and women with innovative OVC awareness campaign activities. Barbers and hair stylists will be trained in delivering prevention, living positively, and OVC awareness messages to their clients. AIM will access information, education and communications materials from USG partners for display and distribution in barber shops and hair salons. AIM will encourage participant shop owners to become effective agents of awareness within their communities.

Over the 3 year period of the new award, AIM will support OVC activities directly benefiting 2100 OCV s, with 500 reached in the first year.

LINKS TO OTHER ACTIVITIES

AIM will be supported through the FY07 COP in HVAB, HBHC, and HKID. AIM will link its activities with other PEPFAR USG partners' activities to ensure strong referrals to comprehensive prevention, care and treatment services. In addition, AIM will collaborate with USAID public-private partnerships to provide job-training graduates with linkages in the business community.

POPULATIONS BEING TARGETED

AIDS affected orphans, vulnerable children and their families and communities will be targeted in this comprehensive and integrated intervention.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and Discrimination, Gender--especially increasing women's access to income and productive resources—and Wrap Arounds – including food, microfinance/micro credit and education will be addressed in this program, by creating linkages and leveraging community resources as mentioned above.

EMPHASIS AREAS

The major emphasis area is local organization capacity building through the strengthening of CBO/FBO capacity to promote ABC and service provision for OVC's and their carers. The minor emphasis area is community mobilization/participation peer education and mentoring for the recipients of the income generating training and grants activity.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target

Number of OVC served by OVC programs

Target Value

2,100

Not Applicable

Number of providers/caregivers trained in caring for OVC

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Table 3.3.08: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9883
Planned Funds: \$ 9,810.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), VCT (3.3.09) and PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

SCMS will procure HIV/AIDS related supplies including, drugs to treat Opportunistic Infections (OIs) & Sexually Transmitted Infections (STIs), laboratory equipment and consumables and other supplies for Orphans and Vulnerable Children Programs on behalf of UMD and various PEPFAR Implementing Partners (IPs) in Nigeria. The commodities will be procured in accordance with the Federal Government of Nigeria's (FGON) national treatment and testing program protocols, FGON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centres (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in commodity product selection based on Standard Treatment Guidelines, testing protocols and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria.

SCMS will aggregate the total required commodities for the IPs and undertake the procurement on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting.

SCMS will take the lead in establishing and managing the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria.

A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to central level facilities in Abuja and/or Lagos from where in-country supply chains will take over the local warehousing and distribution. Where required however SCMS will arrange local warehousing and distribution direct to points of service delivery. Where in country distribution is required, SCMS will utilize the services of existing logistics providers including for example CHANPHARM.

All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), VCT (#6742) and PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: Centre for Development and Population Activities
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12378
Planned Funds: \$ 705,000.00

Activity Narrative: Reprogramming 9/07: CEDPA will provide non-clinical services for each OVC supported by GHAIN in those communities where the two projects are active. The targets will be attributed to GHAIN, but the activity narratives will reflect that 2050 OVC will received \$100 each of community oriented supports through CEDPA's activities.

ACTIVITY DESCRIPTION The Positive Living (PL) Orphans and Vulnerable Children (OVC) activity is a new activity that has come with the Plus Up funding. The PL OVC activities will follow guidelines set by the Nigerian OVC National Plan of Action and OGAC OVC Guidance to improve the quality of life of OVC in selected states in Nigeria. PL will identify and register OVC through a participatory assessment involving communities and the PHAs already enrolled in the PL. This assessment will also help to categorize problems faced by OVC their families and communities as well as current coping strategies. PL will provide definitions of the process of assessment and skills needed by the OVC within Nationally approved guidelines including the use of the National OVC vulnerability index developed by the GON to focus on the best interest of the child. The OVC component will support 1000 OVC with formal education, vocational training, basic health care, community engagement and opportunities to express themselves in their communities through a family centered approach. OVC will be reached in their homes and communities to maintain stability, care, predictability and protection. PL will work with already existing structures within the HBHC (#9839) component of to reach OVC. PL will collaborate with other stake holders such as the Federal Ministry of Women Affairs and Social Development, their State counterparts and other OVC stakeholders including the USG and their IPs in 4 states – Bauchi, Cross River, Edo and Kano for synergy.

Formal agreements will be made through negotiation with GoN and Faith-based organizations like the Church of Nigeria Anglican Communion AIDS Control Program (ACAP) and the Nigerian Supreme Council for Islamic Affairs (NSCIA) to place OVC especially girls in selected primary and secondary schools. PL will contribute some overhead towards running the school in exchange for free tuition and the provision of other educational materials (uniforms, books) for OVC. Members of the Parents/Teachers Association (PTA) will be supported to recognize and respond to the academic needs of the OVC, support PTA levy waivers and provide psychological support. Children out of school, particularly those who are heads of households caring for sick parents and their siblings, will be facilitated to attend evening classes within the community; others will be enrolled for vocational training. OVC that complete vocational training will be given seed grants to purchase equipment as capital investments. PL in collaboration with Christian Aid and AIM Project will adapt a curriculum that equips OVC with life skills and age appropriate HIV/AIDS and sexuality/reproductive health information. PHA from support groups engaged by HBHC (#9839) will act as models for living positively and demystifying stigma and discrimination. Peer facilitators from PL prevention programs (HVOP, HVAB) will mentor and guide the children by counseling and engaging them in physical and social activities. The youth volunteers already trained by PL, will provide HIV/AIDS prevention information that focus on abstinence and be-faithful messages to their colleagues and siblings. Age appropriate prevention messages and education to prevent abuse will be shared. Sexually active youth will be provided with appropriate information on prevention and treatment of STIs. The children will be supported to share their acquired skills and knowledge with peers and siblings.

Two hundred (200) caregivers of OVC will be selected and trained to provide psychological and spiritual support to OVC; pediatric treatment adherence, nutrition counseling, diet and food preparation techniques; communicating with children and support healthy life decisions. Caregivers will be linked with USG supported sites to access other services for OVC. Caregivers will be given seed grants to set up group income generation activities to augment their household income, transportation to access services and support for OVC staying in schools and vocational trainings. HBC volunteers will be trained to carry out OVC related services such as to promote birth registration, nutritional assessments and counseling, monitoring immunization status of infants, support supervision of the caregivers and monitor OVC while assisting youth headed households in maintaining their homes. They will refer OVC for treatment of ailments, immunization, child welfare and wraparound services. Every HIV+ child will be given a preventive basic care kit. PL will negotiate for subsidized/free medical care for OVC at GoN and private health facilities not supported by the USG. HIV+ children will receive OI prophylaxis and linked to GHAIN, GoN and other USG sites for pediatric ART and treatment for advanced opportunistic

infections.

CONTRIBUTION TO OVERALL PROGRAM AREA

The planned OVC interventions will contribute to the overall C&S PEPFAR goal of mitigating the consequences of the epidemic by reaching 1000 OVC with care and support services. PL working with all stakeholders, at all levels, (national, state, and local) will contribute to the sustenance of the interventions by helping to strengthen community systems to improve quality care for OVC, build community-capacity to of 200 caregivers to support OVC by training and providing seed grants.

Emphasis Areas

	% Of Effort
Linkages with Other Sectors and Initiatives	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	200	<input type="checkbox"/>

Key Legislative Issues

Gender
Increasing women's access to income and productive resources
Wrap Arouns
Microfinance/Microcredit

Coverage Areas

Bauchi
Cross River
Edo
Kano

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Measure Evaluation
Prime Partner:	University of North Carolina
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12394
Planned Funds:	\$ 200,000.00
Activity Narrative:	<p>MEASURE Evaluation (main partners JSI and Constella Futures) will provide Technical Assistance (TA) and capacity building to the Federal Ministry of Women Affairs and Social Development (FMoWASD) in a collaborative manner to improve overall well-being of children affected by HIV/AIDS. The activity will improve Orphans and Vulnerable Children (OVC) programs through technical assistance, capacity building and implementation of a national OVC assessment that provides bench-mark information for evidence-based target setting and program strategies. The activity will use several approaches. First, MEASURE Evaluation will provide technical assistance to the FMoWASD for the finalization of already developed tools or adaptation of appropriate tools in collaboration with other stakeholders to be used in the implementation of an OVC national situation analysis. This will be done to ensure that the tools utilized will meet internationally approved standards while bearing in mind the goal and objectives of OVC programs in Nigeria.</p> <p>Field work for the baseline survey, including activities in support of data collection, will be supported by MEASURE Evaluation. Also, MEASURE Evaluation in a collaborative manner will provide TA to the Federal Ministry of Women Affairs and Social Development in the analysis, report writing and utilization of results for program strategies as well as target setting through engagement of national consultants. Overall, the training proposed will reach 60 trainees. Combined with other assistance, the expected result is improving the overall well-being of children affected by HIV/AIDS and improved implementation of OVC programs in Nigeria.</p> <p>The technical assistance and capacity building training being proposed by MEASURE Evaluation will build on existing work by other implementing partners and stakeholders. The proposed activity will lead to effective and efficient execution of OVC program interventions by the GoN (FMoWASD and NACA), USG, USG IPs and other development partners like United Nations International Children Fund (UNICEF), World Bank and British Department for International Development (DfID). Availability of accurate and timely data from the OVC situation analysis will provide key strategies for program managers and policy makers in designing activities for addressing OVC needs. In addition, information from the baseline will guide in the design and formulation of policy guidelines and other standard operating procedures for quality service delivery. About 60 people will be trained as part of this process. With improved capacity, stakeholders will be more likely to monitor and evaluate the performance of OVC program interventions in Nigeria including PEPFAR assisted OVC programs. The proposed activities will contribute significantly to the USAID/Nigeria objective of improving overall well-being of children affected and infected by HIV/AIDS.</p>

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
# of local organizations provided with technical assistance for strategic information activities.	2	<input type="checkbox"/>
# of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	<input type="checkbox"/>
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caregivers trained in caring for OVC		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Leadership, Management, and Sustainability
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12414
Planned Funds:	\$ 200,000.00
Activity Narrative:	This activity relates to OVC (3.3.08), TB/HIV (3.3.07), and Other Policy/Systems Strengthening (3.3.14) Program Areas.

In addition to the capacity-building support currently being provided to 12 Nigerian Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs), The Leadership, Management and Sustainability (LMS) Program will expand its institutional capacity building support to selected Government Institutions to increase their abilities to provide nationwide coordination, thereby increasing synergies and effectiveness of the PEPFAR programs. One of the institutions that will be strengthened in this expansion the National OVC Coordinating unit in the Federal Ministry of Women’s Affairs. LMS will develop leadership and management skills at national and state levels for the OVC units and focal persons of the Federal and State Ministries of Women Affairs respectively. Support will also include strengthening organizational and programs management capacity to efficiently and effectively address the National OVC response.

In COP 07 LMS will provide technical assistance to governmental agencies and NGOs engaged in the coordination and implementation of services to HIV/AIDS affected orphans and vulnerable children in Nigeria. Although this is a new initiative in Nigeria, LMS and its predecessor project the Management & Leadership (M&L) Project provide this support in other countries. COP 07 funds will be used to provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with all OVC stakeholders including the USG, their IPs and other donor organizations; project management; monitoring and evaluation; financial management; strategic and annual planning; leadership development; and sound governance structures. LMS will create an enabling environment for the occurrence of South-South TA for the National OVC coordinating unit through facilitating a study tour for the team to a Southern/Eastern African country identified in collaboration with USAID. The goal of this TA and capacity building is that the National Coordinating unit for the OVC response will have an improved organizational structure with a clear mission, more efficient governance, effective internal and external communications, M&E systems, and improved management. A fellowship program will be established and functioning effectively to improve health workers skills and abilities to provide care for orphans and vulnerable children.

Constraints will be addressed by utilizing qualified Nigerian staff and US Short Term Technical Assistance to train and support the National OVC coordinating units. Technical support will be offered through developing a nationally approved training curriculum for OVC program management in collaboration with the OVC unit of the Federal Ministry of Women Affairs, zonal training workshops for Master trainers, as well as regularly scheduled on-site technical assistance in organizations implementing OVC activities. In addition, face-to-face and virtual (the latter if capacity exists) assistance will be explored. Necessary organizational materials including manuals, policies, norms and procedures and systems will be developed.

All sites will use a standard data collection tool to assist with monitoring and evaluation of their community-based service delivery activities.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target

of local organizations provided with technical assistance for strategic information activities.

of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

No. of individuals trained in OVC-related institutional capacity

No. of local organizations provided with technical assistance for OVC-related institutional capacity building

Number of OVC served by OVC programs

Number of providers/caregivers trained in caring for OVC

Target Value

Not Applicable

12

1

Target Populations:

Policy makers

Host country government workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$ 17,108,128.00

Program Area Context:

Approximately 4% of Nigerian adults are infected with HIV; given Nigeria's large population, this translates to approximately 3 million infected adults (2005 Nigeria ANC Survey). A huge expansion of HIV counseling and testing (CT) services is essential to enable Nigerians to know their HIV status and access HIV prevention, care, and treatment services. USG support for counseling and testing in Nigeria has increased significantly since 2005, and the number of Nigerians getting testing with PEPFAR support has also increased dramatically. In the first half of FY05, only 15,104 persons received CT with PEPFAR support. With a major focus on increasing this number, by the end of FY05, 98,219 persons had been served, and 149,622 were served in the first half of FY06. Since that time, a non-cold chain dependent testing algorithm has been approved, and the rate of increase has further intensified. In COP07, the target for CT is 594,346 individuals tested and training for 1,580 individuals.

This rapid increase has been achieved through a variety of strategies which will continue in COP07. Promotion of VCT has been supported by radio and television spots, public service announcements, posters, brochures, and a newly developed logo. "Heart to Heart" centers are increasingly recognized as sites to receive reliable and confidential VCT; a major effort will be made in COP07 to ensure that all PEPFAR supported sites and services prominently display this logo.

Supporting CT in diverse sites will contribute to achieving ambitious CT targets in COP07. By the end of August, 2006, PEPFAR Implementing Partners (IPs) had established CT services in 167 service outlets. This is estimated to increase to 379 during COP07. In clinical facilities, CT is available in a dedicated VCT site and provider-initiated CT is also provided on medical wards, ANC clinics, TB units, and other service locations. In COP07, IPs will work to ensure that all TB patients are tested for HIV in the facilities they support.

In addition to CT in medical facilities, VCT in community locations is increasing, and will continue to be supported by PEPFAR. Several IPs have begun providing mobile VCT and have experienced an enthusiastic response in the communities where the mobile services are provided. Although some providers previously had concerns that Nigerians would not come for VCT if there are prominent signs advertising VCT, in practice, the organizations providing mobile VCT experience large crowds coming for the services. Mobile VCT will continue to target high risk groups such as commercial sex workers and their clients, and also rural populations without easy access to VCT services.

A major challenge in the past has been the national guidelines which required the use of cold chain dependent test kits. Erratic and inadequate power supplies have made it difficult for sites to ensure cold chain. In February 2006, the Government of Nigeria (GON) implemented an interim testing algorithm which allows the use of alternate test kits which do not require refrigeration and can be used with a fingerprick sample, and some sites have begun the transition to use of this algorithm. Sites which have switched to the use of fingerprick samples and in-room testing by counselors report that clients prefer this approach, and these sites have experienced an increase in the number of clients served. In COP07, the USG team will work to ensure that this approach is extended to all PEPFAR supported sites. A recent assessment by a USG team found considerable variation between PEPFAR sites in terms of testing algorithms. The USG has opened a dialog with the GON about both the need and the appropriate protocols for the use of lay counselors and other non-laboratory staff in testing, with laboratory staff participating in training and quality assurance and control activities. Continued dialog and appropriate implementation of this approach will be pursued in COP07.

During COP07, USG will collaborate with the GON to finalize the review of the National HIV testing algorithm used in all CT service outlets. In line with the national HIV testing algorithm, simple, rapid, whole blood test kits which utilize finger prick samples that do not require cold chain algorithm will be procured to support the CT expansion. Test Kit selection will also follow USG procurement regulation and

Nigeria's registration status and waiver requirements. In COP07, all partners, excluding CRS/7 Dioceses, will procure Test Kits through the Partnership for Supply Chain Management (PFSCM) which will also support partners in quantifying their needs. Storage and Distribution of test kits will remain the responsibility of each IP as well as Logistics Management Information System (LMIS). HIV test kits logistics systems which are supporting CT programs are specific to each IP and different from the National logistics system. A major challenge is the harmonization of logistics systems not only among PEPFAR IPs but also with the GON. A priority area for harmonization is the LMIS. Harmonized tools and Standard Operating Procedures (SOPs) have been developed based on the national system. All IPs will be implementing this system to replace their existing system.

A CT technical assistance visit was conducted in Nigeria in September 2006. The assessment team found that the referral systems for care and treatment are working reasonably well, though there was a tendency for partners to refer to their own services rather than to services provided by other IPs. Efforts to ensure that clients are referred based on their needs, regardless of which partner is providing the service are currently underway and will continue in COP07. The assessment also found that partners were producing duplicative IEC materials regarding CT; partners will be encouraged to use standardized materials supporting the Heart-to-Heart "brand" that present a consistent message regarding CT, its benefits, and where it can be accessed.

Couples Counseling, and the identification of discordant couples, is important for both prevention and entry into care for the HIV positive member of the couple. Some couples are accessing CT together but the numbers of couples remain modest. IPs have produced good IEC materials promoting abstinence and faithfulness, but these messages do not promote premarital testing or couple counseling. Efforts will be made to encourage couples to go for CT together. The USG team will work to ensure that all VCT sites can access reliable and adequate supplies of condoms through the Society for Family Health, the main condom distributor in Nigeria. This is an excellent example of leveraging, as all condoms distributed through this mechanism are purchased by the United Kingdom through their Department for International Development (DFID).

There is variability between partners regarding the length and content of training for CT counselors. The National VCT training curriculum is currently under review. Efforts will be made in COP07 to ensure that all partners using the standardized VCT training curriculum. Shorter training for program managers, hospital superintendents, and other personnel will be developed to ensure that there is clear understanding of, and support for, CT services in medical facilities and in the community. Improving the training in the supervision of counseling, and in couples counseling, will be a high priority.

In summary, the Nigeria PEPFAR program has seen a recent rapid increase in the numbers of persons accessing CT services, but given Nigeria's population and HIV prevalence, further significant increases are needed both to identify persons in need of ART and care, and to provide focused HIV prevention counseling for HIV+ and HIV- clients.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	381
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	615,346
Number of individuals trained in counseling and testing according to national and international standards	1,600

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6673
Planned Funds: \$ 550,000.00

Activity Narrative: ACTIVITY DESCRIPTION: In COP07, Africare will provide HIV C&T services at 8 service outlets (5 in COP 06 plus additional 3 in COP 07) in 2 states. Activities will be expanded to include TB diagnosis and treatment in collaboration with NTBLCP; clients for TB diagnosis will be referred for HIV counseling and testing and vice-versa. With support from USG, Africare is currently supporting 4 health facilities in 2 states to provide HIV C&T at Somolu General Hospital in Lagos, and Niger Hospital, Braithwaite Memorial Hospital and University of Port Harcourt Teaching Hospital in Rivers state. Mobile C&T services are also carried out using volunteers at selected motor parks. In COP07, project activities will be conducted in a total of 8 sites (the current stationary and mobile sites plus 3 new sites). Africare will provide HCT and give results to 26,000 including 1000 TB patients receiving counseling and testing for HIV and their test results. To achieve these targets, 3 additional sites, all primary health care centers will serve as Outreach Points of Service (OPS) centers. Project will use provider initiated model for C&T services in the hospitals. AfriCare will partner with community based organizations to carry out community CT activities and will encourage (through mobilization and advocacy) couples counseling and testing. In addition, the activities will promote disclosure to partners and family members. One hundred health care providers, counselors and volunteers will be trained to provide HCT services to clients at facilities and within the community, using a national training curriculum. These groups will also be trained to screen for signs and symptoms of TB and other OIs and make referrals for laboratory diagnosis. There will be refresher trainings for previously trained counselors on updated national guidelines on C&T. The project will produce BCC/IEC material and provide SOPs as reference materials for the trained HCT providers. The capacity building of health workers, CBOs, NGOs and volunteers, will ensure sustainability after the project close out. HIV testing will be carried out using a GON approved testing algorithm. An ongoing QA program, which will consist of quarterly proficiency testing and blinded rechecking, will be carried out. Test kits will be procured using the Supply Chain Management System. Test kits and other logistics will be stored centrally by Africare's Country Office in Abuja and distributed to the sites based on projected needs with proper LMIS and inventory management by designated staff. Clients that test HIV+ will be referred to the project's care and support program and those that need treatment will be referred to USG/GON supported sites in the network. Individuals that are HIV negative will be linked to prevention programs. Condom education and distribution will be carried out at the hospitals and during mobile clinics. Condoms will be sourced from Society for Family Health for mobile HCT activities. Africare's M&E staff will track activities at project sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA Africare's HCT program is expected to help increase the number of people accessing HIV testing services. Increased availability of diagnostic counseling and testing services at health facilities plus the communities will assist in identifying the number of clients with infection who are potential candidates for treatment and palliative care services. HCT activities targeting pregnant women at outpatient departments, primary health care centers and antenatal clinics will contribute to other activities such as the PMTCT program. The project will refer clients for further comprehensive PMTCT services at already identified sites. The outreach program will also ensure that services reach underserved male clients in hard to reach communities with referrals for further tests or treatment, care and support. The networks and linkages established with CBOs/FBOs, state and local health facilities will close existing gaps in provision of services to the communities. The referrals for treatment will help feed into the treatment program provided by PEPFAR, GON and other agencies. AfriCare will build the capacity of partner FBOs/CBOs on program management to ensure sustainability.

LINKS TO OTHER ACTIVITIES Africare's HCT program is related to HIV treatment services (3.3.11), condom & other prevention (3.3.05), Basic Care & support (3.3.06), TB-HIV (3.3.07) and PMTCT (3.3.01) programs. The HIV C&T will strengthen the HIV prevention and palliative care programs in the states and improve utilization of AfriCare's and/or other USG supported care and treatment services in these states. Clients that are HIV negative will be referred for HIV prevention programming for sustained responsible HIV prevention behavior. Those that are HIV+ or have TB-HIV will also be referred to the project's care services. Clients identified at the antenatal clinics will be referred to PMTCT programs within project sites. Activities will also target discordant couples with counseling on prevention.

POPULATIONS BEING TARGETED Africare's HCT activities are targeting MARPS (including

truck drivers, mobile populations, in and out-of-school youths), couples, and PLWHA family members. Project activities will make counseling and testing available to the care givers and family members of PLWHA. Trainings on HIV programming will be made available to medical staff, community groups and other relevant organizations.

KEY LEGISLATIVE ISSUES ADDRESSED Project activity will help increase gender equity in programming through HIV counseling and testing targeting adults especially women of child bearing age, men, young persons, children and other vulnerable groups. Community project activities will encourage more male participation to enable them access HIV testing for early diagnosis. This will be done through the use of culturally adapted BCC materials, vigorous campaigns and mobilization to educate people on the benefits of early diagnosis and treatment. Stigma and discrimination of PLWHA is also high in project areas. Activities will support mobilization and palliative care programs targeted at reducing stigma and discrimination in project communities and encourage care and support of PLWHA.

EMPHASIS AREAS Africare's HCT activities' major emphasis will be on community mobilization and participation along with building networks/linkages/referral systems. Minor emphasis will be on training, Human Resources, quality assurance/supportive supervision, logistics, commodity procurement and infrastructure. Networks will be formed with government agencies, NGOs, and other groups for support in mobilization activities to generate clients for HIV test. Staff of health facilities and volunteers of partner organizations will be trained to conduct quality counseling and testing. Africare staff along with partners will carry out quality assurance in project sites and provide supervision. Test kits and other logistics will be Africare's management responsibility.

Continued Associated Activity Information

Activity ID: 6642
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Africare
Mechanism: Cooperative Agreement
Funding Source: GHAI
Planned Funds: \$ 350,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	8	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	26,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	100	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Street youth
Mobile populations
Truck drivers
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender
Addressing male norms and behaviors
Stigma and discrimination

Coverage Areas

Lagos
Rivers

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6681
Planned Funds: \$ 1,025,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in ARV services (#6678), ARV drugs (#6682), laboratory (#6680), care & support (#6675) and TB/HIV (#6677) AIDSRelief (AR) will increase support for Voluntary Counseling and Testing (VCT) services from 12 local partner treatment facilities (LPTFs) in COP06 to an additional 54 in COP07. Of the 66 sites, 28 will be comprehensive health care centers (LPTFs), 10 satellite sites and 28 stand alone DOTS sites. An emphasis will be placed on expansion into rural areas. The DOTS sites will be evaluated for potential upgrading to comprehensive centers in COP08. 70,000 persons will receive HIV counseling & testing and receive their results. This includes 60,000 adults and 10,000 pediatric clients. AR will build capacity at existing and new LPTFs to enable them integrate VCT services with their care and treatment systems to ensure sustainability. We will train and retrain 340 individuals on counseling and testing using the Government of Nigeria (GoN) VCT training guidelines. This number will include 180 LPTF staff and 160 community volunteers. This will ensure the availability of a pool of trained counselors to ensure continuity. In the comprehensive care centers, we will offer provider-initiated opt-out counseling and testing and scale out VCT services through a community based approach including mobile and community based VCT services. These will be monitored by LPTF's trained counselors (monthly) and AR technical personnel (quarterly) to ensure quality of testing done. 28 LPTFs will be supported to co-locate TB DOTs centers, routinely offer HIV testing to all TB patients and routinely offer VCT to all patients seeking health services. Our policy supports couple counseling and provision of full and accurate information to all clients on all HIV prevention methods. Our sites will promote couple counseling and trained counselors will encourage couples to seek counseling and testing together. Counselor training will include couple counseling to strengthen this program. We will promote VCT as a necessary and important arm of HIV prevention in terms of averting new infections and providing treatment for those in need. All LPTFs will provide same day results and will use the testing algorithm that is in accordance with Nigeria's Interim National Testing Algorithm. This includes the use of Determine and Stat Pak for rapid HIV tests and Genie 11 for discordant results. The USG team will provide us with the test kits but we will directly oversee the warehousing, storage and distribution to LPTFs of the test kits. Stock out cards will be used for the monitoring of test kits usage by the LPTFs. Our VCT sites will use the GoN Heart-to-Heart logo. AIDSRelief will collaborate with faith based and community based organizations and in particular the 7-Dioceses program of Catholic Relief Services in carrying out community based and mobile VCT services. We will collaborate with state and local government VCT programs by carrying out joint trainings and monitoring visits. AIDSRelief will collaborate with FHI/GHAIN who will carry out VCT services including mobile VCT services for a total of 30,000 clients to be counseled and tested. These will be in the vicinity of our ART LPTFs where those testing HIV positive will be referred to. We will also collaborate with FHI/GHAIN for training activities and provision of IEC and other VCT materials. GHAIN will report direct targets for these VCT services. We will carry out quarterly monitoring visits and semiannual refresher courses to ensure quality assurance/control. All LPTFs will use a standard VCT data collection tool for monitoring and evaluation of activities. Our cost per direct target is US\$14.64 which is higher than the recommended \$10 because 50 of our testing sites will be new and will thus require intensive training and renovations/refitting of counseling rooms. We will directly support 2 DOT centers per state in the 14 states (28) for the routine HIV screening of TB patients. In COP06, we provided VCT services at 12 LPTFs in Benue, Edo, FCT, Kaduna, Kano and Plateau. In COP07, we will extend VCT services to 62 LPTFs in 15 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, Ebonyi and Plateau.

CONTRIBUTIONS TO OVERALL PROGRAM AREA AIDSRelief will extend VCT services to 62 partners at the primary and secondary levels in rural and previously underserved communities provide service to 70,000 clients including 10,000 children thus contributing to the PEPFAR and GoN targets for increasing access to counseling and testing. The VCT services will enable the identification of HIV positive individuals in a timely manner and help feed into the care and treatment services. Enhanced testing will also support AIDSRelief's target of placing a minimum of 12,700 new clients on ART in COP07. In addition, the VCT services will add to the prevention strategies of averting new infections through efficient and effective post testing counseling and patient education. VCT services will further contribute towards the national goal of universal access to HIV and AIDS services. By building LPTF capacity through training, salary support to faith based institutions and refitting of LPTF counseling rooms, we will help contribute towards sustainability of VCT activities at these sites and in Nigeria. LINKS TO OTHER ACTIVITIES This activity also relates to activities in ARV services (#6678), ARV drugs (#6682),

laboratory (#6680), care & support (#6675) and TB/HIV (#6677). This is to ensure that all clients testing HIV+ have their CD4 tests done and those qualifying for ART services get it and the rest referred to basis care and support services. We will establish referral linkages with national TB DOTs centers to ensure that TB patients are routinely screened for HIV and those testing HIV+ referred to our LPTFs for HIV and AIDS care. Our LPTFs will be encouraged ensure collaboration of the AIDSRelief program with other departments to provide routine VCT services to all patients and ensure that those testing HIV+ are referred for appropriate care. **POPULATIONS BEING TARGETED** This activity targets the general population and in particular TB patients, orphans and vulnerable children as well as other at risk populations. The expanded VCT services will involve a network of faith based organizations thus increasing access to community members who may be uncomfortable in medical settings. **KEY LEGISLATIVE ISSUES ADDRESSED** The expansion of free VCT services will ensure gender equity in access to VCT services by rural and previously underserved communities and ensure that HIV+ people are identified and linked to timely life saving ART services and HIV negatives are educated on the importance of avoiding risky behaviors. Our community based VCT services that include community awareness on HIV and AIDS will help raise community awareness and reduce stigma and discrimination associated with HIV and AIDS. **EMPHASIS AREAS** This activity has major emphasis on training and minor emphasis on community mobilization, infrastructure, quality assurance, quality improvement and supportive supervision plus the development of linkages/referral systems.

Continued Associated Activity Information

Activity ID: 5425
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 240,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	66	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	70,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	340	<input type="checkbox"/>

Indirect Targets

We will indirectly support 1 DOT centers per state in the 11 states (11) for the routine HIV screening of TB patients by training their personnel in VCT. We will also work with 11 other VCT sites by including them in our training activities. Through this we will indirectly target 44 counselor (training) and 13,200 people receiving VCT services from the 22 sites.

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Country coordinating mechanisms
- Doctors
- Nurses
- Orphans and vulnerable children
- People living with HIV/AIDS
- Volunteers
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Religious leaders
- Public health care workers
- Laboratory workers
- Other Health Care Worker
- Implementing organizations (not listed above)

Key Legislative Issues

- Volunteers
- Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Edo

Kaduna

Kogi

Nassarawa

Adamawa

Ebonyi

Enugu

Ondo

Rivers

Taraba

Table 3.3.09: Activities by Funding Mechanism

Mechanism: 7 Dioceses
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6687
Planned Funds: \$ 365,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is linked to care and support (#6686), PMTCT (#6685), Abstinence and Be Faithful (#6684) and OVC (#6688).

The Catholic Relief Services (CRS)/Seven Diocese Project will provide comprehensive Counseling and Testing (CT), with both stand-alone and integrated CT services, within Catholic mission hospitals, primary and rural health centers, and parishes. The hospitals will be supported in the provision of CT for high numbers of in-patients and outpatients. CT centers will be supported at each health facility and parish for the general population. The requested funding will be used primarily to support the procurement of test kits and associated medical supplies (disposable gloves, etc.), the training of staff in the provision of quality and comprehensive CT including couples counseling, and the training of supervisory staff to ensure a minimum quality standard for services. Test kits, compliant with national HIV testing algorithm, are procured at the arch/diocesan level for parish testing, and distributed monthly. Health facilities, especially rural health centers, procure approved test kits locally to reduce the distribution burden. Arch/diocesan partners generally warehouse test kits in mission hospitals and distribute to rural centre and communities quarterly based on needs. Partners also manage tracking logistics data and local test kits re-supplies with oversight from CRS Program Managers. CRS will continue to support and participate in the harmonization process led by Government of Nigeria (GON) with regard to LMIS and ICS for test kits.

CT strategy includes encouraging individuals to disclose their status to partners and family members, through post test and on going counseling. When necessary, individuals encountering difficulties with disclosure will be referred for spiritual and psychosocial counseling for added support. Post-test and home-based counseling, as well as AB sessions with at-risk groups, include accurate information about condoms. For discordant couples, counselors provide full and accurate medical information, as well as psychosocial support, with regard to specific issues such as fidelity, intimacy and options for having children in order to reduce the risk of infection.

Community outreach to promote CT will be through local Parish Action Committees on AIDS (PACA). There will be continuous community mobilization and awareness to enhance understanding of CT. The most strategically positioned parishes, which benefit from geographic advantages for provision of services, will provide high quality CT services to surrounding communities which are difficult to reach and underserved. Through community-based testing, stigma at the community level will be addressed. Community-based testing will be undertaken with GON approved non-cold chain dependent test kits. The project aims to increase awareness of CT activities by including the national Heart to Heart logo at all of its CT centers.

Collaboration between PEPFAR IPs improves the health care provided to those who test HIV positive, as well as establishes and strengthens a referral network between community groups, social service providers, and health care facilities. 7D will continue to strengthen its own referral network so that clients receive maximum services, such as care and support, PMTCT and ART. Referral Coordinators will receive on-going technical support in order to strengthen referral networks, focusing on CT as an entry point to prevention, care and support, and treatment. CT activities will be carefully monitored on a monthly basis by arch/diocesan staff, primarily the Referral Coordinator, who will collect and monitor monthly CT data. Arch/diocesan and CRS staff will be responsible for monitoring quality and progress of CT sites in their arch/dioceses on a quarterly basis.

Activities will include direct support to 120 service outlets in 11 states that will provide CT according to GON Guidelines. 27,500 individuals, 2,000 of which will be pediatric clients, will be counseled and tested for HIV; 25,000 individuals, 1,600 of which will be pediatric clients, will receive their test results; and 205 individuals will be trained in both counseling and testing according to GON CT training curriculum. Individuals trained will receive a 1-day refresher training every 6 months at the arch/diocesan level. Indirect targets will include the training of LGA health facility staff on CT; and the provision of technical support for CT implementation and monitoring at the LGA health facility level. Training, capacity building, and working within existing church structures lays the foundation for sustainable programming in the long run. Diocesan staff will support CT services in 10 states and the FCT (Kogi, Benue, Plateau, Nassarawa, Niger, Kaduna, Lagos, Cross River,

and Edo States).

As of July 1st, 2006 CRS has provided CT services to 20,086 individuals thus exceeding their targets (17,500) by 2586.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The CT services will further contribute to the National goal and universal access to CT services. In addition to assisting CRS and PEPFAR to meet CT goals, CT has been shown to be an important component of Prevention of HIV infection. This project will strengthen testing services, and psychosocial and spiritual support services. 7D will continue to support post-test clubs at the parish level which will decrease stigma and discrimination experienced by PLWHA. In addition, it will feed into care and treatment services that further refer positive individuals to a set of comprehensive continuum of care and support services being provided by CRS and other PEPFAR Implementing Partners.

LINKS TO OTHER ACTIVITIES

Very strong linkages exist between CT and CS (3.3.06), PMTCT (3.3.01), and AB (3.3.02). 7D aims to strengthen linkages between CT services and PMTCT, OVC specifically. Adults who test negative will be invited to become volunteers, or post-test club members. Youth testing negative will be invited to become active members of the Abstinence Diocesan Youth Groups, as well as referred to OVC (3.3.08) services. Adults testing positive will be referred to the following services: support group membership, post test club, care and support, PMTCT (for pregnant women), and ART. Youth testing positive are linked to pediatric ART (3.3.11 and 3.3.10) and OVC services.

POPULATIONS BEING TARGETED

This activity will target the general population and people affected by HIV/AIDS (such as HIV/AIDS affected families, caregivers and widows). The 90 Parish communities with stand-alone CT centers target the general population which includes: adults, out-of-school youth, orphans and vulnerable children, and community workplaces. These CT centers are designed as places that would bring all members of the community together in order to provide services to and reduce HIV/AIDS-related stigma in communities.

KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and discrimination against PLWHA will be addressed through PACA and community mobilization. Post-test clubs will be designed to decrease stigma in the local communities. Issues of stigma and discrimination will also be addressed such as assisting in the provision of legal services to deal with inheritance issues.

EMPHASIS AREAS

The Parish stand alone CT centers will primarily focus on development of network/linkages/referral systems, with the following minor focus areas, which include training community mobilization/participation and commodity procurement.

Continued Associated Activity Information

Activity ID: 5422
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: 7 Dioceses
Funding Source: GHAI
Planned Funds: \$ 365,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	120	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	205	<input type="checkbox"/>

Indirect Targets

CRS 7D will train 205 individuals on both counseling and testing using the National CT training curriculum. Two staff from LGA centres within the network of arch/diocesan CT centers will be invited for CT training; thus, out of the 205 total individuals receiving training, 20 participants will represent various LGA primary health care sites. These 20 individuals are expected to return to their LGAs and train a total of 6 individuals within their LGA PHC system in both counseling and testing. A total of 120 people will benefit from indirect CT training and are expected to in turn, provide counseling and testing services to 125 individuals within the COP07 program year. With 120 LGA individuals providing counseling and testing to 125 individuals per COP year, a total of 15,000 individuals are expected to receive counseling and testing, including test results, indirectly through the CRS 7D program.

Target Populations:

Adults
HIV/AIDS-affected families
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Edo
Federal Capital Territory (Abuja)
Kaduna
Kogi
Nassarawa
Niger
Plateau
Benue
Benin

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6695
Planned Funds: \$ 756,667.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in ART services (#6690), Care and support (#6697), TB/HIV (#6696), OVC (#6694), and PMTCT (#6699). In COP06, CU-ICAP supported HIV counseling and testing (HC&T) at 3 hospitals and 10 non-hospital facilities (2 VCT sites, 6 DOTS sites, 2 stand-alone VCT centers) in Kaduna and Cross River States. In COP07, this support will increase to a total of 45 HC&T sites (15 secondary hospitals, 10 non-hospital facilities and 20 other DOTS facilities) in 7 states including Benue. At least 57,000 individuals will receive counseling & testing and receive their results. 250 health care providers and laboratory staff at facility and community levels will be trained to provide services in the 45 HC&T outlets in the 7 states. CU-ICAP's HC&T support has 4 themes: supporting provider-initiated opt-out HIV testing (PIHCT) in high risk populations especially TB/DOTS sites, adult and pediatric inpatient wards, and OPDs; expanding access to VCT centers; strengthening opt-out HC&T in the ANC setting; and promoting case-finding via the family-focused approach to HIV/AIDS care and treatment. In FY07, CU-ICAP will support HC&T training using the National curriculum, and will provide ongoing mentoring to enhance providers' skills. Counselors will have access to training to improve their skills to provide adequate 'couple counseling'. Refresher trainings will be provided to site staff as needed. CU-ICAP will support the use of multidisciplinary teams including lay counselors where appropriate, and will pilot the use of student nurses as counselors in selected training institutions. An "open access" approach will be promoted to ensure that C&T is available to all patients utilizing a facility. Within the hospital, CU-ICAP will foster referral linkages between C&T services and ART clinics and will ensure quality implementation of C&T data management and reporting systems. VCT services will promote 'couple counseling & testing' at the service outlets. In addition post-test counseling resources, such as support groups and peer educators, will support disclosure when appropriate and address the special issues facing discordant couples. Post-test counseling for HIV-negative patients will emphasize primary prevention; that for HIV-infected patients will focus on appropriate 'prevention for positive' messages to reduce risk of HIV transmission from HIV+ individuals. Condom education and distribution will be supported by CU-ICAP and implemented by CBO partners. Condoms will be supplied by the Society for Family Health (SFH) and distributed to CBOs for use in condom education activities. Laboratory QA will be provided by CU-ICAP Laboratory Advisors to ensure quality HIV testing. CU-ICAP will continue to support VCT services at 45 service outlets. The national 'Heart to Heart' logo will be used at VCT sites for integration with national branding of HIV testing services. CU-ICAP will strengthen linkages between HC&T and ART sites and will provide trainings to improve monitoring and evaluation. CU-ICAP will support community-level VCT services through identified CBOs/FBOs, IEC and outreach initiatives, further strengthening the network of HC&T available to the community. CU-ICAP will ensure that secondary and primary healthcare facilities are key partners in these networks. Testing activities will be based on new national testing algorithms using non cold chain dependent test kits. CU-ICAP will continue to store test kits centrally in a secure warehouse in Abuja and distribute to sites as needed. Technical assistance will be given to sites to ensure appropriate storage, record keeping and forecasting. CU-ICAP will support the utilization of the updated NTBLCP recording/reporting formats that capture HIV information by the TB program.

CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity will contribute to the overall 2007 emergency funding plans by enabling 15 secondary hospitals, 10 non-hospital facilities and 20 other DOTS facilities in 7 states (a total of 45 service outlets) to provide access to HC&T services to at least 57,000 people who will also receive their results and have access to care and treatment, including ART if/when needed. 250 health care providers and laboratory staff at facility and community levels will be trained to provide services in the 45 HC&T outlets in the three states. CU-ICAP will continue to support and participate in the harmonization process led by the GoN with regard to LMIS and ICS for test kits.

LINKS TO OTHER ACTIVITIES This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), TB/HIV (3.3.07), OVC (3.3.08), VCT (3.3.09) and PMTCT (3.3.01). The PIHCT and VCT activities in the sites supported by CU-ICAP will encourage the enrollment of patients and family members into care through multiple entry points. HC&T activities will be made available in all the TB/DOT sites in and around the facilities. CU-ICAP will also support community VCT linked to the hospital networks, enabling referral of HIV positive clients to the hospitals to access care and treatment as appropriate.

POPULATIONS BEING TARGETED This activity targets the general population especially young women and other at risk groups such as patients with TB. CU-ICAP will encourage counseling and testing among family and household members using a family focused approach at multiple entry points. Community based and faith based

organizations/facilities will be trained to provide CT to increase access in non-clinical settings. The availability of trained volunteers will further increase uptake. KEY LEGISLATIVE ISSUES ADDRESSED Community mobilization/ behavior change communication support will educate targeted populations, especially young people and couples, on the importance of VCT and couple counseling/disclosure of HIV status and will facilitate positive male norms and behaviors. PIHCT/HC & T using multiple entry points and the "open access" approach in the health facilities will help reduce stigma and discrimination. CU-ICAP will promote the training of facility and non-facility based staff. EMPHASIS AREAS The major emphasis area is training. Minor emphasis areas are commodity procurement, quality assurance and improvement, logistics support, community mobilization and participation, network and referral linkages.

Continued Associated Activity Information

Activity ID: 5550
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 410,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	45	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	57,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	250	<input type="checkbox"/>

Target Populations:

- Adults
- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Public health care workers
- Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Rivers

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6702
Planned Funds: \$ 4,307,795.00

Activity Narrative: ACTIVITY DESCRIPTION: The Global HIV/AIDS Initiative Nigeria (GHAIN) will provide counselling and testing (CT) services to 279,939 individuals by supporting 79 existing CT sites branded as Heart-2-Heart (H2H) centres and will increase coverage of the mobile voluntary counselling and testing (VCT) services in under-served rural communities of the eight new states, namely Akwa Ibom, Kogi, Enugu, Taraba, Adamawa, Bauchi, Benue and Niger States. CT sites and Mobile CT will be strategically located and may be expanded to provide adequate coverage of catchments areas and access to clients that will be fed into the GHAIN, AIDSRelief and Harvard University supported comprehensive antiretroviral therapy (ART) services. The addition of two mobile sites is envisioned.

Following a cluster model, two CT sites will be established or strengthened wherever GHAIN or GFATM/FHI- supported comprehensive ART sites are located. In addition, GHAIN will support the establishment of a pilot/model comprehensive HIV/AIDS service in a rural Local Government Area of Cross River State and an urban LGA in Kano State.

GHAIN will provide integrated CT services including diagnostic CT in the wards and the out-patients departments (OPD); routine (opt-out approach) CT at antenatal (ANC), tuberculosis (TB), family planning (FP) and sexually transmitted infection (STI) clinics, in order to increase uptake of services and provide an opportunity for those who require care, treatment and support services to access them.

VCT services will also be located within the same health facilities for self-referrals, including community outreach services. GHAIN will adopt the national approved non-cold chain dependent HIV test algorithm as contained in the national CT guidelines. This will assist in the expansion of CT services to rural areas and the use of lay counsellors to conduct HIV testing. To ensure quality of CT services especially testing, 10% of positive samples and 5% of negative samples will be sent to an identified laboratory for external quality assurance. GHAIN will continue to support the Nursing and Midwifery Council of Nigeria to train care providers as counsellors and testers to provide services, using the national CT training curriculum. Trainings will include training of trainers and step down for a total of 100 persons on couple counselling and testing.

GHAIN will also provide mobile CT services to address the health needs of most-at-risk-populations (MARPS) such as Long Distance Drivers (LDD), commercial sex workers and armed forces personnel. Mobile VCT services will also be extended to the youths; as well as churches, mosques and market places, women/men's groups. Emphasis will be laid on partner notification and disclosure of test results as well as pre and post-test counseling opportunity for both positive and negative clients.

This funding will go specifically towards assessments, refurbishment/renovation, procurement of reagents and materials, capacity building of counselors/testers, and training of supervisors to ensure adequate quality of services and commodity management. Rapid test kits will be centrally procured and stored in a central warehouse that will be hired by Axios/GHAIN. Axios/GHAIN will also be responsible for distribution of test kits to sites, ensuring good storage at the site levels and train site staff on Logistic Management Information System (LMIS) and Inventory Control Systems (ICS). GHAIN will continue to support and participate in the harmonization process led by the Government of Nigeria (GON) with regard to LMIS and ICS for test kits. GHAIN will establish one model site in each state to serve as examples for replication. GHAIN will ensure high quality CT data collection and collation using the National VCT-monitoring and evaluation (M&E) system GHAIN is designing for the government of Nigeria (GoN).

In COP06, GHAIN supported CT services in over 100 points of service in addition to mobile CT services across the 6 focus states. Significant changes from COP 06 for this activity will include the close-out of some stand-alone CT sites as they are handed over to the GFATM and intensification of mobile CT services across the focus states. Discussions have already commenced with the various State governments regarding the modalities for handover of the sites to the host governments for continued management and sustainability under the GFATM.

CONTRIBUTION TO PROGRAM AREA

GHAIN will continue to provide CT services in the current 6 focus states and 4 additional states, contributing up to 219,298 of COP 07 overall emergency plan CT targets for

Nigeria. The aim of the program will be to reach as many people as possible in order to curb the epidemic and improve the health of populations within each state. Planned Mobile CT services will improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access, and GHAIN will work to ensure there are adequate networks and linkages between these rural VCT sites and medical sites where AIDS care and treatment are available. Overall, these activities contribute to the Emergency Plan's goal of providing HIV care to more than 1,500,000 persons while preventing 800,000 new infections by 2009.

LINKS TO OTHER ACTIVITIES

Linkages will be strengthened between the various components listed above to provide total care to individuals who test positive to HIV and to make referrals to AIDSRelief and Harvard supported services. GHAIN has developed a referral directory of all care and support services in the focus states and identified referral focal persons to ensure an active referral system. GHAIN will also take the lead in the setting-up the CT network in the focal states, in collaboration with USG Nigeria and the GON. GHAIN will continue to obtain condoms from the Society for Family Health and offer them free of charge after condom education to each client attending CT services. Linkages will also be strengthened with care and support and orphans and vulnerable children activities in the focus communities.

GHAIN will continue to strengthen its exit/sustainability plan both at the country and project level. It will work with the health facilities implementing comprehensive CT programs to build their capacity and to customize a specific plan and handover schedule for each facility.

TARGET POPULATIONS

CT services will target the general population as well as most-at-risk populations (MARPs) such as uniformed services, people in workplaces/business/private sector, and family members of index clients, especially discordant couples for support. Other target audiences for these services will include adult males and females, out-of-school youth (males and females), street youth, pregnant women and TB patients.. The Heart-to-Heart centers and, especially the mobile teams will provide services in high traffic settings (i.e., motor parks, market places, churches, mosques), and army and police barracks in the focus States, in collaboration with the Armed Forces Program on AIDS Control (AFPAC) and the Police HIV/AIDS Control Committee (PACC).

LEGISLATIVE ISSUES

This activity will address gender equity in HIV/AIDS programming through counseling messages targeted to vulnerable young girls and women. This activity will also deal with male norms and behaviors through vigorous campaigns to educate people of the focus states on the benefits of couple CT and mutual disclosure of HIV status. The much increased availability of CT services in clinical and hospital ward settings will also help to reduce stigma and discrimination.

EMPHASIS AREAS

There is major emphasis on human resources and minor emphasis on infrastructure; local organization capacity development; quality assurance and trainings.

Continued Associated Activity Information

Activity ID:	3230
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	GHAIN
Funding Source:	GHAI
Planned Funds:	\$ 5,075,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	79	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	279,939	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	285	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Disabled populations
 Most at risk populations
 Discordant couples
 Injecting drug users
 Men who have sex with men
 Street youth
 Military personnel
 Mobile populations
 Truck drivers
 Orphans and vulnerable children
 Prisoners
 Migrants/migrant workers
 Out-of-school youth
 Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Addressing male norms and behaviors
 Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Taraba

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6721
Planned Funds: \$ 950,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in Basic Care & Support (#6719), TB/HIV (#6713), ART Services (#6715) and OVC (#6720). This activity provides the comprehensive counseling and testing services (VCT) to most at risk individuals, delivered through 20 service outlets. 63,300 individuals will receive HIV counseling & testing and receive their results. At the 17 APIN Plus ARV sites, and 3 stand alone VCT centers, provider initiated HIV testing will be provided. VCT will be provided to patients that do not know their HIV status, including partners and family members of patients currently accessing ART services at the ARV sites. We have used family counseling sessions and "love letter" strategies to encourage partners of HIV-infected patients to access VCT so that couples receive HIV counseling and testing together. Counselor training will include couple counseling to strengthen this program. Pediatric patients will be identified at these sites and they will benefit from our OVC activities. VCT will also be offered to patients receiving TB services at each of our APIN Plus sites. We will use the National "Heart to Heart" logo at our VCT sites so as to reflect our integration within the national program. In Lagos, we will also partner with GHAIN, who will provide VCT services to 18,106 persons. HIV infected individuals will be referred to our ART and PMTCT sites in the same catchment area for additional services. GHAIN has established an excellent outreach and expanded VCT program through mobile VCT centers. This partnership will ensure broader community based VCT services, with emphasis on CT in TB patient populations, throughout Lagos state and referrals for needed ART care. GHAIN will report on the direct counts for these services. Three stand-alone VCT service outlets provide HIV testing as well as pre- and post-test counseling and condom distribution. Patients are provided with Information, Education & Communication (IEC) materials on HIV prevention and referrals for ART services and palliative care as appropriate. The materials will address HIV prevention using the "ABC" model, information about healthy behaviors, safer sexual practices, PMTCT, and condom usage. We are also providing VCT services in conjunction with projects in Lagos, Plateau and Oyo states that serve MARP, including: outpatient STD patients, bar workers, sex workers, border traders, military personnel, fashion designers, and motor mechanics. Mobile VCT services will be used to reach these populations. Activities targeting these populations are linked with APIN Plus sites to provide referral linkages to Palliative HIV/TB and ART services depending on eligibility for ART. Condoms will be made available at VCT sites. The Society for Family Health (SFH) will supply condoms. This activity will provide support for 20 service outlets, train 200 individuals in counseling and testing (using the National training curriculum), and provide counseling and testing services to an estimated 63,300 individuals. Refresher training will be provided during the year, particularly after final revision of the National training curriculum. HIV testing at satellite sites will be performed with rapid test assays, immunoblot confirmation will be provided by HIV laboratories at the APIN Plus ARV centers during assessment for ART. The UCH Virology lab will establish and coordinate a regular QA/QC program to insure that HIV serologic testing at VCT centers meets national and international standards. This lab will also ensure coordination of HIV testing SOPs and provide regular training for new lab personnel. The USG team will be providing us with rapid test kits that will be managed by our pharmacy logistics team in Lagos and stored and distributed from our central warehouse. We will continue to harmonize this process with GON LMIS and ICS activities. This year we have 11 additional sites providing C & T and startup costs are reflected in the per-patient cost.

CONTRIBUTION TO OVERALL PROGRAM AREA As described in section 1, these VCT activities are consistent with PEPFAR's 2007 goals for Nigeria, which aim to increase uptake of VCT by supporting VCT centers, which are linked to treatment and care services, and to expand their reach through mobile testing services. By continuing to support and build the capacity of VCT centers and provide linkages to treatment and care centers, these activities will be able to meet the increasing utilization of these services, expected to result from other prevention and outreach initiatives. The network of VCT centers linked to HIV services and care will provide a sustainable network for infected and affected individuals in our catchment area.

LINKS TO OTHER ACTIVITIES This activity also relates to activities in Palliative Care & Support (#6719), TB/HIV (#6713), ART Services (#6715) and OVC (#6720). Through these activities, we have incorporated a number of currently funded VCT prevention programs (Gates Foundation) to provide access to a broad range of palliative care, support and ART services. This network of community, research-based and tertiary care institutions should provide sustainable and high quality HIV and related services to the

communities served. Furthermore, both primary and satellite APIN Plus sites are linked in order to provide laboratory and specialty care supports, as related to the VCT activities.

POPULATIONS BEING TARGETED These activities target adults for HIV counseling and testing, particularly those from most at risk populations, as described above. Targeting these populations is important to encourage utilization of VCT services and provide ART treatment for eligible HIV infected individuals. Counseling provided through these activities also seeks to target PLWHA who are newly diagnosed by encouraging them to bring their partners and other family members in for VCT.

KEY LEGISLATIVE ISSUES ADDRESSED These activities address gender equity issues by providing equitable access to VCT services for men and women. In some cases, our activities seek to target men who may be at high risk for HIV in order to provide a mechanism for VCT as a means of prevention and access to services for their sexual partners. Male targeted counseling seeks to address male norms and behaviors in order to encourage safer sexual practices. Counseling also seeks to address sexual norms and issues of HIV related stigma and discrimination.

EMPHASIS AREAS Major emphasis is on community mobilization and participation. Minor emphasis is on training; infrastructure; information, education and communication as well as quality assurance and supportive supervision.

Continued Associated Activity Information

Activity ID: 5424
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	20	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	66,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	180	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Discordant couples
Military personnel
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Out-of-school youth
Partners/clients of CSW
Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS programs

Coverage Areas

Borno
Lagos
Oyo
Plateau
Kaduna
Benue
Enugu

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6736
Planned Funds: \$ 255,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity is linked to Abstinence and be faithful (#6733), Condom and other prevention (#6735), Policy and system strengthening (#6732) and Care and support (#6738). HIV Counseling and Testing (HCT) is an important entry point for prevention, care and treatment services. It also serves as an important entry point to behaviour change for risk reduction. Knowing and accepting one's HIV status enables more informed planning for the future, including for one's dependents. Society for Family Health (SFH) will create demand for HCT through its community mobilization activities among the most at risk populations (MARPs), as well as through a campaign promoting the new National VCT "brand". Program experiences have also shown that HCT is one of the factors that help to reduce stigma and secrecy surrounding HIV/AIDS. Using the national, non cold chain dependent testing algorithm, SFH will conduct HCT services among our MARPs through the use of mobile/outreach HCT services and training of HCT counselors from community based organisations. Mapping of referral services for confirmatory testing, anti- retroviral treatment (ART) and support services for People Living with HIV/AIDS (PLWHA) will be conducted prior to onset of HCT at the communities. SFH will collaborate with community based organizations (CBOs) in and around her sites to train HCT counselors using the national HCT curriculum to address human resource constraints and promote sustainability. It is hoped that training CBOs staff will ensure continuity of service provision even on days when mobile/outreach services are not available. With support from USAID, SFH trained its first batch of counselors who will conduct HCT in select camps in October 2006 as part of a pilot program. Using lessons learned from this pilot, SFH will develop six mobile HCT units which will rotate through the six health zones and conduct mobile HCT outreaches in the high risk sites where we expect to reach 17,500 persons per year. Each unit will visit sixteen sites per year. The cost per direct target is a bit higher than the average of \$10.00 for static centers primarily because mobile services are more expensive and require more manpower and logistics. HCT services will still be provided in the National Youth Service Corp (NYSC) camps particularly in states where there are currently no USAID partners working. Innovative models of HCT may be explored as SFH will try the provision of "moonlight" HCT services whereby services are provided in the evening around truck stops or where high risk activities are likely to occur. This is also expected to provide a higher yield of positive persons for recruitment into ART and C&S services. Persons, who test negative will be counseled, assisted to develop risk reduction plans and if sexually active, they will be encouraged to use condoms consistently and correctly for all sex acts. Condom use demonstration will be conducted in all sites while sample condoms will be provided for anyone who wishes to use condoms. Emphasis will be placed on condom use for discordant couples. Test Kits will be procured by the Supply Chain Management System (SCMS) through USAID. Test kits will be stored centrally in a secured place within SFH headquarters premises in Abuja and distributed along SFH existing supply chains to the regional offices. Adequate storage and transport conditions will be ensured to maintain test kits' quality and integrity. SFH has implemented a system to track essential data for adequate test kits management. SFH will continue to support and participate in the harmonization process led by the Government of Nigeria (GON) with regard to Logistics Management Information System (LMIS) and Inventory Control System. Quality assurance (QA) measures for testing will involve submitting dried blood samples from every tenth HCT client to a designated reference laboratory for retesting and confirmation. QA for counselors will involve supervisory visits to prevent counselor burn-out and provide refresher trainings. All mobile units will use national HCT data collection tools to assist in monitoring and evaluation of these activities. SFH's expertise in community mobilization, demand creation, and social marketing will be tapped by the USG/Nigeria team to initiate a VCT promotion campaign that will increase the visibility and acceptance of the National Heart-to-Heart (H2H) logo as a brand that assures quality, confidentiality, and client-centered care. The H2H logo was launched on World AIDS Day by President Obasanjo and over the past year has gained recognition in Emergency Plan supported communities. This campaign will attempt to expand the reach and recognition to make this truly a National brand and to increase demand for these services throughout Nigeria.

CONTRIBUTIONS TO OTHER PROGRAM AREAS Planned mobile HCT services will improve equity in access to prevention among high risk groups and in the possibility of identifying those eligible for care and support and ART which is proportionally higher among these target groups. The identification of HIV negative clients will create entry points for appropriate counseling about prevention and staying negative.

LINKS TO OTHER PROGRAM AREAS This program area has links with HVAB (3.3.02); HVOP (3.3.05); OHPS (3.3.14); HBHC (3.3.6) and HTXS (3.3.11). Prevention efforts will generate demand for

HCT and SFH will work to ensure that there are adequate networks and linkages between the HCT service units and ART, care and support centers. In addition, SFH will support the GON in promoting the "Heart to Heart" brand for counseling and testing through targeted nationwide campaigns. **TARGET POPULATIONS** This activity targets most at risk populations of young men and women, FSWs, transport workers and their support persons, as well as uniformed service personnel. The National H2H promotion campaign will target the general population. **KEY LEGISLATIVE AREAS** This activity will increase gender equity in programming through interventions and messages targeted at vulnerable young girls. Analysis of HCT uptake showed marked zonal variations with only 4% of respondents having undergone HIV testing in the North West compared with 21% in the South East health zones. The NW zone has been where access to young girls has been most challenging. Efforts therefore are being made to reach them through listening groups with appropriate behaviour change messages. **EMPHASIS AREAS** The major emphasis area is human resource development while the minor emphasis areas are community mobilization and participation, development of referral and linkages and logistics.

Continued Associated Activity Information

Activity ID: 5423
USG Agency: U.S. Agency for International Development
Prime Partner: Society for Family Health-Nigeria
Mechanism: CIHPAC
Funding Source: GHAI
Planned Funds: \$ 16,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	6	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	17,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	75	<input type="checkbox"/>

Target Populations:

Brothel owners
Community leaders
Community-based organizations
Factory workers
Faith-based organizations
Men who have sex with men
Street youth
Mobile populations
Migrants/migrant workers

Key Legislative Issues

Gender

Coverage Areas

Borno
Cross River
Edo
Enugu
Federal Capital Territory (Abuja)
Kaduna
Kano
Lagos
Nassarawa
Oyo
Plateau
Rivers

Table 3.3.09: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6742
Planned Funds: \$ 4,792,450.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is linked to DoD (#6796), Columbia/ICAP (#6695), FHI/GHAIN (#6702), SFH (#6736), Harvard/APIN+ (#6721), UMD/ACTION (#6772), CRS/AIDSRelief (#6681) and Africare (#6673) Voluntary Counseling and testing programs.

SCMS will procure HIV/AIDS Rapid Test Kits for VCT programs on behalf of all the the U.S Department of Defense (DoD) and seven other PEPFAR Implementing Partners (IPs) in Nigeria. IPs in the area of VCT include, University of Maryland, Institute of Human Virology (IHV)/ACTION, Family Health International (FHI)/GHAIN,, Columbia University (CU)/ICAP, Harvard University School of Public Health (HSPH)/APIN+, Society for Family Health (SFH), Africare and Catholic Relief Services/AIDSRelief. The requirement will be coordinated by CDC acting on behalf of the IPs and managed by SCMS. The Test Kits will be procured in accordance with the Government of Nigeria's (GON) national HIV testing algorithm, GON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centres (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in Test Kits selection based on national HIV testing algorithm and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria.

SCMS will aggregate the total requirement for Test Kits for the IPs and undertake the procurement of the required commodities on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. When necessary emergency or ad hoc purchases will be made, but it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting.

SCMS will provide support to establish and manage the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate, SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria.

A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to the CDC warehouse in Abuja from where CDC will take over the local warehousing.

All procurements and other supply chain activities will be carried out in a transparent and

accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

SCMS will establish a field office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of Test Kits to the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ART (3.3.11) , VCT (3.3.09) and PMTCT (3.3.01) and Medical transmission/blood safety (3.3.03) for the provision of Test Kits needed in those services.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Continued Associated Activity Information

Activity ID: 6643
USG Agency: U.S. Agency for International Development
Prime Partner: Partnership for Supply Chain Management
Mechanism: SCMS
Funding Source: GHAI
Planned Funds: \$ 804,600.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: International Foundation for Education and Self-Help
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6748
Planned Funds: \$ 275,000.00

Activity Narrative: ACTIVITY DESCRIPTION: This activity is linked to C&S 6747. Funding for COP06 was not received until COP07, therefore IFESH will also be conducting COP06 activities in COP07. See the COP06 narrative for targets to be reached under that funding in COP07. Under COP07 funding, IFESH will provide access to quality HIV counseling and testing (CT) services to 12,000 individuals. Services will be provided in 4 sites in Rivers & Imo States. In order to accomplish this, CT services will be targeted to populations that have been shown to be at increased risk for being infected with HIV through high-risk behavior. Targeting this population will identify HIV infected individuals and to provide them with appropriate counseling, care and treatment. Additionally, negative individuals identified through this activity will be provided and referred to appropriate prevention services. A total of 12,000 people will be counseled, tested and receive results. All individuals requiring treatment will be referred to ART treatment sites in the states. IFESH will be providing CT services in TB DOTS centers, especially in IFESH PMTCT sites already providing DOTS services. CT services will be integrated into existing PMTCT sites in order to increase access to CT by other family members. All positive clients not identified through CT in a TB DOTS site will also be referred to the state TB clinics for TB screening. Funding will be used to support the training of staff utilizing HIV counseling and testing SOPs and the standardized of a GON endorsed training curriculum. 40 people will be trained on counseling and rapid testing at the 4 service outlets. Some of those trained will be community health workers who will do mobile VCT in order to carry out family VCT and house-to-house testing campaigns during PMTCT home care visits. Training will be appropriately tailored to the targeted population to which it will be delivered, and counseling will be provided in local languages whenever possible. In view of the remoteness of most communities in these states and the trend towards home-based testing, IFESH will establish mobile VCT service outlets specifically to target hard-to-reach high risk groups such as commercial sex workers and truck/long distance drivers at community and ward levels. Due to the risk of HIV infection among these populations, a key component of the CT delivery will include enhancing the linkage of the HIV infected individuals to HIV care and treatment services as necessary. IFESH will educate communities in local languages in order to increase awareness of such services. Counselors fluent in these local languages will be available to ensure appropriate counseling messages are conveyed to the clients. All testing will be conducted using the nationally approved algorithm for HIV testing that is appropriate for the specific environment in which they work. Simple, rapid tests which allow for immediate delivery of HIV diagnosis will be prioritized for use to increase the capacity for expanding access to services and receipt of results by the clients. Laboratory program officers to assist with training and a quality assurance program will be in place to ensure the accuracy of testing particularly for testing conducted outside of health facilities. Quality Assurance (QA) for both counseling and testing will be carried out at timely intervals in COP07 through submitting blood samples from every tenth tested client to a designated reference laboratory for testing and sending certified counselors for site assessments.

CONTRIBUTION TO THE OVERALL PROGRAM: The activities supported with these funds are in-line with both the Government of Nigeria (GON) and the Emergency Plan 5-year strategy for addressing HIV/AIDS. Increasing access to CT, particularly to high risk populations, is an efficient strategy to identifying individuals that will benefit from prevention, care, and treatment activities. Clients found to be infected with HIV will be linked with prevention (for positives), care and treatment support. Those individuals found to be HIV negative will be provided with prevention services by trained staff.

LINKS TO OTHER ACTIVITIES: These activities are related to HVOP (6746) and HBHC (6747).

POPULATIONS BEING TARGETED: This activity targets those individuals known to be at increased risk of HIV infection in Nigeria. These include commercial sex workers, military populations, mobile populations, truck drivers, and street youth. To accomplish this, CT services will be located where such populations are known to congregate.

KEY LEGISLATIVE ISSUES: This activity will make special effort to provide CT services to woman (through CT targeted at CSW).

EMPHASIS AREAS: This activity includes major emphasis on training with minor emphasis on network linkages/referral systems, quality assurances and supportive supervision, and

information, education, and communication.

Continued Associated Activity Information

Activity ID: 5668
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Foundation for Education and Self-Help
Mechanism: Cooperative Agreement
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	2	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	12,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	20	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Military personnel
Mobile populations

Coverage Areas

Lagos
Rivers

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6772
Planned Funds: \$ 2,495,383.00

Activity Narrative: Reprogramming 9/07: \$655,000 in reprogrammed FY07 funds advanced for COP08 technical assistance training targets, funding to be reduced accordingly from the COP08 budget submission for TB/HIV.

ACTIVITY DESCRIPTION This activity relates to C&OP (#9210), C&S (#6770), Treatment Services (#6766), OVC (#6771), TB (#6765) and Lab (#6767). ACTION will provide C&T services for 130,000 people. C&T centers are supported at 63 points of service (POS) which will provide ARV, Palliative Care, and/or PMTCT. Collaborating with indigenous NGOs, an additional 12 C&T only POS focusing on testing most at risk persons using a mobile strategy will be supported for a total of 75 C&T centers. A national training curriculum and the national "Heart to Heart" branding logo will be utilized and partner testing is encouraged. Counseling and IEC materials focus on abstinence, be faithful, and consistent and correct condom use (ABC). In addition, IEC materials will include information promoting "couple counseling". Unlimited condoms, supplied by other donors and provided to all IPs through Society for Family Health will be available at C&T centers at no charge. Existing site staff will be used as counselors. At high throughput centers, temporary additional staff support may be provided, but sites must agree to include funding for any new position in the next fiscal year site budget. The use of the national curriculum and branding will further promote sustainability. Using established C&T SOPs and a standardized GON endorsed training curriculum, new counselors will be trained either centrally or at the site level, and refresher courses for existing counselors will be conducted. ACTION will train 183 counselors in the provision of C&T. This includes 40 Master Trainers from TB Directly Observed Therapy (DOTS) sites in support of national priorities. (Total direct training target 225.) Each of these DOTS site C&T Master Trainers will train 4 additional counselors for an indirect target of 160 additional trained. This will ensure high quality HIV C&T services are provided to an average of 40 patients per DOTS site not included as ACTION C&T centers for an indirect target of 5000. The quality assurance strategy for counseling will include post-test client surveys and periodic refresher training. Hospital-based C&T services will ensure that services are available to all high risk individuals within the institution and the catchments area. C&T services will be available at TB DOTS and chest clinic POS and accessible to the general outpatient clinic where STI patients are seen. C&T staff will round regularly on the wards and identify inpatients in need of HIV testing with the medical staff. Each of the IHV-N referral hospital POS has a network of affiliated regional primary health centers. C&T services will be offered at these affiliated primary health centers on a regular basis so that services are more accessible. Additional strategies such as equipping home-based care teams with C&T capacity to implement "home-based" testing and prevention outreach will be evaluated to target high risk discordant couples. NGOs that service substance abuse populations in selected locales will augment targeting of this hard to reach high risk group. HIV testing will be carried out by counselors using the nationally approved non-cold chain dependent algorithm with results available immediately. The current algorithm is: Determine and StatPak (parallel) then Genie II as tiebreaker. Whenever feasible, client witnessed testing will be carried out to encourage client confidence in the result. Lab program officers will assist with training and a QA program will be in place to ensure quality. Laboratory program officers are dedicated to QA described under Laboratory Infrastructure. Test kits and disposables for testing will be warehoused by ACTION. They will be provided to sites based on a pull system using a site level inventory control system linked to the ACTION warehouse logistics management information system. The current system can be easily harmonized with the national test kit logistics management information system and inventory control system once implemented. Post test counseling includes prevention for positives counseling with active encouragement of abstinence or consistent and correct condom use. Counselors are trained to counsel clients concerning disclosure to spouse and sexual partners and encourage disclosure while exploring and addressing potential negative consequences. Also, we will seek out training opportunities for counselors on "couples counseling". Counselors at the site level provide adherence counseling in ARV clinics in addition to C&T services. This eases the referral and linkages for newly-diagnosed clients. Newly-identified HIV+ clients at free standing or community based C&T centers will be linked to a HIV care center in the network. Post test counseling for those testing negative will focus on prevention using the ABC approach, and partner testing will be encouraged. Based on risk assessment, a follow-up testing interval will be recommended. The M&E system will be primarily ledger based to maximize time devoted to service provision and facilitate services at primary health center and community mobile settings. Aggregate data will be summarized and reported to the ACTION regional M&E

program officer monthly. A referral tracking system for HIV+ clients has been developed. C&T services will be provided at 75 sites in the following states: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom. This activity supports the national C&T scale up plan by promoting the accessibility of C&T services using an FMOH approved training curriculum and procedures. C&T services are essential to identify HIV+ people to meet national prevention goals and the national ARV/HIV care scale up goals. C&T services will target most at risk persons to maximize this impact. The activity will support the FMOH and EP goal of having high quality HIV testing available at all DOTS sites. This activity is linked to 3.3.05 (C&OP), 3.3.06 (BC&S), 3.3.11 (HTXS), 3.3.08 (OVC), 3.3.07 (TB) and 3.3.12 (Lab). Prevention for positives counseling will be integrated within post test counseling for HIV+ persons. Access to C&S services and ARV services within the network of care will be provided. Other at risk family members including vulnerable children will be identified through C&T and referred to services. A major emphasis is placed on ensuring that C&T services are provided at TB DOTS centers. In appropriate settings, testing will be carried out by staff who are not trained laboratory scientists. Where this is the case, ACTION laboratory staff will train and work with these staff to ensure that HIV testing provided within the C&T context is of high quality by incorporating C&T sites into the laboratory QA program. This activity serves children and youth and adults in the general population who will offered HIV counseling and testing. However, most at risk persons including: commercial sex workers, discordant couples, mobile populations, and partners/clients of commercial sex workers, and TB patients will be specifically targeted. Other health care workers and community volunteers will be targeted for training. This activity addresses the key legislative issue of "Stigma and Discrimination", since HIV counseling reduces stigma associated with HIV status through education. The major emphasis area for this activity is "Training" as nearly all supported personnel are technical experts who focus on this at the central and site level. In addition, considerable resources are devoted to training costs. A secondary emphasis area is "Development of Network/Linkages/Referral Systems" as ensuring the referral of HIV+ persons from C&T to ARV/HIV care POS will be an important focus.

Continued Associated Activity Information

Activity ID: 5426
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 682,150.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	75	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	130,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	225	<input type="checkbox"/>

Indirect Targets

40 Master Trainers from DOTS sites who will train 4 additional counselors each for indirect target of 160 trained.
1600 TB+ individuals tested for HIV by those trained.

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Discordant couples
Non-governmental organizations/private voluntary organizations
Volunteers
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Partners/clients of CSW
Religious leaders
Other Health Care Worker
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Benue

Lagos

Nassarawa

Delta

Kogi

Niger

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Ogun

Osun

Plateau

Sokoto

Table 3.3.09: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6796
Planned Funds: \$ 710,833.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in Abstinence/Be Faithful (#6803), Condoms and Other Prevention (#6804), TB/HIV (#6795), OVC (#6808), SI (#6800) and PMTCT (#6801).

COP 05 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo, Lagos), 445 Nigerian Air Force Hospital (Ikeja, Lagos). During COP06, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri).

The NMOD/DOD will double the number of NMOD VCT sites supported from 7 to 14, locating these clinics at military hospitals providing HIV care and treatment. In addition, provider initiated counseling and testing will be introduced at all the 14 hospitals' out patient clinics, in patient wards and TB clinics (see TB/HIV narrative under DOD) to improve identification of HIV+ among these populations. Counseling and testing will also be offered at STI, family planning, antenatal, blood donation, and other patient encounter activities. It is anticipated that combined clinical CT and VCT, services will be accessed by 68,500 individuals by September 2008, of whom 67,150 (89%) will receive their results. Through networking and training Local Government Area (LGA) staff (2 per site), a further 7,000 individuals (10 LGAs per DoD site and 50 individuals per site) will access CT services indirectly.

This activity will focus on the delivery of high quality, cost-effective counseling and testing at hospital facilities as the main entry point to a seamless service for individuals, discordant couples, partners and families. VCT services will promote "couple counseling & testing" at the service outlets. In addition, all VCT and other HIV clinical services will link to prevention messaging for HIV+ and HIV- clients supported under AB and Other Prevention entries, to include counseling on partner reduction, prevention-for-positives messaging and condom provision. The integration of CT, treatment and prevention programs will follow a family-centered, community-based approach, including a decentralized, community-based network model in partnership with the GON at all levels, utilizing a nationally accepted testing algorithm. Other partners working either with the military or surrounding communities, such as SFH and small indigenous organizations, will be involved in this approach. Counseling and testing centres will display the national logo in support of the National program and consistent branding.

A unique aspect of the partnership with the Nigerian Military is that it has a policy of compulsory counseling and testing for specific target populations: military applicants, personnel posted overseas, and those selected for overseas training. (along with prevention messages, pre and post test counseling, features not usually offered until by the NMOD). Pre accession applicant testing will be supported by pushing the testing availability to the most initial point of entry. This provides significant advantages for both the GON and the applicants. While testing must be accomplished prior to accession to the military, it is voluntary to join. Previously, counseling and results were not necessarily provided to the applicants (inability to follow up, non availability of confirmatory testing). In this manner, applicants will be counseled, and if found to be positive, will be counseled and referred to the nearest ART facility for evaluation. Data collection will provide critical, prevalence information in the military eligible population, and will supplement other HIV prevalence mechanisms. Support will expand in 2006 to introduce formal pre- and post-test counseling for all individuals (to include links to prevention programs) as well as develop formal referrals to treatment facilities.

Funding will support training, and refresher training, of 140 NMOD staff and volunteers, including PLWHA, in counseling and testing, mainly through local, site-based programs and in conjunction with other partners and agencies, using the national curriculum. Clinic renovations to ensure privacy, community outreach, and development of standardized referral system will supplement present activities. RTKs, provided by PEPFAR funded SCMS, consumables and sterile venepuncture items (provided by DOD) will ensure all sites

have sufficient supplies. SCMS will provide a point of service (PoS) supply to all sites, assuming full responsibility for all aspects of the chain with a small buffer stock maintained in country to protect against unforeseen shortages. Capacity developed under ARV drugs for forecasting and procurement will be built upon to support additional consumable needs.

By training uniformed members and civilian employees that are invested in a career track in the Government of Nigeria, this Program fosters a generation of skilled workers who are more likely to remain within the military. As these employees are promoted, individuals not only acquire technical skills, but also gain management and oversight capacity fulfilling PEPFAR goals for independent and sustainable programs.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes quarterly site visits by NMOD/DOD consultant teams and appropriate partners, are essential components of this program (more frequent visits during start-up).

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

Contribution To Overall Program Area

The DoD VCT service will enable the identification of HIV positive individuals in an efficient and timely manner and feed into the care and treatment services for both HIV and HIV/TB, contributing to the target of 3,610 new patients on ART in COP07. In addition, the VCT services will add to the prevention strategies of averting new infections through efficient and effective post-test counseling and education.

Links To Other Activities

VCT activities will be linked to prevention services (3.3.01, 3.3.02, 3.3.05), ART services (3.3.11), care and support (3.3.06), TB/HIV (3.3.07), PMTCT (3.3.01), OVC (3.3.08), and strategic information (3.3.13) and will support other partners, including the GoN, in delivering quality, integrated services.

Populations Being Targeted

This activity targets the military, civilian employees, dependents and the general population surrounding 14 NMoD sites and in particular TB and other STI infected individuals. By networking with decentralized, community-based services, this activity will reach a wider range of individuals unwilling, or unable, to access services provided in more traditional settings.

Key Legislative Issues Addressed

The expansion of free VCT services to additional sites and community settings will provide service access to underserved communities and individuals and help ensure that HIV+ people are identified and linked to ART services. This will help raise community awareness, increase gender equity, address male norms and behaviours, and reduce stigma and discrimination associated with HIV and AIDS. VCT data collection and analysis will contribute to improving data at the national level

Emphasis Areas

This activity has major emphasis on capacity development and minor emphasis on training, community mobilisation, quality assurance and links with other services and partners.

Continued Associated Activity Information

Activity ID:	3241
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD

Funding Source: GHAI
Planned Funds: \$ 440,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	14	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	67,150	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	140	<input type="checkbox"/>

Indirect Targets

Through networking and training Local Government Area (LGA) staff (2 per site), a further 7,000 individuals (10 LGAs/DoD site and 50 individuals/site) will access CT services.

Target Populations:

Adults
 Doctors
 Nurses
 Military personnel
 Girls
 Boys
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Host country government workers
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors
 Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Lagos

Cross River

Enugu

Kaduna

Benue

Borno

Delta

Oyo

Plateau

Benin

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	6816
Planned Funds:	\$ 100,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: This HVCT activity relates directly to all Nigeria VCT COP07 activities (see ID references in narrative below).

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria proposed one full time staff position (one Program Specialist) for VCT, to be approved and hired under COP07 authority and funding. The budget includes funding for one FSN salaries, ICASS and CSCS charges related to this position, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for two weeks of in-country support by VCT program area specialists.

These HHS/CDC VCT staff members will work in close coordination with the USAID TB/HIV staff (#6781) and directly provide quality assurance and program monitoring to all HHS supported implementing partners including: University of Maryland-ACTION (#6772), Harvard SPH-APIN (#6721), Columbia University, SPH-ICAP (#6695), Africare (#6673), International Foundation for Education and Self-Help (IFESH) (#6748), Catholic Relief Services-AIDSRelief (#6681) and new partners selected by CDC RFA (#6752, #9653, #9654). HHS/CDC VCT staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6702), Catholic Relief Services-7 Dioceses (#6687), and a USAID APS partner (#9884 & #6760) for COP06 and COP07 to be selected. USAID and CDC VCT staff will provide assistance as needed to the U.S. Department of Defense (#6796) program with the Nigerian Ministry of Defense.

HHS/CDC and USAID TB/HIV staff will provide technical support and capacity development to new partners undertaking TB/HIV and VCT activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National VCT guidelines. It is estimated that the VCT staff under this activity will provide monitoring and support to approximately 150 VCT sites in COP07.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: World Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9885
Planned Funds: \$ 300,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is linked to TB/HIV (#6811).

The Nigerian National HIV prevalence among TB patients is estimated at 27% (2005 National HIV Sentinel Survey) and stresses the importance of making HIV counseling and testing (CT) services available to such a high risk population.

WHO in collaboration with the federal and state ministries of health will use COP07 funds to continue the 3rd year of phased implementation of establishing CT services in DOTS sites initiated with COP05 funds. In COP07 WHO will support the Federal Ministry of Health (FMOH) to provide CT to 30,875 patients attending DOTS (Directly Observed Treatment Short Course) sites. COP 07 funds will be used to scale up activities to 6 additional new states while the ongoing activities already implemented in the 12 states will continue to be supported. New supported states will be selected in each of the 6 geopolitical zones based on HIV sero-prevalence, availability of ART and DOTS services.

The National strategy for HIV counseling and testing (Heart to Heart), which WHO will be implementing, adopts a total and comprehensive approach to client management. WHO will adopt a provider-initiated counseling and testing model and will implement a strategy that addresses issues surrounding discordant couples and implements techniques that encourage disclosure of HIV status. The national logo will be placed on DOTS sites that provide CT meeting the standard to be a Heart to Heart center.

WHO will build capacity of the General healthcare workers (GHW) at the DOTS facilities to provide adequate and appropriate HIV prevention messages to TB suspects and patients. HIV/AIDS information leaflets from NASCP will also be provided for all the clients attending these DOTS facilities for care.

The National TB and Leprosy Control Program (NTBLCP) and NASCP will work closely with the Society for Family Health (SFH) to ensure regular and free distribution of Male and Female Condoms to TB suspects and patients from the 36 DOTS facilities. The existing mechanism of Condom distribution used by NASCP will also be used to ensure adequate stock of condoms in all the 36 DOTS facilities.

A total of 72 General healthcare workers (GHW) from 36 DOTS sites will be trained on implementation of collaborative TB/HIV activities and on how to offer HIV counseling to all TB patients and suspects attending the DOTS facilities. The National VCT training curriculum will be used for CT training. In addition, 36 Laboratory staff from 18 TB Microscopy centers in the six expansion states will be trained on how to carry out HIV testing in line with the National HIV testing algorithm and National CT guidelines. All the training for CT are integrated into the TB/HIV training and therefore individuals trained are counted only once (under TB/HIV). To ensure that we maintain and sustain standards for HIV testing in the DOTS centers, HIV testing will be supervised by the Laboratory component of the National AIDS and STDs Control Programme (NASCP).

Regular supervision and monitoring from the Federal, State and LGAs (Local Government Areas) will be undertaken to ensure the quality of services provided in all the facilities including laboratories and of training provided, to correct any identified gap. There will also be regular meetings of the implementing facilities in the state to discuss any identified problems and to propose solutions.

A total of 108 TB DOTS treatment clinics (total sites initiated in COP 05, COP06, and COP07) will provide counseling and testing services with referral to HIV care and treatment services in 18 states. These CT sites will have a network of 36 ART sites with capacity for referral / diagnosis and treatment of TB;

WHO will procure non cold chain dependent test kits through the WHO AFRO/GENEVA procurement system. Test kits will be stored at the Central Medical store Oshodi, Lagos from where it will be distributed to states using a pull system. The distribution of HIV test kits will be done through the National TB and Leprosy Control Program (NTBLCP) which has an existing, functional, and efficient drug/supplies distribution system.

The approach of the Government of Nigeria (GON) to TB/HIV collaboration is that it is an

integral part of its health care system. The FMOH has already released 15,000 HIV test kits to be used solely in DOTS facilities. This will contribute to sustained TB/HIV Collaboration in Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT services within DOTS centers will improve access to prevention among high risk population and in the possibility of identifying those eligible for care and support and ART. Overall this activity will contribute towards the National Emergency Plan's goal of providing HIV care to more than 1,500,000 persons while preventing 800,000 new infections by 2009.

LINKS TO OTHER ACTIVITIES

This activity is linked to HVTB (3.3.07), HTXS (3.3.11) and HBHC (3.3.06) as WHO activities seek to reduce the burden of TB in HIV patients through intensified TB case finding and offering TB care to HIV positive patients. Individuals identified as TB/HIV patients will be referred to appropriate TB and HIV health facilities in order to receive appropriate care and treatment. This activity is also linked to the strategic direction of the National TB and Leprosy Control Program (NTBLCP) to establish DOTS clinics in all the ART sites in the country to reduce the incongruity in the availability of TB and HIV services and promote TB/HIV collaboration at the facility level.

POPULATIONS BEING TARGETED

This activity targets TB patients and suspects from TB/DOTS center who represent a high risk population for HIV/AIDS. In Nigeria, TB is the commonest Opportunistic Infection (OI) in PLWHA, and the one that causes the most deaths. This activity thus offers HIV patients a longer life free of the morbidity and mortality caused by TB.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity will work to increase gender equity through equitable access to quality TB and HIV services to women, children, and other marginalized populations. It is also anticipated that the ready availability of such services will reduce stigma and discrimination that is associated with TB and HIV patients.

EMPHASIS AREAS

This activity includes a major emphasis on training. Minor emphases will be on procurement, human resources, development of network/linkages/referral systems, and infrastructure.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	36	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	30,875	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	72	<input type="checkbox"/>

Target Populations:

Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Adamawa
Benue
Ebonyi
Ogun
Rivers
Sokoto

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: \$ 70,474,120.00

Program Area Context:

With COP07 funding, anti-retroviral (ARV) drugs will be purchased to support a total of 115,200 ART patients including 11,052 pediatric patients, with total new patient enrollment of 53,322 patients. An additional 9,321 will receive ART first line regimens from the GON at PEPFAR supported ART clinical outlets. Current funds allocated for ARV drug procurement are estimated at \$63,874,120 including approximately \$7,320,813 for pediatric ARVs. The number of ARV drugs service outlets for 2007 is 138.

Under COP 07, the ARV drugs program area will continue to support the treatment component of the PEPFAR Nigeria program by ensuring an uninterrupted availability of high quality ARV drugs. This includes providing an adequate selection of ARV drugs and establishing accurate quantification methods for the different types of ARV drugs to meet patients' needs. Programming in this area will also work towards maintaining the integrity, quality and accountability of those ARV drugs along the entire supply chain. In addition, USG Nigeria will continue to further harmonize and integrate with the Government of Nigeria (GON) to build sustainable commodities logistics systems.

Five Implementing Partners (IPs) and the U.S Department of Defense (DoD) will provide direct support for HIV/AIDS treatment and will provide ARV drugs for the delivery of these services in Nigeria. Our IPs in this area are Catholic Relief Services (CRS)/AIDSRelief, Columbia University (CU)/ICAP, Harvard School of Public Health (HSPH)/APIN+, Family Health International (FHI)/GHAIN, and the University of Maryland, Institute of Human Virology (IHV)/ACTION.

ARV drugs delivery includes not only the purchase of drugs but also includes a number of logistics management activities that are interdependent: product selection, forecasting and procurement, freight forwarding and importation, as well as warehousing and distribution. Logistics Management Information Systems (LMIS) and Inventory Control Systems (ICS) provide data that are essential for ARV drugs to be delivered to the treatment site and ultimately, to the patient in a smooth and efficient manner.

A major challenge that Nigeria faces today is the harmonization of logistics systems among PEPFAR IPs and with the GON. This issue fits into a broader harmonization goal that covers all levels of the National Response. PEPFAR IPs have successfully implemented commodities logistics systems that support their treatment programs, which are specific to each IP. Under GON leadership, IPs will participate in and support efforts towards harmonization of logistics systems in Nigeria. The USG will increase its coordination and collaboration with the GON to develop shared logistics management tools, processes, structures, guidelines, SOPs, training curricula and assessment tools. In that regard, all treatment IPs will coordinate with policy and system strengthening as well as strategic information (SI) activities under PEPFAR and with the GON to ensure the development of a sustainable national logistics system. JSI/DELIVER will play a key role in supporting the GON to accomplish these coordination activities.

ARV drugs selection will follow USG procurement regulations and Nigeria's registration status and waiver requirements. First and second line ARV drugs are and will continue to be procured for both adults and children in line with national treatment guidelines. Lowest cost generic ARV drugs are and will continue to be procured in place of their equivalent branded versions as soon as they have received FDA approval or tentative approval and a waiver has been granted for importation and use from the National Agency for Food, Drug Administration and Control.

All ARV drugs and other HIV/AIDS related commodities are imported under diplomatic status. Port clearance administrative requirements and duty waiver requests are managed by the US Embassy on behalf of PEPFAR Nigeria. A specific mechanism for perishables has been put in place to ensure timely clearance of corresponding commodities. A registered customs agent is handling the actual port clearance for all IPs.

Forecasting and procurement of ARV drugs are managed by each IP separately. The Department of

Defense (DOD) will be procuring its ARVs and other commodities through the Partnership for Supply Chain Management Solutions (SCMS) which will also support them in forecasting and procurement activities. In COP07 no other partners will procure ARV drugs through this mechanism, but all will be encouraged to explore this as a viable option when SCMS has a proven track record on ground. There are several issues that must be addressed in the coming year to ensure viability. First, SCMS must have an office and staff in Nigeria. The USG Nigeria team and SCMS have determined that a fulltime presence in Nigeria is critical for efficient and smooth operations. Many delays on this front have been experienced and it is hoped that this important aspect will be well established early in the COP07 year. Second, SCMS' business model for West Africa moves ARV drugs from a regional distribution center (RDC) in Ghana, with most shipments directed through Lagos. As noted above, there have been difficulties clearing shipments from Lagos, which has jeopardized the integrity of some shipments. SCMS is still in the process of finding a long term solution for moving HIV/AIDS-related commodities directly from Accra to Abuja. Finally, the pilot phase of the new distribution has not yet been completed. SCMS is pilot-testing commodities' importation with two HIV test kit shipments. The first shipment came directly from the United States to Abuja, which is not the actual route that future shipments will take, and thus further piloting is necessary. In conclusion, the USG is hesitant to move partners away from the well established and reliable supply chains currently in place until SCMS is able to organize and secure importation of its shipments adequately and a cost savings over the current system has been proven.

Although SCMS is not yet well established in Nigeria, some IPs will be procuring other HIV/AIDS related commodities such as opportunistic infections (OIs) drugs, laboratory reagents and HIV test kits through SCMS. The USG team anticipates making a larger investment in SCMS as the procurement and shipping mechanism is robust enough to handle additional orders and increased volume from more IPs.

To date, warehousing and distribution are specific to each IP. As part of the harmonization efforts, shared facilities and channels will be explored within PEPFAR and with the GON. A USG coordination mechanism is in place to support optimal stock management among IPs. Regular stock levels status and expiry risk analysis are performed and shared among IPs to allow for commodities exchanges, loans or trades.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 6682
Planned Funds: \$ 796,975.00

Activity Narrative: ACTIVITY DESCRIPTION

AIDSRelief will procure ARV drugs in COP07 to treat 14,304 patients including 12,874 adults and 1,430 children.

Our supply chain management system (SCM) ensures that the necessary infrastructure, systems and skills are in place for efficient forecasting, procurement, storage, distribution and use of quality and efficacious ARVs to our Local Partner Treatment Facilities (LPTFs) with effective monitoring and evaluation. Assessment of new sites follows the AIDSRelief Information Gathering Tool and the Pharmacy Support and Assessment Standards Checklist. Pharmacies will be refitted to improve commodity security. Technical support to LPTFs to institutionalize standard operating procedures (SOPs) for drug management is ongoing. We will train 52 pharmacists and 52 doctors in SOPs. The SOPs in line with national SOPs are for drug requests, receipts, recording, dispensing, discrepancy reporting; temperature control and disposal of expired drugs. We use the same SCM for ARVs and for laboratory reagents (CD4-test kits) but use ARV service funds to buy lab reagents. CHANPharm is the first source for palliative care drugs for our LPTFs for quality reasons but LPTFs can buy them elsewhere.

Procurement follows USG and NAFDAC regulations and is consistent with National Treatment Guidelines. NAFDAC importation waivers are secured for unregistered drugs. We contract with IDA and Phillips pharmaceutical for procurement, CHANPharm for warehousing and distribution. We will substitute innovator proprietary ARVs with FDA approved generic equivalents taking into consideration issues of safety, quality and cost.

The Pharmaceutical Management team manages country operations with a Therapeutic Drug Committee (TDC) of clinicians, pharmacists, strategic information advisors and program managers. The TDC reviews drug utilization patterns across all LPTFs, assesses scale-up progress and develops required technical support plans. The TDC is replicated at LPTFs to ensure ARV SCM is clinically informed and logistically supported.

Quality assurance covers the entire spectrum from procurement to dispensing. All our ARVs are from Good Manufacturing Practice certified sources, FDA registered and for generics all batches are tested by an independent laboratory (VIMTA) in India or CENQAM, North West University, South Africa for compliance with all requirements before shipping. They are warehoused and transported under air conditioned environment in country and have goods in transit insurance cover.

The LMIS used includes a web-based enterprise inventory and financial management system that allows drug tracking from procurement to dispensing and interfaces with the ART Dispensing Software developed by MSH RPMPlus Program installed at LPTFs. The LMIS will be harmonized with the national system.

In COP06, we provided ARV drug services at 12 LPTFs in 6 states. In COP07, we will extend services to 26 LPTFs in 11 states of Anambra, Benue, Edo, FCT, Kaduna, Kano Lagos, Kogi, Nasarawa, Oyo and Plateau.

CONTRIBUTION TO OVERALL PROGRAM AREA

The ART drug activity will ensure that quality ARVs are supplied to all patients in a timely manner. Appropriate product selection and forecasting will ensure the effective use of scarce resources. By scaling out our ARV drug services to 14 new LPTFs in COP07 (Mostly rural based primary and secondary faith based facilities), we will contribute towards the national and PEPFAR plan of availing ARV drugs to previously underserved communities. By providing ARV drug services to 14,340 clients, the activity will help to meet the PEPFAR target of providing ARV drugs to 2 million PLWAs by 2009 and to the Government of Nigeria's (GoN) plan for universal access to ARV drugs by 2010.

The capacity of the AIDSRelief country program and LPTFs to take on this responsibility will be strengthened in COP07 to enable them take on this role in future thus contributing to the overall program sustainability. This includes our contracting with local distribution agents (CHANPharm), helping LPTFs integrate ARVs and other hospital drug management systems and ongoing technical assistance to LPTFs. In this way local capacity is built to

ensure that the ARVs SCM system from forecasting, warehousing, distribution and utilization monitoring is sustained and done at the national and local levels. By proactively switching to generic ARVs we will contribute to ARV price reduction making them more affordable and thus contribute to the sustainability of their supply to PLWHA.

LINKS TO OTHER ACTIVITIES

This activity is linked to HTXS (3.3.11), MTCT (3.3.01), HBHC (3.3.06), and HTXS (3.3.11) thus ensuring continuity of services to all of our clients. It is also linked to HLAB (3.3.12) and HTXS (3.3.11) by providing the supply chain for lab reagents and HVSI (3.3.13) for LMIS services and to adherence support through the HTXS (3.3.11) activity.

We will continue collaboration with other IPs including HARVARD, GHAIN and IHV-ACTION for information sharing on procurement mechanisms and for sharing of supplies when unanticipated delivery delays occur. We will continue collaboration with the GoN in the harmonization of procurement and forecasting for ARVs. Opportunities for leveraging on expertise in training will be actively pursued. The program will, as part of the global AIDSRelief effort, proactively identify areas of collaboration with USAID's SCMS project for long term harmonization and local sustainability.

POPULATIONS BEING TARGETED

The activity targets all PLWHAs qualifying for ART according to WHO and GoN guidelines including women from PMTCT clinics and children from OVC programs. In COP07, ARV drugs will be provided to maintain 5,604 existing patients and treat 8,700 new patients to reach a total of 14,304 patients of whom 1,430 will be children using only USG funds. If AIDSRelief were to get a further 30% of ARV drug need from the GoN, we would extend ART drug services to an additional 3,800 patients including 380 pediatric patients.

KEY LEGISLATIVE ISSUES ADDRESSED

AIDSRelief will continue to work with the GoN and NAFDAC to ensure that policies and legislation enacted prioritize increasing ART access by prioritizing registration of ARV drugs and post marketing surveillance to ensure quality of ARVs on the market.

EMPHASIS AREAS

This activity has major emphasis on commodity procurement and minor emphasis on logistics, training, quality assurance, quality improvement and supportive supervision plus linkages with other sectors and initiatives.

Continued Associated Activity Information

Activity ID:	5428
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 2,723,826.00

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 6691
Planned Funds: \$ 4,845,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity is linked to Counseling and Testing (#6695), PMTCT (#6699), ARV services (#6690), Care and support (#6697), OVC (#6694) and TB/HIV (#6696) In FY06, Columbia University-International Center for AIDS Care and Treatment Programs (CU-ICAP) supported procurement and distribution of antiretroviral (ARV) drugs for 3 hospital networks in 2 states. In FY07, CU-ICAP will expand antiretroviral therapy (ART) services support to 12 additional hospital networks, resulting in coverage in 7 states (Cross River, Kaduna, Benue, Gombe, Akwa Ibom, Rivers and Kogi states) and provide ART to a cumulative 10,340 patients. CU-ICAP supports a supply chain management system (SCMS) to ensure continuous supply of ARV drugs with FDA approval or tentative approval, and which are National Agency for Food and Drug Administration and Control (NAFDAC) registered or have received a waiver. All ARV drugs procured follow Government of Nigeria (GoN) treatment guidelines. UNICEF procures ARV drugs, handles customs clearance and delivery to a secure warehouse at the CU-ICAP office in Abuja a CU-ICAP van delivers ARV drugs to sites. CU-ICAP will continue to discuss the utilization of the Partnership for Supply Chain Management (PFSCM) for ARV drugs procurement as PFSCM increases its services in Nigeria. CU-ICAP has integrated quality assurance, monitoring and evaluation systems into the SCMS. CU-ICAP's procurement and store managers provide technical assistance including: training pharmacists in forecasting, stock management, record keeping, quality assurance, and distribution; providing infrastructure support for pharmacies and storerooms, including renovation, refurbishment, and provision of equipment, supplies and job aids. In addition to the hands-on training above, CU-ICAP uses a State-endorsed pharmacy technician in-service training course, and trains key staff on record keeping for ARV drugs storage and distribution at points of service. Pharmacists at every site participate in multidisciplinary team ART training activities. CU-ICAP will assess pharmacies' capacity in all new sites towards secure storage and stock management. Renovations and refurbishments will include the addition of partitions to create private adherence counseling space, repairs to walls, doors, and ceilings, installation of air conditioners, refrigerators, shelving and other storage, and security elements such as bars and locks. Standard Operating Procedures in line with national SOPs will be provided to guide quality ARV drugs management. Cost per patient could grow as some patients fail 1st-line regimens, and as treatment-experienced patients from distant ART facilities transfer to local CU-ICAP-supported hospitals. To minimize such cost increases and support the GoN desire to utilize generic drugs, as generic ARV drugs obtain FDA approval or tentative approval as well as NAFDAC registration or waiver, they will replace more expensive versions. CU-ICAP will continue to participate in and support the harmonization process led by the GoN in line with one national program at all levels for sustainability. In addition, CU-ICAP will work towards sustainability by strengthening existing structures and building capacity of health care providers in all health facilities that it supports. As expansion of ARV drug services is prioritized to rural areas, we will strengthen existing referral channels and support network coordinating mechanisms.

CONTRIBUTIONS TO OVERALL PROGRAM AREA In FY07, CU-ICAP activities under ARV drugs will support PEPFAR goals of ensuring continuous supply of ARV drugs to HIV infected adults and children who require treatment. In COP07 7,540 individuals (6,820 adults and 720 children) will newly initiate ART. By the end of COP07, 9,340 adults and 1,000 children will have initiated ART, a cumulative total of 10,340 patients thus contributing to the national goal of treating 350,000 patients by 2008.

LINKS TO OTHER ACTIVITIES This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09) and PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services.

POPULATIONS BEING TARGETED Health care workers especially pharmacists doctor and nurses, will acquire skills to manage ARV drugs appropriately along the supply chain.

KEY LEGISLATIVE ISSUES ADDRESSED None

EMPHASIS AREAS Major emphasis area is commodity procurement. Other minor emphasis areas include training, logistics, infrastructure support and quality assurance, quality improvement, and supportive supervision.

Continued Associated Activity Information

Activity ID: 5493
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI

Planned Funds: \$ 1,270,000.00

Emphasis Areas

% Of Effort

Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

- Doctors
- Nurses
- Pharmacists
- Other Health Care Worker
- Doctors
- Laboratory workers
- Nurses
- Pharmacists
- Other Health Care Workers

Coverage Areas

- Cross River
- Kaduna
- Benue
- Akwa Ibom
- Gombe
- Kogi
- Rivers

Table 3.3.10: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 6705
Planned Funds: \$ 15,540,370.00

Activity Narrative: ACTIVITY DESCRIPTION This activity has several components namely: forecasting and procurement, inventory management, warehousing and quality delivery of antiretroviral (ARV) drugs to people living with HIV/AIDS (PLWHA) for antiretroviral therapy (ART). Global HIV/AIDS Initiative Nigeria (GHAIN), through its sub-recipient, the Axios Foundation emphasizes the following core project areas: capacity building and systems strengthening, forecasting for ARVs and opportunistic infections (OIs), procurement, port clearance, warehousing, and distribution of ARVs and related commodities to facilities under the project. Axios has developed a functional logistics system to ensure consistent availability of secure and high quality ARVs and related commodities plus accountability for the deliveries/usage. The process is guided by USG regulations, National Treatment Guidelines, National Agency for Food and Drug Control (NAFDAC) registration or waivers with a view towards utilizing generic ARV's once the United States Food and Drug Administration (FDA) approved.

Axios has implemented an Inventory Management System to track logistics data needed for the proper management of ARV drugs. The system also has the Patient Management and Monitoring (PMM) System. In COP06, all facilities managed their ARVs and related commodities using the system; including generation of management reports required for decision making at facility and Axios/GHAIN levels. Guided by the memorandum of understanding with the Federal Ministry of health (FMOH) and States Central Medical Stores (SCMS), Axios will continue to build capacity for warehousing and distribution by developing standard operating procedures (SOPs) for warehousing and distribution at the central medical stores. It will build capacity of the government of Nigeria (GON) and Axios staff at the SCMS through training and on the job mentoring on the core project areas mentioned above. All commodities procured are stored at the central medical stores from where they are distributed to facilities via the state program office. Axios will work with the GON and the medical stores to ensure adequate security of drugs supplied.

In COP07, the strategy will focus more on the State Ministry of Health (SMOH) owned Central Medical Stores and utilize their linkages to the ART facilities to serve the needs of the focus states and build partnership with private/non for profit sector by sub-contracting warehousing and distribution services at state government level. Quality assurance and monitoring of the logistics system will continue to be maintained at all levels The SOPs and forms currently used will be revised based on GON led harmonization process in which Axios is actively involved. The long term plan is to coordinate the distribution and utilization of the GON drugs and the project drugs based on availability.

Axios/GHAIN will continue to strengthen sustainability plans by harmonizing drug logistic systems with the GON and providing technical assistance and training in forecasting, inventory management and reporting for pharmacists through on-site training and mentoring. GHAIN will provide ART services to a cumulative number of 34,293 including 19,253 new PLWHAs by supporting 28 existing ART sites, establishing 17 new sites and increasing geographical coverage with focus on rural areas from the current six states (FCT, Anambra, Lagos, Kano, Cross River and Edo states) to eight new states, namely Akwa Ibom, Kogi, Enugu, Taraba, Adamawa, Bauchi, Benue and Niger States. Depending on performance of GFATM, this expansion plan may need to be revised. GHAIN will support the establishment of a pilot/model comprehensive HIV/AIDS service in a rural Local Government Area of Cross River State. GHAIN will also strengthen the national paediatric program through a mentorship program in collaboration with the Clinton Foundation. The new sites will be assessed using the site assessment tool and implementation will be based on the minimum start up requirements of the site. Specific attention will be paid to ensuring security of drugs as a component of new sites assessment and its implementation or strengthening.

Negotiations are currently underway with the GON to leverage Global Fund resources to provide a dramatic increase in numbers that will be provided with ART services. Should these negotiations prove successful, GHAIN would initiate ART services in additional sites to expand patient targets. According to this strategy, after services have been initiated, and providers are well trained and systems are in place, the sites will be handed over to the GON for continued support with Global Fund resources. This will in turn allow GHAIN to initiate another set of new sites without having to bear ongoing maintenance costs. Technical assistance, monitoring and evaluation, and supportive supervision will continue in all sites throughout the life of the project and will ensure strong capacity-building,

powerful ownership, and guaranteed sustainability.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Commodity availability at facility level is the cornerstone of the strategy to increase access to the drugs and diagnostics for PLWHA and significantly contributes to the achievement of the Emergency Plan's goals. The provision of ART services through this program will contribute to strengthening and expanding the capacity of the Government of Nigeria's response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of providing life-saving antiretroviral treatment to more than 350,000 individuals. This program will also contribute to strengthening the national drug/commodity logistics and management systems, especially as it relates to ARVs and test kits among others.

LINKS TO OTHER ACTIVITIES:

This program element relates to activities in HVCT-3.3.09, MTCT -3.3.01 HTXS- 3.3.11, HBHC- 3.3.06 and HLAB – 3.3.12. Links to these programs include covering areas such as logistics and management of test kits (HVCT), ARV drugs (HTXS) for adults and children, OIs drugs (HBHC), prophylactic ARV drugs for pregnant women and infants (PMTCT) as well as the provision of laboratory supplies for patient monitoring (HLAB).

POPULATIONS BEING TARGETED:

This activity targets all health care workers directly involved in the management of ARV drugs for ART services including pharmacists, doctor and nurses.

KEY LEGISLATIVE ISSUES ADDRESSED:

None

EMPHASIS AREAS:

Axios major emphasis areas for COP07 will include commodity procurement while minor emphasis will be on logistics, local organization capacity development, training and quality assurance, quality improvement and supportive supervision.

Continued Associated Activity Information

Activity ID: 3233
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHAIN
Funding Source: GHAI
Planned Funds: \$ 5,995,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Doctors
Nurses
Pharmacists
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Lagos
Akwa Ibom
Enugu
Kogi
Niger
Adamawa
Bauchi
Benue
Taraba

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 6714
Planned Funds: \$ 9,401,952.00

Activity Narrative: Activity Description

Through these activities, we will provide ART drugs to 33,370 adult and pediatric patients at 16 APIN Plus ART sites. At 29 PMTCT sites (some of which are also ARV Services sites), we will provide the ART prophylaxis options and triple drug regimens for eligible women consistent with the national guidelines. Thus, a total of 31 APIN Plus sites will be providing ART drugs through ART or PMTCT services. We will purchase ART drugs directly from drug manufacturers and through different ART purchasing agents, including IDA and Crown Agents, in accordance with USG regulations and NAFDC Registration and follow Nigerian National ARV drug regimens. We have developed SOPs for supply chain management, drug usage, drug regimen tracking, drug distribution, warehouse storage and individual pharmacy site management. Drugs orders are based on projections of patient numbers as determined by several factors including: rate of patient enrollment, weight class of patients affecting drug dosage, gender, rates of toxicity, and rates of failure. John Snow International (JSI) has assisted with drug projections. Our rates of drug ordering and estimation of buffer stock needs have been informed by our experience with lengthy and variable order to delivery times, global shortages (e.g. BMS and Merck), splitting of most orders, delays in NAFDAC registration and lengthy clearance of drugs in country. As a result, our drug orders had been adjusted to accommodate with an increase in buffer stocks. This year, we have buffer stocks for approximately 5 months of all of the requisite first and second line drugs. We have also moved to fixed dose combinations and other newly FDA-approved generic drugs.

Capacity building and training for our APIN Plus central pharmacy at NIMR and individual site pharmacies is ongoing to support pharmacy management and implementation of the National ART Program. We are participating in the ART harmonization process with the GON. The goal of these activities is to facilitate the pharmacies' ability to scale up capacity as patient utilization of ART increases. A central warehouse at NIMR (Lagos) provides storage for drugs once they enter the country. A subcontract with Fed-Ex provides monthly distribution to all site pharmacies. Assessments of all facilities to determine infrastructure needs have been conducted twice in COP06 and a supply chain management system has been established. All site pharmacists have participated in regular training sessions and work with site data managers in providing regular supply chain information electronically to our central pharmacy. The computerized supply chain information system linked to patient clinical records also provides reporting data for M&E at each site. Our logistician consultant conducts regular drug inventory audits to our central warehouse and individual site pharmacies. Our long-term goal is to establish a sustainable supply chain management system for ART that incorporates existing and bolstered Nigerian institutional structures and is harmonized with GON activities.

Site expansion for ART and PMTCT will be ongoing. Each new site will be visited by a team of technical staff from Nigeria and Boston as well as other sub-partners. Pharmacy and logistics management procedures will be assessed and be part of the site development plan. Recommendations for drug storage, equipping of pharmacies and minor renovations are considered. All APIN+ pharmacists have completed the IDA ARV training program. Pharmacists hold meetings on a quarterly basis and training updates are provided. On a monthly basis, drug updates are provided to all APIN + investigators by email. Pharmacists and their data entry staff also participate in the electronic data tracking system, regular training in computer entry and database management are also provided.

This funding will specifically support the procurement of ART drugs, their distribution and storage in a central pharmacy established at NIMR (Lagos). Funding supports the central pharmacy, security, equipment and two full time pharmacists. Subcontracts to JSI and Crown agents for supply chain management are also included. All drug regimens are consistent with the National ART guidelines for adult and pediatric patients. Funding in this activity provides drugs for 31,000 adult and 2370 pediatric patients on appropriate ART drugs.

Contribution to Overall Program Area

Through these activities we will have provided ART drugs to 34,300 patients at 16 ART service outlets. We have doubled the number of ART service provider sites to 16 and increased the number of states from 4 to 7. This represents a 28% contribution to the PEPFAR goal of providing ART to approximately 120,000 people in 2007. In addition, we

have scaled up our PMTCT activities with 29 points of service providing access to PMTCT services for 40,000 women. Through these activities, we will continue to strengthen the structure of our ART drug procurement system, as described above in section 1, in accordance with PEPFAR goals, in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure building and training mechanisms, as discussed in section one, are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up.

Links to Other Activities

This activity also relates to activities in TB/HIV (3.3.07), ART Services (3.3.11), and Strategic Information (SI) (3.3.13). Through this activity, we will maintain significant linkages with PMTCT (3.3.01) and ART Services through the procurement of ART drugs for individuals served by these programs. Additionally, we will maintain linkages to TB/HIV activities, since the supply chain management system will serve to provide drugs to ART sites that are providing these services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making.

Populations Being Targeted

The primary target of these activities are health care workers, including program managers doctors, nurses, and pharmacists who are involved in the drug procurement and distribution process. Furthermore, by building mechanisms for drug procurement, these activities seek to target PLWHA, both adults and children, who are in need of or already receiving ART care.

Key Legislative Issues Addressed

None

Emphasis Areas

As described in section one, these activities place major emphasis on commodity procurement as related to the purchase of ART drugs for all of our sites. As a corollary to that, we place minor emphasis on logistics, in order to further strengthen the ART procurement and distribution system for APIN Plus sites. We have also incorporated training initiatives into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system. We also place minor emphasis on the development of SI management, through M&E activities, to provide feedback of the cost effectiveness of our drug-procurement activities. SI management is also ensures accurate drug projections in order to prevent stock-outs.

Continued Associated Activity Information

Activity ID:	3223
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Harvard University School of Public Health
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 5,518,000.00

Table 3.3.10: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 6741
Planned Funds: \$ 3,555,000.00

Activity Narrative: ACTIVITY DESCRIPTION:

This activity is linked to DoD (#6797) and UMD/ACTION (#6773) ARV drugs programs

SCMS will procure adult and pediatric antiretroviral drugs (ARVs) for the US Department of Defense, the Institute of Human Virology (IHV)/ACTION and possible some other small PEPFAR partners in Nigeria. The commodities will be procured in accordance with the Government of Nigeria's (GON) national treatment guidelines, GON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centres (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required.

SCMS will support the IPs in ARVs selection based on national treatment guidelines, and USG procurement criteria including all appropriate quality standards. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria.

SCMS will undertake the procurement of the required ARVs on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. When necessary emergency or ad hoc purchases will be made but it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting.

SCMS will provide support to establish and manage the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate, SCMS will work with IPs and counterparts to identify suitable local sources of supply for ARVs in Nigeria, subject to meeting eligibility and quality criteria.

A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments.

SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible.

SCMS will deliver consignments to IPs' warehouse or directly to their point of services depending on each IP's need. It is anticipated that SCMS will deliver consignment to IHV/ACTION's warehouse while in the case of DOD, SCMS will warehouse commodities locally and deliver consignments direct to the 14 Nigeria Ministry of Defense (NMOD) sites. SCMS will utilize the services of existing logistics providers.

All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team.

SCMS will establish a field office staffed with two technical experts, finance and

administration and support staff. The field office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS.

SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination between programs.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of ARVs to the PEPFAR prevention, care and treatment programs.

LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ARV services (3.3.11) for the provision of ARVs needed in those services. It is also linked to ARV drugs (3.3.10) as it contribute to some components of the supply chain.

POPULATIONS BEING TARGETED

SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service.

KEY LEGISLATIVE ISSUES BEING ADDRESSED

None

EMPHASIS AREAS

The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Funding in this activity is as follows: CU-ICAP = \$85,000; DoD = \$3,470,000.

Continued Associated Activity Information

Activity ID: 6402
USG Agency: U.S. Agency for International Development
Prime Partner: Partnership for Supply Chain Management
Mechanism: SCMS
Funding Source: GHAI
Planned Funds: \$ 1,695,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	6773
Planned Funds:	\$ 19,850,000.00
Activity Narrative:	Reprogramming 9/07: \$1.3 million in FY07 funding toward COP08 targets from reprogramming to be reduced from COP08 funding levels in country prior to COP submission.

ACTIVITY DESCRIPTION: ARV drugs will be procured so that ARV treatment can be provided for 37,044 adults (13,044 new) and 3,458 children (1,328 new) at 44 clinical sites throughout Nigeria. The first component of this activity includes forecasting and procurement of ARV drugs. It is estimated that 90% of patients begun on EP-provided ARVs will be adults and the remaining 10% will be children. Overall, it is assumed that 10% of both adults and children begun on ARVs during prior years will ultimately require 2nd line treatment under COP07. ACTION will follow Nigerian ARV Guidelines in the provision of ARV regimens. The regimen mix has been forecasted based on current utilization and balancing best clinical evidence with scale-ability. PEPFAR approved generic formulations will be utilized whenever available. For all regimens, a 3 month buffer stock is maintained to minimize the likelihood of problems with drug supplies. IHV staff will develop ARV projections, while procurement and shipping of ARVs has been subcontracted to IDA Foundation (total cost procurement/shipping fees excluding drug costs \$885,258). IDA inspects drugs for authenticity and tests selected batches prior to accepting for shipping. IDA certifies packaging and storage conditions during shipping and provides insurance to the point of delivery at the frontier. Drug procurement will follow USG regulation, National Treatment Guidelines, and comply with requirements for NAFDAC registration or waiver. Some sites (approximately 10 sites) may have access to high quality first line adult ARVs provided by the FMOH financed by the Global Fund. Collaborating with the FMOH at sites to leverage this alternative ARV source could increase the number of adults accessing ARV services to as high as 16,000. In this scenario, ACTION will ensure access to alternative first line and second line ARVs, pediatric formulations, and wrap around services including lab monitoring. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. The second component of this activity includes expediting of commodities through the port of entry, storage, distribution, and management of commodities. This includes site assessment of pharmacies and storage facilities with corrective recommendations. Needed site renovations for proper security and storage conditions in pharmacy stores will be undertaken by ACTION. Training of site pharmacists for drug commodity management using a computer or card-based inventory control system at the site level and training in proper drug storage will be carried out. Storage and distribution of ARVs, maintenance of a site level commodities management system, and instruction in site staff regarding the system, has been subcontracted to Axios Foundation (total cost \$1,600,000). Axios documents proper storage conditions at the central warehouse and site level. ACTION currently supports ARV drug provision at 16 sites and will provide ARVs at 28 additional sites under COP07 for a total of 24 full service and 20 primary health center and DOTS satellite sites. States include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom. As expansion of ARV drug services is prioritized to rural areas, we will strengthen existing referral channels and support network coordinating mechanisms. CONTRIBUTIONS TO OVERALL PROGRAM AREA: This activity supports the scale up of ARV treatment in Nigeria, a major priority for the FMOH.

Continued Associated Activity Information

Activity ID:	5429
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of Maryland

Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 12,928,058.00

Emphasis Areas

Commodity Procurement

% Of Effort

51 - 100

Logistics

10 - 50

Target Populations:

Pharmacists

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

HIV positive pregnant women

Public health care workers

Private health care workers

Pharmacists

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Benue

Delta

Kogi

Nassarawa

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Ogun

Osun

Plateau

Sokoto

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	6783
Planned Funds:	\$ 317,000.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION This activity supports 3 members of the USG treatment team, and therefore relates directly to all the activities in this Program area. This activity represents the “fully-loaded” costs of a full-time expatriate technical advisor for drugs and commodities logistics, and the “fully-loaded” costs of her full-time administrative and program support staff which includes a program officer and an administrative assistant. These support positions are being requested for the first time in this COP, as both the dollar amounts to be programmed and the number of partners providing programming in this area has increased dramatically over the past year and are anticipated to continue to increase, and as the oversight of SCMS has been added to this portfolio. The commodities logistics manager additionally oversees the system strengthening and institutional capacity building activities related to establishing a National drugs procurement system for Nigeria. Negotiation to both harmonize systems and maximize accountability in this area is intensive. Oversight, supervision, mentoring, and capacity-building for both the GON and USG partners are provided by making regular supervision visits to the field—twice monthly by technical advisors and program officers and monthly by the support staff—with the new, less experienced partners being visited more frequently than the well established institutional contractors. This position requires an expatriate due to the cost of the commodities purchased, the legal implications surrounding drug import, and vulnerabilities related to these issues. The commodities logistics manager’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG procurement activities. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners, as well as compliance with GON and FDA procurement and import regulations. This advisor spends 100% of her time advising in this program area and does not have primary program responsibilities in any other program area. None of the costs for these positions are captured in any other budget category.</p>

Continued Associated Activity Information

Activity ID:	5410
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	USAID Agency Funding
Funding Source:	GHAI
Planned Funds:	\$ 126,090.00

Coverage Areas

Benue

Enugu

Table 3.3.10: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 6797
Planned Funds: \$ 300,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity is linked to ARV services (#6798 and #6807), Strategic Information (#6800) and Other Policy/System Strengthening (#6809).

COP05 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo, Lagos), 445 Nigerian Air Force Hospital (Ikeja, Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri).

As part of the introduction of treatment at each facility in 2005 and 2006, pharmacy assessments and subsequent improvements have or will be completed, including capacity development through the training of the pharmacists and undertaking renovations for pharmacy stores and dispensing units. In 2006, development of capacity of the NMOD (Nigerian Ministry of Defence) to eventually house, manage and distribute ARVs procured by the USG was initiated through the training of a "lead" logistics team and, with the Supply Chain Management System (SCMS), the implementation of quantification tool and tracking system for accountability purpose. In 2007, activities under this submission will continue to guarantee long-term sustainability by ensuring that the necessary infrastructure, systems and technical skills are in place for efficient forecasting, ordering, warehousing, distribution and management of quality ARVs at the 14 NMOD sites as well as at the central level procurement office of the NMOD.

New sites selection is a process undertaken by the USMHRP (United States Military HIV Program) in partnership with the NMOD. Where appropriate, other USG and NMOD partners participate in selection of sites which include criteria such as, inter alia, market characteristics, community support/need for services, manpower availability/needs, security and physical infrastructure. Once selected, NMOD-DOD will conduct a thorough assessment to support treatment, including the pharmacy and stores. This evaluates current staffing, staff skills/education/experience, as well as a full review of existing infrastructure.

Pharmacy training activities are under development, and will include all aspects of drug management, dispensing and housing. At this time, pharmacists are instructed in National treatment guidelines and Standard Operating Procedures (SOPs) on security, quality control and storage. As with clinicians trained in ART, pharmacists who have been trained and have been supporting treatment at facilities operating since 2005 will be sent to new facilities in the initial phases of operation to provide mentoring and ensure continuity of services among military facilities. Continued site support will be conducted using these preceptors as a central pharmacy Quality Assurance (QA)/ Quality Control (QC) team is developed over 2006-2007.

Where necessary, infrastructure improvements are undertaken to ensure the best use of resources through leveraging counterpart funding of the NMOD and through competitive tendering. Pharmacies at the point of drugs dispensing are modeled to provide ease of service for the patient to allow adherence counseling as well as safe storage of the drugs within the dispensing unit. Proper housing for drugs at sites, including A/C with thermostat controls, proper refrigeration and locked storage are instituted. Back up power supplies to ensure proper temperature for cold chain dependent drugs are installed.

Monitoring and evaluation of service quality with a formal quality improvement mechanism, regular site visits by the NMOD/DOD & appropriate partners, and eventually a central NMOD pharmacy QA/QC staff are essential components of this Program. The Program also looks to adapt what SCMS will put in place as a consistently applied quality control and assurance mechanism along the supply chain across all PEPFAR supported countries and partners.

The NMOD-DOD Program will continue to utilize the SCMS for drug acquisition. This

method of drug procurement adheres to USG, Federal Ministry of Health (FMOH) and National Agency for Food and Drug Administration and Control (NAFDAC) policies, guidelines and requirements as well as National Treatment guidelines. Funding under the SCMS award through USAID in the amount of \$2.87m will provide quality ARV drugs during COP07 year to treat a total of 4,900 adults and 540 pediatric patients (overall total of 5,440 patients) under the NMOD-DOD program. SCMS will make sure NAFDAC registration and/or waivers are in place and manage all port clearance and initial warehousing and distribution to the NMOD-DOD sites. When possible, the Program will continue to utilize generic drugs and add additional generics as such drugs are FDA approved or tentatively approved. In addition DOD will support coordination for utilization of ARVs provided by the GON or Nigerian Air Force at DOD supported sites.

Funding under this submission will directly support training of pharmacist in forecasting, ordering, record maintenance and proper drug storage. It will also cover the renovation (at various levels) of 7 pharmacies to improve safety and storage conditions for ARVs. Support for overall NMOD logistics system will also be included covering capacity of the central procurement operations, including ongoing in-service training on a NMOD/national level and introduction of logistics management tools for tracking and maintaining adequate stock levels, as well as required infrastructure for adequate warehousing of drugs prior to distribution to hospitals at a planned central site facility (site to be determined). Currently management is conducted by the DOD, but as the NMOD capacity develops, responsibility will be transitioned to the NMOD.

DOD will continue to support and participate in the harmonization process led by the GON with regard to Logistic Management Information System (LMIS) and Inventory Control System (ICS).

By the end of COP07, the DOD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO THE OVERALL PROGRAM AREA

DOD activities will contribute to the effective and efficient management of the ARV services and to the Emergency Plan's goal of providing life-saving antiretroviral treatment to more than 350,000 individuals.

LINKS TO OTHER ACTIVITIES

This activity will directly link with ART Services (3.3.11). The DoD will continue to collaborate with other PEPFAR implementing partners for information sharing on procurement mechanisms and for sharing of supplies when necessary (3.3.13). The DoD will continue to support systems strengthening and capacity building (3.1.14) in the NMoD.

POPULATIONS BEING TARGETED

This activity targets all health care workers directly involved in the management of ARV drugs for ART services including pharmacists, doctor and nurses.

KEY LEGISLATIVE ISSUES ADDRESSED

None

EMPHASIS

This activity has major emphasis on commodity procurement and minor emphasis on capacity development, infrastructure development, logistics, and quality assurance/improvement.

Continued Associated Activity Information

Activity ID:	3242
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Doctors
 Nurses
 Pharmacists
 Military personnel
 Public health care workers
 Other Health Care Worker

Coverage Areas

Federal Capital Territory (Abuja)
 Lagos
 Kaduna
 Cross River
 Enugu
 Benue
 Borno
 Delta
 Oyo
 Plateau
 Rivers
 Benin

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9888
Planned Funds: \$ 7,855,168.00

Activity Narrative: ACTIVITY DESCRIPTION Through these activities, we will provide ART drugs to 33,370 adult and pediatric patients at 17 APIN Plus ART sites. At 32 PMTCT sites (some of which are also ARV Services sites), we will provide the ART prophylaxis options and triple drug regimens for eligible women consistent with the national guidelines. Thus, a total of 32 APIN Plus sites will be providing ART drugs through ART or PMTCT services. We will purchase ART drugs directly from drug manufacturers and through different ART purchasing agents, including IDA and Crown Agents, in accordance with USG regulations and NAFDC Registration and follow Nigerian National ARV drug regimens. We have developed SOPs for supply chain management, drug usage, drug regimen tracking, drug distribution, warehouse storage and individual pharmacy site management. Drugs orders are based on projections of patient numbers as determined by several factors including: rate of patient enrollment, weight class of patients affecting drug dosage, gender, rates of toxicity, and rates of failure. John Snow International (JSI) has assisted with drug projections. Our rates of drug ordering and estimation of buffer stock needs have been informed by our experience with lengthy and variable order to delivery times, global shortages (e.g. BMS and Merck), splitting of most orders, delays in NAFDAC registration and lengthy clearance of drugs in country. As a result, our drug orders had been adjusted to accommodate with an increase in buffer stocks. This year, we have buffer stocks for approximately 5 months of all of the requisite first and second line drugs. We have also moved to fixed dose combinations and other newly FDA-approved generic drugs. Capacity building and training for our APIN Plus central pharmacy at NIMR and individual site pharmacies is ongoing to support pharmacy management and implementation of the National ART Program. We are participating in the ART harmonization process with the GON. The goal of these activities is to facilitate the pharmacies' ability to scale up capacity as patient utilization of ART increases. A central warehouse at NIMR (Lagos) provides storage for drugs once they enter the country. A subcontract with Fed-Ex provides monthly distribution to all site pharmacies. Assessments of all facilities to determine infrastructure needs have been conducted twice in COP06 and a supply chain management system has been established. All site pharmacists have participated in regular training sessions and work with site data managers in providing regular supply chain information electronically to our central pharmacy. The computerized supply chain information system linked to patient clinical records also provides reporting data for M&E at each site. Our logistician consultant conducts regular drug inventory audits to our central warehouse and individual site pharmacies. Our long-term goal is to establish a sustainable supply chain management system for ART that incorporates existing and bolstered Nigerian institutional structures and is harmonized with GON activities. Site expansion for ART and PMTCT will be ongoing. As expansion of ARV drug services is prioritized to rural areas, we will strengthen existing referral channels and support network coordinating mechanisms. Each new site will be visited by a team of technical staff from Nigeria and Boston as well as other sub-partners. Pharmacy and logistics management procedures will be assessed and be part of the site development plan. Recommendations for drug storage, equipping of pharmacies and minor renovations are considered. All APIN+ pharmacists have completed the IDA ARV training program. Pharmacists hold meetings on a quarterly basis and training updates are provided. On a monthly basis, drug updates are provided to all APIN + investigators by email. Pharmacists and their data entry staff also participate in the electronic data tracking system, regular training in computer entry and database management are also provided. This funding will specifically support the procurement of ART drugs, their distribution and storage in a central pharmacy established at NIMR (Lagos). Funding supports the central pharmacy, security, equipment and two full time pharmacists. Subcontracts to JSI and Crown agents for supply chain management are also included. All drug regimens are consistent with the National ART guidelines for adult and pediatric patients. Funding in this activity provides drugs for 30,033 adult and 3,337 pediatric patients on appropriate ART drugs. Contribution to Overall Program Area through these activities we will have provided ART drugs to 38,100 patients at 17 ART service outlets. We have more than doubled the number of ART service provider sites to 17 and increased the number of states from 4 to 7. This represents a 32% contribution to the PEPFAR goal of providing ART to approximately 120,000 people in 2007. In addition, we have scaled up our PMTCT activities with 32 points of service providing access to PMTCT services for 52,250 women. Through these activities, we will continue to strengthen the structure of our ART drug procurement system, as described above in section 1, in accordance with PEPFAR goals, in order to ensure cost effective and accountable mechanisms for drug procurement and distribution. Furthermore, efforts to build local capacity through infrastructure building and

training mechanisms, as discussed in section one, are consistent with PEPFAR 5-year goals to enhance the capacity of supply chain management systems to respond to rapid treatment scale-up. Links to Other Activities This activity also relates to activities in TB/HIV (3.3.07), ART Services (3.3.11), and Strategic Information (SI) (3.3.13). Through this activity, we will maintain significant linkages with PMTCT (3.3.01) and ART Services through the procurement of ART drugs for individuals served by these programs. Additionally, we will develop and maintain linkages to TB/HIV activities, with expansion focusing on co-locating ARV sites with existing DOTS sites. The supply chain management system will serve to provide drugs to ART sites that are providing TB services in conjunction with ART services. SI activities will provide crucial information for M&E as well as efficacy of the drug regimens, which may impact drug procurement decision-making. Populations Being Targeted The primary target of these activities are health care workers, including program managers doctors, nurses, and pharmacists who are involved in the drug procurement and distribution process. Furthermore, by building mechanisms for drug procurement, these activities seek to target PLWHA, both adults and children, who are in need of or already receiving ART care. Key Legislative Issues Addressed None Emphasis Areas As described in section one, these activities place major emphasis on commodity procurement as related to the purchase of ART drugs for all of our sites. As a corollary to that, we place minor emphasis on logistics, in order to further strengthen the ART procurement and distribution system for APIN Plus sites. We have also incorporated training initiatives into these activities in order to build the local human resource capacity to manage a sustainable drug procurement and distribution system. We also place minor emphasis on the development of SI management, through M&E activities, to provide feedback of the cost effectiveness of our drug-procurement activities. SI management is also ensures accurate drug projections in order to prevent stock-outs.

Continued Associated Activity Information

Activity ID: 3223
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 5,518,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

Community leaders
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Benue
Borno
Kaduna
Lagos
Plateau
Enugu

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9889
Planned Funds: \$ 6,103,025.00

Activity Narrative: ACTIVITY DESCRIPTION AIDSRelief will procure ARV drugs in COP07 to treat 18,304 patients including 16,474 adults and 1,830 children. Our supply chain management system (SCM) ensures that the necessary infrastructure, systems and skills are in place for efficient forecasting, procurement, storage, distribution and use of quality and efficacious ARVs to our Local Partner Treatment Facilities (LPTFs) with effective monitoring and evaluation. Assessment of new sites follows the AIDSRelief Information Gathering Tool and the Pharmacy Support and Assessment Standards Checklist. Pharmacies will be refitted to improve commodity security. Technical support to LPTFs to institutionalize standard operating procedures (SOPs) for drug management is ongoing. We will train 78 pharmacists and 60 doctors in SOPs. The SOPs are in line with national SOPs are for drug requests, receipts, recording, dispensing, discrepancy reporting; temperature control and disposal of expired drugs. We use the same SCM for ARVs and for laboratory reagents (CD4-test kits) but use ARV service funds to buy lab reagents. CHANPharm is the first source for palliative care drugs for our LPTFs for quality reasons but LPTFs can buy them elsewhere. Procurement follows USG and NAFDAC regulations and is consistent with National Treatment Guidelines. NAFDAC importation waivers are secured for unregistered drugs. We contract with IDA and Phillips pharmaceutical for procurement, CHANPharm for warehousing and distribution. We will substitute innovator proprietary ARVs with FDA approved generic equivalents taking into consideration issues of safety, quality and cost. The Pharmaceutical Management team manages country operations with a Therapeutic Drug Committee (TDC) of clinicians, pharmacists, strategic information advisors and program managers. The TDC reviews drug utilization patterns across all LPTFs, assesses scale-up progress and develops required technical support plans. The TDC is replicated at LPTFs to ensure ARV SCM is clinically informed and logistically supported. Quality assurance covers the entire spectrum from procurement to dispensing. All our ARVs are from Good Manufacturing Practice certified sources, FDA registered and for generics all batches are tested by an independent laboratory (VIMTA) in India or CENQAM, North West University, South Africa for compliance with all requirements before shipping. They are warehoused and transported under air conditioned environment in country and have goods in transit insurance cover. The LMIS used includes a web-based enterprise inventory and financial management system that allows drug tracking from procurement to dispensing and interfaces with the ART Dispensing Software developed by MSH RMPPlus Program installed at LPTFs. The LMIS will be harmonized with the national system. In COP06, we provided ARV drug services at 12 LPTFs in 6 states. In COP07, we will extend services to 28 LPTFs in 15 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, Ebonyi and Plateau, and to 10 satellite sites. CONTRIBUTION TO OVERALL PROGRAM AREA The ART drug activity will ensure that quality ARVs are supplied to all patients in a timely manner. Appropriate product selection and forecasting will ensure the effective use of scarce resources. By scaling out our ARV drug services to 16 new LPTFs in COP07 (Mostly rural based primary and secondary faith based facilities), we will contribute towards the national and PEPFAR plan of availing ARV drugs to previously underserved communities. As expansion of ARV drug services is prioritized to rural areas, we will strengthen existing referral channels and support network coordinating mechanisms. By providing ARV drug services to 18,304 clients, the activity will help to meet the PEPFAR target of providing ARV drugs to 2 million PLWAs by 2009 and to the Government of Nigeria's (GoN) plan for universal access to ARV drugs by 2010. The capacity of the AIDSRelief country program and LPTFs to take on this responsibility will be strengthened in COP07 to enable them take on this role in future thus contributing to the overall program sustainability. This includes our contracting with local distribution agents (CHANPharm), helping LPTFs integrate ARVs and other hospital drug management systems and ongoing technical assistance to LPTFs. In this way local capacity is built to ensure that the ARVs SCM system from forecasting, warehousing, distribution and utilization monitoring is sustained and done at the national and local levels. By proactively switching to generic ARVs we will contribute to ARV price reduction making them more affordable and thus contribute to the sustainability of their supply to PLWHA. LINKS TO OTHER ACTIVITIES This activity is linked to HTXS (3.3.11), MTCT (3.3.01), HBHC (3.3.06), and HTXS (3.3.11) thus ensuring continuity of services to all of our clients. It is also linked to HLAB (3.3.12) and HTXS (3.3.11) by providing the supply chain for lab reagents and HVSI (3.3.13) for LMIS services and to adherence support through the HTXS (3.3.11) activity. We will continue collaboration with other IPs including HARVARD, GHAIN and IHV-ACTION for information sharing on procurement mechanisms and for sharing of supplies when unanticipated delivery delays occur. We will continue collaboration with the GoN in the harmonization of procurement and forecasting for ARVs.

Opportunities for leveraging on expertise in training will be actively pursued. The program will, as part of the global AIDSRelief effort, proactively identify areas of collaboration with USAID's SCMS project for long term harmonization and local sustainability. POPULATIONS BEING TARGETED The activity targets all PLWHAs qualifying for ART according to WHO and GoN guidelines including women from PMTCT clinics and children from OVC programs. In COP07, ARV drugs will be provided to maintain 5,604 existing patients and treat 12,700 new patients to reach a total of 18,304 patients of whom 1,830 will be children using only USG funds. If AIDSRelief were to get a further 30% of ARV drug need from the GoN, we would extend ART drug services to an additional 3,800 patients including 380 pediatric patients. KEY LEGISLATIVE ISSUES ADDRESSED AIDSRelief will continue to work with the GoN and NAFDAC to ensure that policies and legislation enacted prioritize increasing ART access by prioritizing registration of ARV drugs and post marketing surveillance to ensure quality of ARVs on the market. EMPHASIS AREAS This activity has major emphasis on commodity procurement and minor emphasis on logistics, training, quality assurance, quality improvement and supportive supervision plus linkages with other sectors and initiatives.

Continued Associated Activity Information

Activity ID: 5428
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 2,723,826.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

- Faith-based organizations
- Pharmacists
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Pregnant women
- HIV positive pregnant women
- Implementing organizations (not listed above)
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Coverage Areas

Anambra

Benue

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Kogi

Nassarawa

Plateau

Adamawa

Ebonyi

Enugu

Ondo

Rivers

Taraba

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	12436
Planned Funds:	\$ 50,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: These funds are to be used by CDC for the preclearance fees of perishable ARV drugs for HHS treatment partners in Nigeria including University of Maryland, Harvard University SPH, Columbia University SPH, and Catholic Relief Services. In COP08 a larger portion of the ARVs will be procured through SCMS and preclearance charges will be handled by that organization.

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area: \$ 59,708,645.00

Program Area Context:

ART SERVICES PROGRAM AREA CONTEXT

USG Nigeria's strategy for COP 07 HIV treatment builds on COP06 activities and increases access to quality ART services in Nigeria. The six areas of strategic focus during COP07 are: (1) further harmonization and standardization of services across partners and with the Government of Nigeria (GON); (2) further resource leveraging with other donor organizations; (3) actualizing tiered networks of care that employ strategies such as up referral and regional training for sophisticated clinical and laboratory procedures and down referral for maintenance of therapy across multiple facilities; (4) site expansion in current states and geographic expansion into new states with an emphasis on supporting more secondary and primary facilities; (5) further developing comprehensive HIV treatment and care systems by utilizing PMTCT, TB/HIV, VCT, and Basic Care and Support services for early site initiation with the goal of later providing ART services at those sites; and (6) recruiting new ART partners through APS and RFA mechanisms.

UNAIDS estimates that approximately 2.9 million Nigerians are living with HIV and only 7% of those who urgently need ART are receiving it. The National ART program, like almost all health programs in the country, is limited by general country infrastructure deficiencies, a weak drug management system, challenging coordination, and lack of a comprehensive information management system. Other obstacles to program success include stigma and discrimination against PLWHA and poor treatment literacy as well as inadequate community mobilization and participation in treatment programs. In the last two years, many of these barriers have been overcome through renovating physical infrastructure, improving laboratory support systems, ensuring community involvement and ownership of programs, and coordinating commodities management towards a unified system for the USG partners. The USG team and our Implementing Partners (IPs) work at all levels of government to improve ARV policies and service implementation. We are an active part of the National ART Committee which is responsible for producing the National ARV Guidelines and have an active role on the Expanded Theme Group and the Donor Coordination Group, both of which focus on harmonization and coordination of HIV services. The success of these efforts has resulted in rapid increases in the number of individuals receiving high quality ARV services in the country.

Five Implementing Partners (IPs) and the U.S Department of Defense (DoD) provide direct support for HIV/AIDS treatment services in Nigeria. Our IPs in this area are Catholic Relief Services (CRS)/AIDSRelief, Columbia University (CU)/ICAP, Harvard School of Public Health (HSPH)/APIN+, Family Health International (FHI)/GHAIN, and the University of Maryland, Institute of Human Virology (IHV)/ACTION. Through USAID's Annual Program Statement (APS) and CDC's RFA's new, local treatment partners will be identified as a COP07 priority activity.

As of July 31, 2006, PEPFAR was providing direct ART therapy for 46,546 patients. This is up from 38,754 in March 2006, and 18,885 from the 2005 annual report. The USG team estimates that COP06 treatment targets will be achieved or exceeded, and that over 76,000 patients will be receiving ARV therapy by the end of the COP06 funding period. Approximately 750 health workers will be trained in ART service delivery. In COP 07, the USG -Nigeria program will continue to support the GON in implementing ART treatment scale-up as outlined in the 5 Year Strategic Plan, with the goal of providing direct ART support to 124,521 individuals maintained on therapy by the end of COP07, including lab support 9,321. The program will expand to a minimum of 20 states from the original 10 and offer ART services in at least 138 sites; this is up from 65 sites in COP 06. In addition, 1,828 additional health care workers will be trained in COP07. These targets are conservative, as they are based strictly on USG funds.

The USG will continue to leverage other available resources in country including GFATM, Clinton Foundation, and the World Bank to exceed these targets. First line drugs and existing site infrastructure were leveraged in COP05/06, yielding an increase in our overall achievable treatment targets by several

thousand. Currently, several partners receive some first line regimens from the GON. The USG team focused on further leveraging GFATM funds for the upcoming Round 5 grant, with promising recent developments. These include serving on the executive committee of the Country Coordination Mechanism, increased collaboration on implementation, more commodities leveraging, several IP's becoming involved in GFATM Round 5 implementation, and at least two IPs (FHI-GHAIN and JSI-Deliver) being sub-recipients for the award. These leveraged resources result in cost savings that will be used to increase targets and could result in as many as 150,000 people on ART in Nigeria by the end of the COP07 period as well as making a stride towards sustainability of the GON program. This will position Nigeria to achieve the out year target of 350,000 individuals on ART.

Our strategy continues to build on the network of care model in COP07 by actualizing networks through the provision of ART at secondary and primary centers in the geographic areas surrounding existing tertiary and experienced secondary care facilities. In COP06, each treatment partner recruited a network coordinator. This is complemented by two USG staff who focus on developing networks of care through geographic mapping, defining referral protocols within and across partners, and promoting activities that rely on efficient leveraging of services across sites. COP07 emphasizes down referral from saturated tertiary and secondary level facilities for therapy maintenance. To ensure effective and efficient service, the USG will work with the GON to develop and implement acceptable standards of service at the various levels of care. Strong and clear linkages will be strengthened, with PMTCT, OVC, TB and care, using those both as entry points to treatment but also as assess to other support services in the community with the overarching goal of providing comprehensive HIV treatment and care services.

The USG and its partners will adhere to protocols and use ART approved by the GON, and will continue to collaborate on revising and updating treatment guidelines and drug policies. As recruiting and keeping clinicians at primary care sites has been a challenge, the USG has opened a dialog with the GON about engaging Community Health Extension Workers (CHEWS) and nurses for ART maintenance using standing orders. Since adherence remains the cornerstone of treatment programming in Nigeria, for COP07, the USG will continue to explore appropriate adherence models that demonstrate best practices in different treatment and community settings. We will support the GON in developing a national adherence and treatment literacy program.

Given the rapid expansion of activities, the USG is instituting multidisciplinary site monitoring teams that include GON participation to assess progress of both existing and new sites. These visits should improve harmonization and standardization of service delivery, and provide the USG team important programmatic information for decision-making.

The Clinical Working Group established by the USG in November 2005 continues to focus on issues relating to the quality of clinical services, such as the non-routine use of viral load, adherence modalities, quality improvement issues, and clinical program assessment activities. Taken in total, these activities represent and extension of existing services and a strategic focus that promotes continued expansion while improving service quality at the site and programmatic levels.

Program Area Target:

Number of service outlets providing antiretroviral therapy	138
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	135,460
Number of individuals receiving antiretroviral therapy by the end of the reporting period	124,521
Number of individuals newly initiating antiretroviral therapy during the reporting period	53,322
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,828

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6678
Planned Funds: \$ 5,457,211.00

Activity Narrative: Track 1 and 2 funds are combined for this activity. **ACTIVITY DESCRIPTION** This activity relates to activities in Counseling and Testing (#6681), MTCT (#6683), HBHC (#6675), HVOP (#6735) HVTB (#6677), and HKID (#6679). AIDSRelief (AR) through the primary and secondary faith based networks will extend ART services to more underserved rural communities with no existing ART services. In COP07, ART services will be increased from 12 COP06 Local Partner Treatment Facilities (LPTFs) to 28 LPTFs across 15 states and 10 satellite sites. Comprehensive ART services will be expanded to recruit 12,700 new patients including 1270 children, maintain 5,604 to reach a total of active 18,304 patients including 1,830 children. All LPTFs will have capacity to deliver quality ART services including prevention for positives through counseling and provision of full and accurate information for PLWA including discordant couples. Each LPTF will recruit a coordinator to promote prevention for positives activities that will be monitored by the AR program managers in each state. AIDSRelief will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated Clinical Working Group to address ongoing topics in ARV service delivery. In COP06, we trained 74 doctors, 148 nurses, 100 counselors and 140 community volunteers. Bringing on the 16 new LPTFs in COP07 will involve a 2 week pre-site activation intensive didactic and practical training followed by ongoing capacity building. In COP07 we will train an additional 690 health workers including 60 physicians, 120 nurses, 200 adult ART counselors, 30 pediatric counselors, 240 adherence counselors and 300 community volunteers including PLWHA. 315 health workers of the 690 will be trained in pediatric ART services. Training includes ART clinical care, treatment adherence and laboratory monitoring. There will be intensive patient treatment preparation before ART initiation, ongoing treatment support through the use of treatment support specialists, community volunteers and PLWHA. We will have specific pediatric ART and counseling training using one of our established sites in Jos for practical trainings. Sustainability lies at the heart of our program, and is based on durable therapeutic outcomes to first line regimens and health systems strengthening. In COP07, we will continue to strengthen LPTFs health systems with the support of AR global Health Systems Management within AR global structure through joint seminars and twinning hospitals in Nigeria and other countries and experience sharing with other AR countries. This will include human resource support and management, financial management, infrastructure development, improvements in health management information systems, improvement of operational efficiency with establishment of cost centers and activity budgeting, streamlining of patient flow systems and integration of financial and clinical patient outcome information with other hospital services. We will include 44 personnel from 22 additional sites from 15 states in our training programs for the provision of quality ART services at those sites and for health systems strengthening. In COP06 we supported 12 LPTFs in 6 states. We will add 16 new LPTFs in COP07 to support a total of 28 LPTFs in 15 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, Ebonyi and Plateau, and to 10 satellite sites. **CONTRIBUTION TO THE OVERALL PROGRAM AREA:** By adhering to the Nigerian National ART service delivery guidelines, and building strong community components to the program, AIDSRelief will ensure that the PEPFAR and GON goals of expanding ARV care to more PLWHA is accomplished in a durable and sustainable manner, and local capacity to deliver high quality care and support for PLWHA is strengthened. This activity is in response to the need to achieve the overall target of PEPFAR to place 350,000 clients on ART by 2009 and also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen LPTFs health systems we will contribute to the long term sustainability of the ART programs. Our working with 22 additional sites and FB institutions and training 44 additional personnel in ART care and health systems strengthening will further contribute towards GoN/USG goal of scaling up quality ART services and their sustainability. **LINKS TO OTHER ACTIVITIES** This activity is linked to HVCT (#6681), MTCT (#6683) to ensure that people tested for HIV are linked to ART services; HVOP (#6735) for prevention for HIV positives, HBHC (#6675) for basic care and support services including home based care; HKID (#6679) for OVCs needing ART services and HVTB (#6677) for routine screening and treatment of TB among PLWHA. We will collaborate with FBOs including the 7-D program of Catholic Relief Services (#6686) to establish networks of community volunteers including PLWHA to assist with adherence counseling and provide treatment support for clients on ART. The FBOs will be sub-granted to provide these support services for our ART clients. Networks will be created to ensure cross-referrals and sharing of best practices among our and other implementing partner sites including sharing our training curriculum. We will work with the GoN and other stakeholders to develop networks and cooperating mechanisms for local

partners to address sustainability issues that are bigger than any one of them but with sustainability implications for all. **POPULATIONS BEING TARGETED** This activity targets PLWHA from rural communities who qualify for ART services as per the WHO staging criteria and GoN guidelines. 18,304 PLWAs will be targeted to receive ART in COP07 including 1,830 pediatric clients. In addition 15% of our ART clients will come through the MTCT activities to ensure these women have access to PMTCTplus services. We will work with a total of 22 sites across the 15 states and train 44 health care workers in ART care, and health systems strengthening for sustainability of ART services in Nigeria. By training these personnel we hope to indirectly benefit at least 3, 220 PLWHA (3,000 adult and 220 pediatric patients) who will be enrolled into the ART services at the 22 sites. These will be both state and faith based facilities that are not directly funded by the PEPFAR program. **KEY LEGISLATIVE ISSUES ADDRESSED** The ART services will ensure gender and age equity in access to ART services through linkages with OVC and PMTCT services in our sites and neighboring sites. The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them. **EMPHASIS AREAS** This activity will include major emphasis on human resources and minor emphasis on commodity procurement, infrastructure development, training, quality assurance/improvement and development of networks/linkages/referral system, community mobilization and participation.

Continued Associated Activity Information

Activity ID: 5403
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 1,025,346.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	38	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	18,978	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	17,984	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	12,700	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	690	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Edo

Kaduna

Kogi

Nassarawa

Adamawa

Ebonyi

Enugu

Ondo

Rivers

Taraba

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6690
Planned Funds: \$ 4,300,560.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to Palliative Care (#6697), OVC (#6694), VCT (#6695), PMTCT (#6699), TB-HIV integration (#6696), HVOP (#9208) and SI (#6692). In FY06, CU-ICAP initiated multidisciplinary family-focused HIV/AIDS care and treatment, including antiretroviral therapy (ART), at three Government of Nigeria (GoN) secondary hospitals in rural and semi-urban areas of Kaduna and Cross River States. In FY07, CU-ICAP will expand support to 12 new hospitals in high-prevalence states including Benue Gombe, Akwa Ibom, Rivers and Kogi states, providing ART to a cumulative 10,340 patients, including 9,340 adults (6,820 new in COP07) and 1,000 children (720 new in COP07). Clinicians at all 15 hospitals will be assisted to promptly initiate and support ART for eligible patients. CU-ICAP will provide ART trainings, including ongoing CME and QA activities, for 250 physicians, nurses, counselors, pharmacy, and laboratory personnel, 125 of whom will also be trained to support pediatric care and treatment. On-site clinical mentoring will enhance quality of care and build site-level clinical and program management skills for program sustainability. ART reference tools will include pocket guides, ART dosing cards, posters, and detailed SOPs. CU-ICAP works closely with PEPFAR implementing partners and GoN to ensure compliance with National policies, curricula and guidelines, where available. Additionally, CU-ICAP will continue to participate in the USG coordinated Clinical Working Group to address emerging treatment-related topics and further promote harmonization with other IPs and the GoN. Adherence trainings and support services will be provided at each site. These will facilitate adherence assessment and support including individual and group counseling, patient education, enhanced appointment system, referral linkages, patient follow-up, provision of support tools (dosage guides, reminders etc), linkages to community-based adherence support and defaulter tracing programs. CU-ICAP will facilitate on-site implementation assistance to strengthen systems, including ART clinic management, medical records, referral linkages, patient follow-up, integration of prevention into care and treatment, involvement of PLWHA, access to laboratory services and ARVs including first line/second line regimens for adults and children using national protocols and guidelines. To enhance uptake and quality of services, CU-ICAP will strengthen linkages with entry points including: HC&T, ANC, pMTCT, TB clinics, under-5 clinics, OPDs, inpatient wards, family planning, STI clinics and palliative care services. Based on FY06 experience and initial site assessments, the need for significant infrastructure support, including generators, bore holes, and renovation is anticipated. Staffing shortages suggest that support for facility staff, following USG and GoN guidelines, will also be critically important. Using the ART health network model, CU-ICAP will work to establish and strengthen links between primary (PHC) and secondary health facilities, PLWHA groups, non-governmental and faith-based organizations, and communities. This will ensure patients' access to, and utilization of, comprehensive HIV/AIDS care and support and continuity of care and treatment. CU-ICAP will support 15 hospitals in FY07, allowing 6,820 adults and 720 children to newly initiate ART. By end-FY07, a total of 10,340 people will have accessed ART in CU-ICAP-supported programs. CONTRIBUTIONS TO OVERALL PROGRAM AREA One of the pioneers of family-focused multidisciplinary HIV/AIDS treatment in resource-limited settings, CU-ICAP's programs are characterized by: integration with national plans and guidelines; comprehensive care services throughout the continuum of HIV disease; attention to adherence, psychosocial issues, and community concerns; and the involvement of people living with HIV/AIDS. Using this quality focused approach, CU-ICAP will provide access to ART services to 10,340 people (9,340 adults; 1,000 children), 7,540 (6,820 adults and 720 children) newly initiating ART in FY07, contributing to the GoN/PEPFAR targets for Nigeria. CU-ICAP will build the skills of at least 250 care providers at secondary and primary health care levels, thus contributing to national sustainability plans and to the USG/GoN plans to devolve ART care and provide services closest to where clients live. By promoting non-segregation of services and clients in ART clinics especially at the GoN supported sites of Barau Dikko Hospital in Kaduna State and NKST Hospital Mkar in Benue state, CU-ICAP will actively support the service harmonization goal of USG/GoN. LINKS TO OTHER ACTIVITIES This activity relates to Palliative Care (#6697), OVC (3.3.08), VCT (#6695), PMTCT (#6699), HVOP (#9208), TB-HIV integration (#6696) and SI (#6692). As expansion of ARV drug services is prioritized to rural areas, we will strengthen existing referral channels and support network coordinating mechanisms. Through a strong referral/network linkage, patients on ART will be linked to home based care and support, community and social services for referrals for food and education assistance, and livelihood opportunities and other wrap-around services. Other preventive services include safe water promotion via water guard provision, CTX prophylaxis, pain/symptom alleviation, and psychosocial and spiritual support. TB/HIV linkages will be strengthened

where ART and TB-DOT sites are co-located, and co-location of new ARV sites will be actively promoted in TB-DOT stand-alone sites. Patients will receive counseling and education on preventing secondary transmission of HIV ("prevention with positives"). CU-ICAP will also facilitate and actively support on site standardized HMIS using GoN forms and provide on-site assistance with data management and M&E to guide quality improvement. KEY LEGISLATIVE ISSUES ADDRESSED Services will focus on addressing the needs of women, infants and children to reduce gender inequalities and increase access to ART services among most vulnerable groups. ARV services will facilitate linkages into community and support groups for nutritional support and micro-credit /finance activities. POPULATIONS BEING TARGETED Ongoing technical assistance will be provided to national and state-level policy makers. PLWHA, especially the vulnerable groups of women and children, will be provided access to ART services. Health care providers in secondary and primary health facilities will be trained to deliver quality ART services. EMPHASIS AREAS Major emphasis area is quality assurance/improvement and supportive supervision. CU-ICAP personnel including national and international experts will provide skill and competency-based trainings, CMEs, and ongoing clinical mentoring to enable on site staff provide quality oriented ARV services to patients. Joint USG/GoN/CU-ICAP teams will facilitate supportive supervision. CU-ICAP will step down trainings to nurses/CHEWS to deliver ART services especially at primary health facilities. Minor emphasis areas are training, human resources issues, referral networks, infrastructure support, linkages to other sectors and initiatives. CU-ICAP will follow Nigerian and USG guidelines to address urgent human resource needs through subcontract arrangements made with hospitals and State MOHs for supernumerary staff at locally-appropriate salaries. Facility renovations where needed will comply with all USG regulations.

Continued Associated Activity Information

Activity ID: 5404
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 1,765,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	15	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	10,340	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	9,963	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	7,540	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	250	<input type="checkbox"/>

Target Populations:

Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Program managers
Volunteers
HIV positive pregnant women
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Rivers

Table 3.3.11: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6703
Planned Funds: \$ 15,540,370.00

Activity Narrative: ACTIVITY DESCRIPTION

With support from the Emergency Plan through United States Agency for International Development (USAID)/Nigeria, The Global HIV/AIDS Initiative Nigeria (GHAIN) has provided antiretroviral therapy (ART) services to over 14,000 PLWHAs in six (6) states of Nigeria, through working with the Government of Nigeria (GON) and Faith Based Organizations (FBOs).

In COP 07, GHAIN will continue to provide HIV comprehensive care and treatment (ART services) within secondary facilities and expand services to the primary healthcare facilities while strengthening linkages to tertiary facilities to provide a complete network of care and treatment services. This activity will concentrate on the development and implementation of quality package of services and standards of care that are consistent with the national guidelines on ART, integration of prevention into care and treatment programs, promotion of adherence and comprehensive care including clinical monitoring and management of opportunistic infections with related laboratory services, as will be described under palliative care. GHAIN will build upon the lessons learned from implementing ART services in primary health care centers (PHCs) to continue to train community health officers (CHOs), community health extension workers (CHEWs) and nurses to provide care and treatment for AIDS in the PHCs in rural areas. GHAIN will support the establishment of a pilot/model comprehensive HIV/AIDS service in a rural Local Government Area (LGA) of Cross River State and an urban LGA in Kano State. GHAIN will also strengthen the capacity of the care and treatment teams in its focus health facilities including the GoN supported Federal Medical Centers in these states, to implement harmonized quality services with strong focus on adherence and ensuring durability of first line drugs, such that no differences in the quality of services are received by patients, regardless of the source of donor funding or the health facility where services are being obtained. GHAIN will also strengthen the national paediatric program through a mentorship program in collaboration with the Clinton Foundation. The patient management and monitoring (PMM) system established by GHAIN will be strengthened and additional standard operating procedures (SOPs) for care and treatment services, including prevention for positives integrated into care and treatment will be developed and implemented to ensure continuous quality assurance/quality improvement (QA/QI). GHAIN will participate in the joint supervisory visits that will be carried out by the government of Nigeria/United States Government (GON/USG) to ensure high quality of services in all its project sites. Pediatric ART which makes up 10% of the adult antiretroviral (ARV) services provided will be implemented with the same quality as the adult ART.

GHAIN supports the GON in the design of the ART-PMM system and the National curricula and SOP for Pediatrics, so all National ART accomplishments ensured in addition to the GHAIN direct ones will be GHAIN's indirect targets.

GHAIN will build upon its achievements and experiences of COP 06 to support the GON's initiative of putting 250,000 PLWHAs on ART by training 288 persons to provide ART services to a cumulative number of 34,293 including 19,253 new PLWHAs by supporting 28 existing ART sites, establishing 17 new sites and increasing geographical coverage with a focus on rural areas from the current six states (FCT, Anambra, Lagos, Kano, Cross River and Edo states) to eight new states, namely Akwa Ibom, Kogi, Enugu, Taraba, Adamawa, Bauchi, Benue and Niger States. Depending on performance of GFATM, this expansion plan may need to be revised.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The provision of ART services through this program will contribute to strengthening and expanding the capacity of the GON's response to the HIV/AIDS epidemic and increasing the prospects of meeting the Emergency Plan's goal of providing life-saving antiretroviral treatment to 350,000 individuals. Planned decentralization of services to PHCs in all 10 focus States will improve equity in access to HIV treatment and care services. GHAIN supports the GON in the design/implementation/update of the ART-PMM system, the design of the National curricula and SOP for Pediatrics, and participates fully in National and State level working groups and coordinating bodies. This not only ensures strong community collaboration and buy-in, but also contributes to capacity building and sustainability at all levels.

LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counselling and testing (#6702), TB/HIV (#6700), PMTCT (#6706), OVC (#6701) and Care and support (#6708). Treatment services will continue to be linked to community services to support persons on ARV treatment by providing counseling to them and their families to encourage adherence; provide information to PLWHA who are not yet on ARV treatment but are likely to be in the future; promote HIV testing and integration of prevention into care and treatment programs; target HIV positive clients for prevention, care and support opportunities for them and all their family/household members. Programs will be developed by building upon the lessons learned from family based care approaches currently implemented by GHAIN in Kano and Lagos. The multi-directional referral linkages that will be established will also improve psychosocial support and adherence, and reduce treatment failure and resistance. ARV and Tuberculosis (TB) clinic linkages will be strengthened and fostered in all focus sites.

Negotiations are currently underway with the GON to leverage Global Fund resources to provide a dramatic increase in numbers that will be provided with ART services. According to this strategy, after services have been initiated, and providers are well trained and systems are in place, the sites will be handed over to the GON for continued support with Global Fund resources. This will in turn allow GHAIN to initiate another set of new sites without having to bear ongoing maintenance costs. Technical assistance, monitoring and evaluation, and supportive supervision will continue in all sites throughout the life of the project and will ensure strong capacity-building, powerful ownership, and guaranteed sustainability.

POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children who are HIV positive; PLWHAs; HIV+ TB patients, and HIV+ pregnant women. Indirect targets will include patients who will be reached through ripple effects from the staff of GON and other organizations that will utilize the trainings, treatment documents, curricula and standard operating procedures that will be obtained with technical support from GHAIN.

KEY LEGISLATIVE ISSUES ADDRESSED

GHAIN will put in place mechanisms to reduce stigma and discrimination both among health workers and the general population, and will provide opportunities for increasing gender equity in access and reducing the potential for violence against women by increasing couples counseling and testing and expanding family-centered treatment options.

EMPHASIS AREAS

This activity includes major emphasis on expansion of ART service delivery and minor emphasis on training, quality assurance, quality improvement and supportive supervision. GHAIN will also continue to strengthen its exit/sustainability plan both at the country and program levels by building capacity of health facilities to implement comprehensive ART programs and customizing specific handover plans and schedules for each facility. The plans will include indicators for measuring capacity as well as a time line based on key benchmarks with a view to ensuring ownership and sustainability.

Continued Associated Activity Information

Activity ID:	3231
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	GHAIN
Funding Source:	GHAI
Planned Funds:	\$ 6,919,012.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	45	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	34,293	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	31,906	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	19,253	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	288	<input type="checkbox"/>

Indirect Targets

Number of service outlets providing antiretroviral therapy: 100
 Number of individuals who ever received antiretroviral therapy by the end of the reporting period: 250,00
 Number of individuals receiving antiretroviral therapy by the end of the reporting period: 200,000
 Number of individuals newly initiating antiretroviral therapy during the reporting period: 125,000
 Total number of health workers trained to deliver ART services, according to national and/or international standards: 400

Target Populations:

Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 Private health care workers
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Coverage Areas

Anambra

Cross River

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Taraba

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6715
Planned Funds: \$ 11,149,414.00

Activity Narrative: Track 1 and 2 funds are combined for this activity. **ACTIVITY DESCRIPTION:** We propose to provide high quality ART treatment to eligible patients at 17 PEPFAR sites and to provide ARV services to a total of 33,370 individuals, including 30,033 adults (10,170 new) and 3,337 children (1,130 new) at the end of the reporting period. ART provision and monitoring follows the 2005 revised National ART guidelines for adult and pediatric care. All sites focus on the integration of ART services for all patients regardless of the source of funding for different components of treatment (e.g. external funding sources for services or lab commodities). For patients at the Federal ART sites, we anticipate GON provision of first line ARV drugs and PEPFAR support for ART care and services. As patients require alternative or 2nd line drugs, they will receive PEPFAR provided drugs. GON provision of 1st line drugs, when actualized, will allow for additional adult and pediatric targets. We estimate that 2500 additional adults will be placed on therapy through the leveraging of GON drugs. Our site investigators and project managers will actively participate in the GON National ART program. Harmonization of data collection for M&E will be coordinated with USG and GON efforts. We provided technical assistance and training expertise to the National ART program's training program for adults and pediatric patients, which will continue in 2007. APIN will continue to participate in the USG coordinated Clinical Working Group to address emerging topics in ARV service provision and to ensure harmonization with other IPs and the GON. A standardized protocol for adult and pediatric ART services is followed at all PEPFAR centers. TB diagnosis and treatment is provided to all patients. Patients initiating ART are provided ART EAC prior to and during ART provision. ART EAC will follow the National Curriculum for Adherence Counseling and includes partner notification, drug adherence strategies and other prevention measures. Patients are also encouraged to refer family members for VCT. ART EAC is reinforced with PLWHA support groups at each site, which serve both PEPFAR and Federal ART patients. Scheduled physician visits are at 3, 6, and 12 months and every 6 months thereafter; patients pickup ART drugs monthly. At each visit, clinical exams, hematology, chemistry, and CD4 enumeration are performed. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site lab for analysis. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring. Clinical staff meet monthly for updates and training. Each site has a clinic coordinator and a central committee determines and approves drug regimen switching. An external quality improvement program is ongoing and will allow sites to further monitor the level of patient care. This funding will support the personnel, clinic and lab services for monitoring of 30,033 adults and 3,337 pediatric patients at the end of COP07, which includes 10,170 new adult and 1,130 new pediatric patients. A total of 33,370 patients will be provided with ART services. Treatment is provided as a part of the National ART Program in 8 tertiary care teaching hospitals and federal medical centers, located in Plateau, Lagos, Oyo, Borno, Kaduna and Benue states. Services are also currently provided in 2 secondary level hospitals/clinics in Oyo and Plateau States. We will provide ART services at Federal Medical Center, Nguru in Borno state and 2 new secondary level hospitals or clinics. By the completion of COP07, we propose to expand to the University of Nigeria Teaching Hospital in Enugu state. We will also work with 3 primary health clinics (Lagos, Plateau and Kaduna) that provide VCT, clinical exams, phlebotomy, ART EAC, basic management of OIs, and referrals for specialty care. **CONTRIBUTION TO PROGRAM** These ART activities are consistent with the PEPFAR aims of building and scaling up capacity to provide ARV drugs and services and lab support for increasing numbers of people with HIV. Our 17 ARV treatment sites represent a doubling in the number of our ART sites. Additionally, we will expand to two new states, with the majority of new expansion sites being secondary/primary level sites. We will seek to support the expansion of ARV services into more local areas by developing a network of secondary or primary health care clinics providing ART services that are linked to tertiary health care facilities. As expansion of ARV drug services is prioritized to rural areas, we will strengthen existing referral channels and support network coordinating mechanisms. Through these networks we will seek to ensure that facilities are able to develop linkages, which permit patient referral and the provision of specialty care supports. A tiered structure for ARV provision and monitoring will provide a model for future expansion efforts in order to meet PEPFAR treatment goals. **LINKS TO OTHER ACTIVITIES** Drug procurement, supply chain management and logistics are provided in the ART Drugs activity (#6714). Pediatric palliative care is provided through our OVC activity (#6720). SI M&E activity (#6717) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. APIN+ PMTCT efforts (#6718) have established 29 sites for the screening of over 40000 women per

year. This program is linked to ART services to optimize the PMTCT by providing ART to eligible pregnant women. This linkage provides an important entry point for new patients, by identifying HIV-infected women and their families. Linkages will also be made with existing DOTS sites as expansion focuses on co-locating ARV sites with existing DOTS sites, and with the Nigerian Tuberculosis Reference Laboratory as a part of HIV/TB activity (#6713), to provide patients with TB treatment that are clinically coordinated with ARV services. POPULATIONS BEING TARGETED: The care and treatment components of these activities target HIV-infected adults and children for clinical monitoring and ART treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. In order to increase access to ART to poor communities, we will provide care at primary health care clinics, including the existing Kuramo APIN+ Clinic and the Mother's Welfare Group. KEY LEGISLATIVE ISSUES Increase gender equity by providing equitable access to ART services for both sexes. Data collected from these activities breakdowns sexes accessing ART. Counseling services will seek to identify and provide appropriate referrals for women who are or are at risk of becoming victims of violence. ART EAC will seek to provide referrals to wrap-around services, such as food & nutrition programs and educational services. ART EAC will also seek to address stigma and discrimination faced by PLWHA. EMPHASIS AREAS Major emphasis is on training, community mobilization and participation. APIN+ will train 800 health care personnel involved in provision of ART services at the service outlets. Investigators from new and existing PEPFAR sites will participate in the biannual training courses that allow networking to build capacity at the newer sites. Community mobilization and participation is aimed at outreach to PLWHA and ART EAC. Minor emphasis on commodity procurement, network linkages, QA and supportive supervision. APIN+ facilitates networks and linkages between ART centers for system strengthening provide QA and supportive supervision to ensure high quality of care is provided for the increasing number of PLWHA utilizing care.

Continued Associated Activity Information

Activity ID: 3224
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 6,504,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	17	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	38,100	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	33,370	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	11,300	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	800	<input type="checkbox"/>

Indirect Targets

APIN supported NIMR in the development of the Federal ART training modules for doctors, nurses, counselors and laboratory workers. Training modules were developed and regular training was provided during the last year for each Federal ART center. The Gates Foundation (APIN), Global Fund and FMOH funding supports these ongoing training sessions at NIMR for trainees from southern states and JUTH for northern states. As a result of training of doctors, nurses, counselors and laboratory workers involved in ART provision at all Federal ART centers, we report indirect targets of ~14,000 patients on ART. Additionally, this training will be provided to doctors, nurses, counselors and laboratory workers involved in ART provision at new Federal ART centers, including ABUTH.

Target Populations:

Adults
Commercial sex workers
Doctors
Nurses
Pharmacists
Street youth
HIV/AIDS-affected families
Infants
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Program managers
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Partners/clients of CSW
Public health care workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Medical Record Clerks
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Wrap Arounds

Food

Education

Coverage Areas

Borno

Lagos

Oyo

Plateau

Kaduna

Benue

Enugu

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6766
Planned Funds: \$ 12,945,300.00

Activity Narrative: Reprogramming 9/07: \$700,000 in FY07 funding toward COP08 targets from reprogramming to be reduced from COP08 funding levels in country prior to COP submission.

ACTIVITY DESCRIPTION: This activity also relates to activities in Antiretroviral services (#6766), Counseling and Testing (#6772), Condoms and Other Prevention (#9210), Orphans and Vulnerable Children (#6771), Care & Support (#6770), TB/HIV (#6765), and Lab (#6767). ACTION will provide Antiretroviral (ARV) services including laboratory monitoring to 40,502 individuals, including 37,044 adults (13,044 new) and 3,458 children (1,328 new). ACTION will capitalize upon in-country ARV treatment expertise to ensure high quality of care. Physicians, nurses and pharmacists at the 16 existing points of service have been trained in adult and pediatric ARV care utilizing a curriculum developed jointly by IHV-N and Family Health International. Two hundred and nine staff will be trained including 20 Master Trainers. The 20 Master Trainers will each train 10 physicians for 200 indirect targets. However, bedside teaching is a fundamental component of ongoing medical education. Central to this paradigm is the Nigeria posting of IHV/UMD faculty adult and pediatric HIV care specialists. In addition, a "preceptor program" brings volunteer physicians with extensive AIDS treatment experience from other US and European institutions to be posted at sites for 1-3 months to participate in "on the job" training and establishment of the "case conference" format of instruction. Through the mentoring program site physicians will become HIV experts and ensure the long-range sustainability of the program. ACTION has developed an adherence counseling training curriculum which has been shared with other PEPFAR countries as a model curriculum. In addition, we have collaborated with Axios to develop an integrated pharmacist training curriculum focusing on both patient counseling and commodity management. These curricula will be utilized to train 48 site counselors and pharmacists. Strong PLWHA support groups are a valuable adherence support strategy. These are supported and offered IEC materials focusing on adherence and ART education by site and ACTION staff. Some sites may have access to high quality first line adult ARVs provided by the government of Nigeria (GON) financed by the Global Fund and other sources. Collaborating with the GON at sites to leverage this alternative ARV source could increase the number of adults accessing ARV services to a minimum of 16,000 new adult ARV enrollees. In this scenario, ACTION will ensure access to alternative first line and second line ARVs, pediatric formulations, and wrap around services including lab monitoring. Coordination with the FMOH to plan site targets will ensure a single comprehensive HIV care program although there may be multiple ARV sources. Collaboratively with the USG and GON, ACTION will carry out site program review visits. ACTION will develop or adapt with the USG and GON a Quality Indicator (QI) tool for use in the ARV care setting. Implementation of a site QI assessment system and support for Master Trainings will support site and network self-management for sustainability. ACTION will continue to participate in the USG coordinated Clinical Working Group to address ongoing treatment related topics and ensure harmonization with other IPs and the GON. ACTION currently supports ARV services at 16 sites and will develop 28 additional sites under COP07 for a total of 24 full service and 20 primary health center and DOTS satellite sites. Pediatric ARV care will be provided at all 24 full service sites and selected primary health center and DOTS satellite sites. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom. CONTRIBUTIONS TO OVERALL PROGRAM AREA: Harmonization of the ARV program around drug sourcing and QI, including selected primary health centers as ARV points of service, and expanding the role of nurses and health care workers will support the scale up of ARV care which is a high priority for both the PEPFAR and the GON. As expansion of ARV drug services is prioritized to rural areas and DOTS sites, we will strengthen existing referral channels and support network coordinating mechanisms. New primary health center and DOTS sites will be managed using 3 different models: 5 sites will have a physician and a laboratory assistant from nearby tertiary sites provide care on selected days; 10 will be primary health centers which are nurse managed (nurse training is described under Policy); and 5 will be mobile vans with physician/lab assistant staffing. These primary health centers affiliated with existing ARV sites will be developed so that stable ARV patients can receive their care closer to home, while being referred back up within network should a complication occur in the future. Selected primary health centers are currently providing PMTCT services in a similar network fashion and this experience

will provide relevant lessons learned. The role of nurses in Nigeria could be greatly expanded to improve the capacity at the site level to provide ARV care. ACTION has recruited a nursing faculty member with ARV treatment expertise who is resident in Nigeria. She is charged with conducting site level training of nurses focusing on improving fund of HIV knowledge, developing triage / patient assessment skills in the context of chronic HIV care, improving patient education skills and will spearhead the Nurse Training and Certification Curriculum development described under Policy. This will address a key FMOH and OGAC priority to improve access to care. Quality evaluation is another key priority. M&E data will be used to plan targeted interventions. An example is evaluation of ARV TB linkage at two sites, which demonstrated that only 30% of patients with symptoms such as chronic cough suggestive of TB were evaluated and resulted in training and modification of medical record tools. LINKS TO OTHER ACTIVITIES: This activity is linked to activities in Counseling and Testing (#6772), Condoms and Other Prevention (#9210), Orphans and Vulnerable Children (#6771), Care & Support (#6770), TB/HIV (#6765), and Lab (#6767). VCT targeting most at risk populations is established proximate to ARV points of service. All ARV patients are offered a care package including TMP-SMX, ITNs, Water Guard, malaria diagnosis and treatment, pain/symptom medications, referral and psychosocial support including linkage to on-site support groups.. Home based care programs provide linkage between medical home and the community. ARV services will be integrated with prevention for positives activities including counseling and condom availability. ARV sites are co-located with TB DOTS centers and ACTION staff work with sites to ensure coordination systems are in place. High quality laboratory services supported by an ACTION facilitated laboratory QA program are available at full service sites with manual laboratory methods or specimen transport systems to be established for primary health center satellites. POPULATIONS BEING TARGETED: ARV services are offered to HIV positive infants, children and adults living with HIV/AIDS. Sites have been chosen to maximize linkage with national TB program DOTS sites and facilitate access to HAART for pregnant women who require this for their own health care. Doctors, nurses, and pharmacists are targeted for training in both the public and private sectors. Health workers in the private sector will be targeted by offering a dedicated central ARV training for private hospitals and practices.

Continued Associated Activity Information

Activity ID: 3255
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 7,961,922.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	44	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	44,342	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	40,502	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	14,372	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	257	<input type="checkbox"/>

Indirect Targets

200 physicians trained as indirect target of 20 ARV master trainers training 10 physicians each
16,198 patients counseled in importance of ARV adherence.

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning
Volunteers

Coverage Areas

Anambra

Cross River

Edo

Kano

Federal Capital Territory (Abuja)

Bauchi

Benue

Delta

Kogi

Lagos

Nassarawa

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Ogun

Osun

Sokoto

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	6780
Planned Funds:	\$ 184,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: This activity supports 2 members of the USG treatment team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of a full-time Nigerian technical advisor for ART services, and the “fully-loaded” costs of her full-time administrative and program support staff which includes 1 program officer. This support position is being requested for the first time in this COP, as both the dollar amounts to be programmed and the number of partners providing programming in this area has increased substantially over the past year and is anticipated to continue to increase, and as ART services move from the secondary level out into the primary level. The number of sites in which ART care is being provided will triple, and the need for robust supervision during this scale up is crucial. Oversight, supervision, mentoring, and capacity-building is provided by making regular supervision visits to the field—twice monthly by the technical advisor and monthly by the support staff—with the new, less experienced partners being visited more frequently than the well established institutional contractors.

The ART advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) participating in the USG ART technical working group. Although CDC has the technical lead for this program area within the USG team, the USAID ART has by far the longest historical ties to this program and as such will share the responsibility in ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners’ ART programs. This advisor spends 100% of her time advising in this program area and does not have primary program responsibilities in any other program area. None of the costs for these positions are captured in any other budget category.

HHS/HRSA Partner, Harvard University is placing \$200,000 in the USAID Agency budget for the proposed renovation and construction of the ABUTH ART clinic will include the expansion of an existing building on the ABUTH grounds. Waiting room, counseling and consultation rooms will be re-configured. Sufficient secure space for pharmacy and medical records will result from moving two existing walls to increase the space for proposed activity. The construction will allow for all ART services and drug pharmacy to take place in a single building. Other construction costs will include modification to currently plumbing and electrical configurations.

The FMOH and the UMTH hospital administration plan to build a second floor on top of the current ART service. The additional floor will allow us to increase consultation rooms and add rooms for medical record storage, data entry, and providing a clinic pharmacy for ART pickup. We would propose \$250,000 construction costs for the ABUTH and UMTH projections and an additional \$50,000 for site staff for coordination.

Continued Associated Activity Information

Activity ID:	5398
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	USAID Agency Funding
Funding Source:	GHAI
Planned Funds:	\$ 69,332.00

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	6791
Planned Funds:	\$ 145,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: This HTXS activity relates directly to all HHS Nigeria ART COP07 activities (see ID references in the narrative).

To support and enhance the USG Nigeria ARV services program, the USG team through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions planned for ART Services that will focus on supporting implementing partner ART issues. The budget includes two FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for five weeks of in-country support by an ART specialist.

These HHS/CDC ART staff positions will work in coordination with the USAID ART staff (#6782) and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION (#6766), Harvard SPH-APIN (#6715), Columbia University-ICAP (#6690), Catholic Relief Services-AIDSRelief (#6678), and a partner to be determined by an RFA in the last quarter of 2006. The HHS/CDC staff will also assist USAID staff in joint monitoring visits of Family Health International-GHAIN (#6703) and a USAID APS partner (#6762) for COP06 to be selected. USAID and CDC ART staff will provide assistance as needed to the U.S. Department of Defense (#6798) program with the Nigerian Ministry of Defense.

HHS/CDC and USAID ART staff will provide technical support and capacity development to new partners undertaking ART activities through the New Partner Initiative as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National ART guidelines. It is estimated that the ART staff under this activity will provide monitoring and support to over 80 clinical sites in COP07.

CDC will also facilitate the preclearance process of perishable supplies entering Nigeria through diplomatic shipments for PEPFAR implementing partners. This function is expected to transition to SCMS in COP08.

Continued Associated Activity Information

Activity ID:	5406
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention

Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 107,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6798
Planned Funds: \$ 1,950,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity also relates to activities in VCT (#6796), PMTCT (#6801), Basic Care and Support (#6802), OVC (#6808) and TB/HIV (#6795) activities. The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military, ensuring direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels: developing a strong USG relationship with another branch of the Nigerian Government; building capacity of the indigenous partner through joint implementation of activities; and offering a cost effective model for implementation through a direct USG-GON collaboration, and supporting both the military and civilian communities, as 80% of patients under ART at military facilities are civilian. The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the NMOD. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. The MOSD has directed the Emergency Plan Implementation Committee to harmonize with all other partners and funding streams of the Nigerian Military to ensure complete synergy among programs and the coordinated/complementary use of resources. COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo, Lagos), 445 Nigerian Air Force Hospital (Ikeja, Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri). By training uniformed members and civilian employees that are invested in a career track in the Government of Nigeria, DoD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals are not only technically trained, but also receiving management and oversight capability strengthening. In COP07, through an appropriate site-specific network model and in conjunction with other partners, to ensure leverage of resources available to other partners (for example the Government of Nigeria (GoN) and PEPFAR Implementing Partners (IPs), comprehensive ART services will be expanded to recruit 4,210 new patients, maintain 1,830 to reach a total of 6,000 patients, of which 600 (10%) will be paediatric. Sustainability is a fundamental principle of the DoD program, based on human resources, infrastructure development, and health-system strengthening. The DoD will continue to bolster NMoD health systems through training and development in a variety of settings (out-of-country, centralized and on-site) and, with other partners, infrastructure development, and improvements in the health management information system (HMIS). The DoD will assist the NMoD in improving the overall program management, budgeting and financial management, and with the integration of ART into existing health services. In COP07, the DoD will train, through out-of-country (Infectious Diseases Institute, Makerere University, Uganda), centralized (Nigerian military developed curriculum) and on-site training, an additional 84 healthcare workers, including doctors, pharmacists, nurses and community workers, and volunteers, including PLWHA, in counseling, testing, ART clinical care, treatment adherence and laboratory monitoring. Adherence counseling for ARVs and instruction in side effects and contra-indications is part of the NMOD internal ART course and each pharmacist is provided with initial and refresher training through this course. Remuneration is not a feature of this program. Additional staff, such as the use of National Youth Service Corps (NYSC), is jointly funded by the DoD and NMoD programs, with planning by the NMoD to assume total coverage of these salaries. Use of the NYSC (usually three to four per site) provides a dual purpose of training young physicians in Nigeria and exposing them to the military system for possible accession to the uniformed services or as NMoD civilian providers. Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site visits by DoD/NMoD, supported by the DoD centrally-employed specialist and in close cooperation with DOD HQ TA and appropriate partners, are essential components of this program. The program harmonizes the FMOH and Nigerian Air Force Programs with the PEPFAR-supported program by providing the same benefits as the PEPFAR program (small number of indirects, approximately 200 in total). All services are at no cost. Patients will generally be followed three times a year, as appropriate. Adherence counselors and local support groups will be utilized to ensure compliance. A

feature of the military is the general stability of the population, as well as the civilian population surrounding the bases. Counseling for HIV+ patients is a feature built into care and support, and continues to be emphasized under the drug therapy program. The program will establish networks of community volunteers, including PLWHAs. Networks will be created to ensure cross-referrals and sharing of best practices between DoD and NMoD, and other implementing partners. The DoD will continue to work with the GoN and other national stakeholders to develop networks for purposes of addressing future sustainability issues and ensuring that the goal of expanding free ARV care to more persons living with HIV/AIDS is accomplished in a sustainable and cost-effective manner. By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT). CONTRIBUTION TO PROGRAM Expansion of ARV services will contribute 1.5% of the overall 2007 PEPFAR targets for Nigeria. The training of health care workers and community volunteers during COP07 will be in keeping with the strategy of human resource development to ensure the sustained delivery of high quality ART services in Nigeria. LINKS TO OTHER ACTIVITIES The ART services will be linked to VCT (#6796), PMTCT (#6801), Basic Care and Support (#6802), OVC (#6808) and TB/HIV (#6795) activities. All NMoD sites will be supported to routinely counsel and test patients that access general medical care at the center. POPULATIONS TARGETED The ART services will target all people in the 14 military communities served, and the civilian population in the surrounding communities, diagnosed as HIV+ and clinically assessed as suitable for treatment. KEY LEGISLATIVE ISSUES ADDRESSED The ART services will focus on gender issues, through seamless PMTCT/ART/TB services in NMoD sites and in collaboration with neighboring PMTCT sites and in improving women's access to services, particularly in previously underserved communities. Wrap-around issues are also addressed through links with reproductive health services. EMPHASIS This activity will include major emphasis on capacity development and minor emphasis on infrastructure development, linkages with other sectors, quality assurance and improvement, and development of networks, /linkages/referral systems.

Continued Associated Activity Information

Activity ID: 3243
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: DoD
Funding Source: GHAI
Planned Funds: \$ 1,315,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	14	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,260	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	42,210	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	84	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Military personnel
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender
Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)
Lagos
Cross River
Enugu
Kaduna
Benue
Delta
Oyo
Plateau
Benin

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DoD Agency Funding
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6807
Planned Funds: \$ 200,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity will also link to ARV Services (#6798), CT (#6796), PMTCT (#6801), Basic Care and Support (#6802), OVC (#6808) and TB/HIV (#6795) activities.

The Nigerian Ministry of Defence – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military, ensuring direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels. The partnership is developing a strong USG (United States Government) relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities, offering a cost effective model for implementation through a direct USG-GON (Government of Nigeria) collaboration, and supporting both the military and civilian communities, as 80% of patients under ART at military facilities are civilian.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the MOD and the Nigerian Military. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. Membership on this Committee includes senior representatives of both militaries and includes the Federal Ministry of Health (FMOH) and National Action Committee on AIDS (NACA) representation to participation in the Government of Nigeria HIV harmonization process. Thus, the Program fully adheres to all USG and FMOH national treatment guidelines.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), and 445 Nigerian Air Force Hospital (Ikeja in Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities: Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and Military Hospital (Maiduguri).

This activity supports DoD in-country and provides extra-country technical support for Emergency Plan PMTCT activities. Funding in this section will be applied directly to developing and training Nigerian Military healthcare officers and staff, quality control and quality assurance and technical support to the DOD USG team members. One experienced Physician will be hired in Nigeria and TDY support will come from USMHRP's sites in Uganda and Kenya, as well as the parent organization, the Walter Reed Army Institute of Research.

The NMoD-DoD HIV partnership focuses on activities that build capacity in the Nigerian military provides a focused, capacity-building instrument designed to ensure a cost-effective, sustainable program.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). By implementing directly with the military, and minimizing the indirect cost of program management, the DoD ensures that Nigerian Government employees are receiving specialized technical training and work experience in implementing the program. Refurbishments and equipment are placed directly in Ministry of Defence facilities. Rigorously trained staff and well-equipped facilities improve overall healthcare to the population. (Costs for equipment and reagents used for non-HIV patients, such as a chemistry analyzer, are borne by the military facilities and non-HIV patients.) The overall benefit of this is that both HIV and non-HIV patients will have access to better-trained staff and facilities.

By training uniformed members and civilian employees at all levels who have invested in a career track in the Government of Nigeria, the DoD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals receive technical, management, and oversight training. This explicitly fulfills PEPFAR program goals for independent operation and preparing personnel

for oversight roles. The Military Steering Committee ensures an unprecedented level of cooperation in both national and international policy development and implementation, and follows national guidelines and international military standards.

By enabling this cohesive environment, the NMoD-DoD Partnership fosters a learning environment where international and local organizations may synergize with the Nigerian Ministry of Defence. In addition, the program facilitates identification of best practices and implementation of evidence-based interventions in a sustainable manner.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT). AB activities will also be administered on a national forcewide level.

CONTRIBUTION TO OVERALL PROGRAM AREA

Additional personnel and support will provide the synergistic effect needed for optimal program development, as well as support to the USG team in all its clinical and clinically-related activities.

LINKS TO OTHER ACTIVITIES

This activity will link to ARV Services (#6798), CT (#6796), PMTCT (#6801), Basic Care and Support (#6802), OVC (#6808) and TB/HIV (#6795) activities. All NMoD sites will be supported to routinely counsel and test patients that access general medical care at the center.

POPULATIONS BEING TARGETED

The ART services will target all people in the 14 military communities served, and the civilian population in the surrounding communities, diagnosed as HIV+ and clinically assessed as suitable for treatment.

KEY LEGISLATIVE ISSUES ADDRESSED

The ART services will focus on gender issues, through seamless PMTCT/ART/TB services in NMoD sites and in collaboration with neighboring PMTCT sites and in improving women's access to services, particularly in previously underserved communities.

Wrap-around issues are also addressed through links with reproductive health services.

EMPHASIS AREAS

This activity will include major emphasis on capacity development and minor emphasis on infrastructure development, linkages with other sectors, quality assurance and improvement, and development of networks, linkages, and referral systems.

Continued Associated Activity Information

Activity ID:	5400
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 100,000.00

Table 3.3.11: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9894
Planned Funds: \$ 2,013,785.00

Activity Narrative: ACTIVITY DESCRIPTION: Funding allocation by participating partners is as follows: UMD-IHV = \$1,168,785; CU-ICAP = \$85,000; DoD = \$760,000. This activity also relates to activities in ART Drugs (#6741), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09), Medical transmission/blood safety (3.3.03), PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services. SCMS will procure adult and pediatric ARVs, OIs, STIs, Test Kits, laboratory equipment and consumables and other HIV/AIDS related supplies for the US Department of Defense and the University Of Maryland in Nigeria. The commodities will be procured in accordance with the Federal Government of Nigeria's (FGON) national treatment and testing program protocols, FGON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centres (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria. SCMS will aggregate the total requirement for the commodities for the IPs and undertake the procurement of the required commodities on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting. SCMS will take the lead in establishing and managing the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria. A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments. SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible. SCMS will warehouse commodities locally and deliver consignments direct to points of service delivery including 445 Nigerian Airforce Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Mogadishu Barracks (Abuja) and other sites as determined by DOD. SCMS will utilize the services of existing logistics providers including for example CHANPHARM. All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team. SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS. SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination

between programs. CONTRIBUTIONS TO OVERALL PROGRAM AREA In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to the PEPFAR prevention, care and treatment programs. LINKS TO OTHER ACTIVITIES This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09), Medical transmission/blood safety (3.3.03) , PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services. POPULATIONS BEING TARGETED SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service. KEY LEGISLATIVE ISSUES BEING ADDRESSED None EMPHASIS AREAS The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Emphasis Areas

% Of Effort

Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9895
Planned Funds: \$ 1,042,789.00

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION

This activity relates to activities in Counseling and Testing (#6681), MTCT (#6683), HBHC (#6675), HVOP (#6735) HVTB (#6677), and HKID (#6679).

AIDSRelief (AR) through the primary and secondary faith based networks will extend ART services to more underserved rural communities with no existing ART services. In COP07, ART services will be increased from 12 COP06 Local Partner Treatment Facilities (LPTFs) to 26 LPTFs across 11 states. Comprehensive ART services will be expanded to recruit 8,700 new patients including 870 children, maintain 5,604 to reach a total of active 14,304 patients including 1,430 children. All LPTFs will have capacity to deliver quality ART services including prevention for positives through counseling and provision of full and accurate information for PLWA including discordant couples. Each LPTF will recruit a coordinator to promote prevention for positives activities that will be monitored by the AR program managers in each state. AIDSRelief will continue to participate in Government of Nigeria (GON) harmonization activities and to participate in the USG coordinated Clinical Working Group to address ongoing topics in ARV service delivery.

In COP06, we trained 74 doctors, 148 nurses, 100 counselors and 140 community volunteers. Bringing on the 14 new LPTFs in COP07 will involve a 2 week pre-site activation intensive didactic and practical training followed by ongoing capacity building. In COP07 we will train an additional 650 health workers including 60 physicians, 120 nurses, 200 adult ART counselors, 30 pediatric counselors, 240 adherence counselors and 300 community volunteers including PLWHA. 315 health workers of the 650 will be trained in pediatric ART services. Training includes ART clinical care, treatment adherence and laboratory monitoring. There will be intensive patient treatment preparation before ART initiation, ongoing treatment support through the use of treatment support specialists, community volunteers and PLWHA. We will have specific pediatric ART and counseling training using one of our established sites in Jos for practical trainings.

Sustainability lies at the heart of our program, and is based on durable therapeutic outcomes to first line regimens and health systems strengthening. In COP07, we will continue to strengthen LPTFs health systems with the support of AR global Health Systems Management within AR global structure through joint seminars and twinning hospitals in Nigeria and other countries and experience sharing with other AR countries. This will include human resource support and management, financial management, infrastructure development, improvements in health management information systems, improvement of operational efficiency with establishment of cost centers and activity budgeting, streamlining of patient flow systems and integration of financial and clinical patient outcome information with other hospital services. We will include 44 personnel from 22 additional sites (2 per each of the 11 states) in our training programs for the provision of quality ART services at those sites and for health systems strengthening.

In COP06 we supported 12 LPTFs in 6 states. We will add 14 new LPTFs in COP07 to support a total of 26 LPTFs in 11 states of Anambra, FCT, Benue, Edo, Lagos, Kaduna, Kano, Kogi, Nasarrawa, Oyo and Plateau.

CONTRIBUTION TO THE OVERALL PROGRAM AREA:

By adhering to the Nigerian National ART service delivery guidelines, and building strong community components to the program, AIDSRelief will ensure that the PEPFAR and GON goals of expanding ARV care to more PLWHA is accomplished in a durable and sustainable manner, and local capacity to deliver high quality care and support for PLWHA is strengthened. This activity is in response to the need to achieve the overall target of PEPFAR to place 350,000 clients on ART by 2009 and also support the Nigerian government's universal access to ART by 2010 initiative. By putting in place structures to strengthen LPTFs health systems we will contribute to the long term sustainability of the ART programs. Our working with 22 additional state and FB institutions and training 44 additional personnel in ART care and health systems strengthening will further contribute towards GoN/USG goal of scaling up quality ART services and their sustainability.

LINKS TO OTHER ACTIVITIES

This activity is linked to HVCT (#6681), MTCT (#6683) to ensure that people tested for

HIV are linked to ART services; HVOP (#6735) for prevention for HIV positives, HBHC (#6675) for basic care and support services including home based care; HKID (#6679) for OVCs needing ART services and HVTB (#6677) for routine screening and treatment of TB among PLWHA.

We will collaborate with FBOs including the 7-D program of Catholic Relief Services (#6686) to establish networks of community volunteers including PLWHA to assist with adherence counseling and provide treatment support for clients on ART. The FBOs will be sub-granted to provide these support services for our ART clients.

Networks will be created to ensure cross-referrals and sharing of best practices among our and other implementing partner sites including sharing our training curriculum. We will work with the GoN and other stakeholders to develop networks and cooperating mechanisms for local partners to address sustainability issues that are bigger than any one of them but with sustainability implications for all.

POPULATIONS BEING TARGETED

This activity targets PLWHA from rural communities who qualify for ART services as per the WHO staging criteria and GoN guidelines. 14,304 PLWAs will be targeted to receive ART by Feb 28, 2008 including 1,430 pediatric clients. In addition 15% of our ART clients will come through the MTCT activities to ensure these women have access to PMTCTplus services.

We will work with 2 additional sites per state, a total of 22 sites and train 44 health care workers in ART care, and health systems strengthening for sustainability of ART services in Nigeria. By training these personnel we hope to indirectly benefit at least 3, 220 PLWHA (3,000 adult and 220 pediatric patients) who will be enrolled into the ART services at the 22 sites. These will be both state and faith based facilities that are not directly funded by the PEPFAR program.

KEY LEGISLATIVE ISSUES ADDRESSED

The ART services will ensure gender and age equity in access to ART services through linkages with OVC and PMTCT services in our sites and neighboring sites.

The extension of ARV services into rural and previously underserved communities will contribute to the equitable availability of ART services in Nigeria and towards the goal of universal access to ARV services in the country. The provision of ART services will improve the quality of life of PLWHA and thus reduce the stigma and discrimination against them.

EMPHASIS AREAS

This activity will include major emphasis on human resources and minor emphasis on commodity procurement, infrastructure development, training, quality assurance/improvement and development of networks/linkages/referral system, community mobilization and participation.

Continued Associated Activity Information

Activity ID:	5403
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 1,025,346.00

Targets

Target

Target Value

Not Applicable

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9910
Planned Funds: \$ 2,820,586.00

Activity Narrative: Track 1 and 2 funds are combined for this activity.

ACTIVITY DESCRIPTION

We propose to provide high quality ART treatment to eligible patients at 16 PEPFAR sites and to provide ARV services to a total of 33,370 individuals, including 31,000 adults (9,000 new) and 2,370 children (1,200 new) at the end of the reporting period.

ART provision and monitoring follows the 2005 revised National ART guidelines for adult and pediatric care. All sites focus on the integration of ART services for all patients regardless of the source of funding for different components of treatment (e.g. external funding sources for services or lab commodities). For patients at the Federal ART sites, we anticipate Government of Nigeria (GON) provision of first line ARV drugs and PEPFAR support for ART care and services. As patients require alternative or 2nd line drugs, they will receive PEPFAR provided drugs. GON provision of 1st line drugs, when actualized, will allow for additional adult and pediatric targets. We estimate that 2000 additional adults will be placed on therapy through the leveraging of GON drugs. Our site investigators and project managers will actively participate in the GON National ART program.

Harmonization of data collection for M&E will be coordinated with USG and GON efforts. We have provided technical assistance and training expertise to the National ART program's training program for adults and pediatric patients, which will continue in 2007. APIN will continue to participate in the USG coordinated Clinical Working Group to address emerging topics in ARV service provision and to ensure harmonization with other IPs and the GON.

A standardized protocol for adult and pediatric ART services is followed at all PEPFAR centers. TB diagnosis and treatment is provided to all patients. Patients initiating ART are provided ART education and adherence counseling (EAC) prior to and during ART provision. ART EAC will follow the National Curriculum for Adherence Counseling and includes partner notification, drug adherence strategies and other prevention measures. Patients are also encouraged to refer family members for VCT. ART EAC is reinforced with PLWHA support groups at each site, which serve both PEPFAR and Federal ART patients. Scheduled physician visits are at 3, 6, and 12 months and every 6 months thereafter; patients pickup ART drugs monthly. At each visit, clinical exams, hematology, chemistry, and CD4 enumeration are performed. All tertiary site labs perform the necessary lab assays. Secondary and primary sites with limited lab capability send samples to an affiliated tertiary site lab for analysis. Electronic clinic and lab records provide data for high quality patient care and centrally coordinated program monitoring. Clinical staffs meet monthly for updates and training. Each site has a clinic coordinator and a central committee determines and approves drug regimen switching. An external quality improvement program is ongoing and will allow sites to further monitor the level of patient care.

This funding will support the personnel, clinic and lab services for monitoring of 31,000 adults and 2,370 pediatric patients at the end of COP07, which includes 9,000 new adult and 1,200 new pediatric patients. A total of 33,370 patients will be provided with ART services. Treatment is provided as a part of the National ART Program in 8 tertiary care teaching hospitals and federal medical centers, located in Plateau, Lagos, Oyo, Borno, Kaduna and Benue states. We plan to add an additional tertiary site from a new expansion state. Services are also currently provided in 2 secondary level hospitals/clinics in Oyo and Plateau States. We will add 2 new secondary level hospitals or clinics. We will also work with 3 primary health clinics (Lagos, Plateau and Kaduna) that provide VCT, clinical exams, phlebotomy, ART EAC, basic management of OIs, and referrals for specialty care.

CONTRIBUTION TO PROGRAM

These ART activities are consistent with the PEPFAR aims of building and scaling up capacity to provide ARV drugs and services and lab support for increasing numbers of people with HIV. Our 16 ARV treatment sites represent a doubling in the number of our ART sites. Additionally, we will expand to two new states, with the majority of new expansion sites being secondary/primary level sites.

We will seek to support the expansion of ARV services into more local areas by developing a network of secondary or primary health care clinics providing ART services that are linked to tertiary health care facilities. Through these networks we will seek to ensure that facilities are able to develop linkages, which permit patient referral and the provision of specialty care supports. A tiered structure for ARV provision and monitoring will provide a

model for future expansion efforts in order to meet PEPFAR treatment goals.

LINKS TO OTHER ACTIVITIES

Drug procurement, supply chain management and logistics are provided in the ART Drugs activity (#6714). Pediatric palliative care is provided through our OVC activity (#6720). SI M&E activity (#6717) will provide the GON with crucial information for use in the evaluation of the National ARV program and recommended drug regimens. APIN Plus PMTCT efforts (#6718) have established 29 sites for the screening of over 40000 women per year. This program is linked to ART services to optimize the PMTCT by providing ART to eligible pregnant women. This linkage provides an important entry point for new patients, by identifying HIV-infected women and their families. Linkages will also be made with the Nigerian Tuberculosis Reference Laboratory as a part of HIV/TB activity (#6713), to provide patients with TB treatment that are clinically coordinated with ARV services.

POPULATIONS BEING TARGETED: The care and treatment components of these activities target HIV-infected adults and children for clinical monitoring and ART treatment. The operational elements of these activities (M&E, health personnel training, infrastructural supports, technical assistance and quality assurance) target public and private program managers, doctors, nurses, pharmacists and lab workers at PEPFAR sites. In order to increase access to ART to poor communities, we will provide care at primary health care clinics, including the existing Kuramo APIN Plus Clinic, the Mashiah Foundation, a faith-based organization and Mother's Welfare Group.

KEY LEGISLATIVE ISSUES

These activities will increase gender equity in programming by providing equitable access to ART services for both sexes. Furthermore, data collected from these activities will show the breakdown of sexes accessing ART, which may be used for future program and policy development. Additionally, counseling services will seek to identify and provide appropriate referrals for women who are or are at risk of becoming victims of violence. ART EAC will also seek to provide referrals to other wrap-around services, such as food & nutrition programs and educational services for patients. ART EAC provided to patients will also seek to address stigma and discrimination faced by PLWHA.

EMPHASIS AREAS

Major emphasis is on training, community mobilization and participation. APIN+ will train 400 health care personnel involved in provision of ART services at the service outlets. Investigators from new and existing PEPFAR sites will participate in the biannual training courses that allow networking to build capacity at the newer sites. Community mobilization and participation is aimed at outreach to PLWHA and ART EAC. APIN+ places minor emphasis on commodity procurement, network linkages, QA and supportive supervision. APIN+ will facilitate networks and linkages between ART centers for system strengthening provide QA and supportive supervision to ensure high quality of care is provided for the increasing number of PLWHA utilizing care.

Continued Associated Activity Information

Activity ID:	3224
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Harvard University School of Public Health
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 6,504,000.00

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: \$ 22,302,000.00

Program Area Context:

USG Nigeria's COP07 Laboratory strategy builds on the laboratory network created in earlier years and works with the Government of Nigeria (GON) on coordinated high quality expansion that improves the laboratory services offered in Nigeria. Emphasis areas for COP07 include: (1) to actualize the tiered laboratory system in support of the network of care model; (2) to implement expanded laboratory QA/QC activities including ongoing training activities; (3) to expand laboratory services to new sites in current and new PEPFAR supported states; (4) to implement a national network for early infant diagnosis; (5) to implement a standard, tiered laboratory platform for HIV clinical monitoring; and (6) to strengthen laboratory management.

PEPFAR currently works with six implementing partners (IPs) that support 90 laboratories (14 tertiary, 64 secondary and 12 primary) in Nigeria. These IPs are: ACTION-UMD, APIN-Harvard, GHAIN-FHI, ICAP-Columbia, AIDS Relief-CRS, and US DOD. In COP07, support will be extended to 74 additional labs (3 tertiary, 54 secondary and 17 primary) for a total of 163 labs across a minimum of 20 states in Nigeria. More secondary and primary level sites will be developed to allow access to a larger number of Nigerians affected by HIV/AIDS. This will require continuing coordination with governing bodies at various levels because tertiary healthcare facilities are federal institutions, secondary sites tend to be state institutions, and primary sites are supported by Local Government Areas (LGA). Links between labs at various levels will be strengthened to create lab networks. Down referral of stable ART patients from tertiary to lower level facilities will become more widespread to reduce the burden on large tertiary sites and create slots for more complex cases.

In COP07 991 laboratory staff will be trained, nearly double the number trained in COP06. An additional 600 laboratorians will receive training indirectly through Training of Trainers (TOT) programs. All laboratorians receive training on Good Laboratory Practices (GLP), laboratory safety, Quality Assurance (QA) and technical training, presented as a combination of didactic lectures and laboratory practicals. In general, most technical training packages, standard operating procedures (SOP) and job aids have been developed independently by each IP. Efforts will be made in 2007 to standardize training across IPs. Refresher training will be offered to all laboratorians on a yearly basis. The central training lab at Asokoro Hospital will continue to provide high quality training to larger numbers of laboratorians from sites supported by IPs and GON. Due to the rapid expansion of lab services planned in 2007, IPs will develop training capacities at tertiary labs. For primary sites, each IP will step down training packages to match the education and work experience of the lab staff.

The USG currently has 6 laboratory staff, all but 1 of whom are CDC employees: Associate Director for Laboratory; Senior Laboratory Specialist; 3 laboratory specialists; and 1 USAID VCT/Lab advisor who focuses on HIV diagnostics in multiple testing environments (e.g., stationary and mobile VCT). In 2007 2 additional laboratory staff will be added to the USG team, including: a CDC laboratory specialist to focus on TB-related lab issues; and a DOD laboratory specialist to aid in expanding DOD implementation of laboratory services. USG laboratory staff, senior IP laboratorians, and GON lab specialists are active participants in the USG supported Laboratory Working Group which meets monthly to discuss current laboratory issues, define laboratory strategy and rollout, and to improve harmonization on laboratory issues such as HIV diagnostic platforms, standard laboratory platforms, and QA/QC programs.

Currently ten tertiary lab facilities have PCR capacity for non-routine VL and DNA testing (whole blood) for infants. In COP07 this number of labs will increase to 13 to meet growing demands on such services. To expand infant diagnostic capacity to a larger number of sites and eliminate the need for pediatric phlebotomy, dried blood spots (DBS) will be used as a specimen collection tool. PCR capacity currently rests with only two IPs. These IPs will extend infant diagnosis to other IPs on a cost sharing basis similar to the arrangements developed for the Asokoro training facility. PMTCT sites will receive training on specimen collection, storage and transport. All DBS testing labs will be enrolled in a HIV DNA proficiency program.

The USG continues to support the GON in the evaluation of non-cold chain dependent, whole blood HIV diagnostic rapid tests. This will increase the access of CT to a larger proportion of the Nigeria population. Whole blood testing allows for specimen collection through finger stick and 'in room' testing. IPs are already using small numbers of non-lab personnel to conduct HIV rapid testing, in 2007 this number will increase. Efforts will be made to define the role for laboratorians in this process, such as providing training and supervision.

A systems approach to QA will be continued in 2007. This includes adequate training for all laboratorians, standardized SOPs, job aids, quarterly supervisory visits (standard assessment tool) and proficiency testing. To support these efforts, most IPs have dedicated one or two full-time laboratorians. 2007 will see an increased use of non-cold chain dependent HIV test kits, which do not contain controls. A single centralized mechanism will be identified for the creation and distribution of serum controls to all sites conducting testing.

All PEPFAR supported labs will have appropriate supplies, equipment and trained staff to perform TB diagnosis. PEPFAR supports the National TB Training Center, training staff at DOTs centers on HIV diagnostic testing.

A secure, well managed system for procurement and distribution of lab commodities is vital to keeping clinical labs operational. Most IPs will continue procuring locally or through international suppliers. Some IPs will receive support from international procurement organizations (AXIOS and SCMS). All IPs have warehouse facilities and supply chain mechanisms.

Data management within clinical laboratories is currently paper-based; such systems can be time consuming and lead to the introduction of errors. In 2007 a computer based laboratory information system (which interfaces with the current M&E system) will be piloted at two tertiary sites. This will be linked to computer literacy training for lab staff. If this system proves successful it can be placed at additional sites.

In COP07, four lab partners will provide support to the Nigeria program: Association of Public Health Labs, American Society of Clinical Pathologist, American Society of Microbiologist and Clinical and Laboratory Standards Institute. APHL (using pipeline funds) will deliver Laboratory Management Training (TOT). ASCP will standardize and deliver (TOT) training for CD4 determination, blood chemistry and hematology. ASCP and CLSI will work together for certification of two tertiary labs which will serve as demonstration and training sites. ASM will improve the quality and capacity of TB/OI diagnosis through development of a comprehensive QA/QC system, improve training curriculum (TB and simple OI) and provide TA for structural design of new / existing TB diagnostic labs (culture and drug resistance).

The approach outlined in this document supports ongoing EP activities as outlined in the USG Five-Year Plan for AIDS Relief in Nigeria and is consistent with the goals of the Technical Advisory Committee for Laboratory of the National AIDS and STD Control Program and the National Medical Laboratory Policy, which is in development. The USG will strengthen ties to the National Medical Laboratory Council of Nigeria whose mandate includes the certification of laboratorians and accreditation of clinical labs.

Program Area Target:

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	2,244,690
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	164
Number of individuals trained in the provision of laboratory-related activities	991

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6680
Planned Funds: \$ 2,019,342.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to MTCT (6683), HMBL (6684), HVTB (6677), HKID (6679), HVCT (6681), HTXS (6678) and HTXD (6682) by ensuring that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. Linkages with HVSI (6674) will ensure tracking of lab infrastructure indicators. AIDSRelief (AR) works in primary and secondary health care facilities to provide quality HIV and AIDS services to people living with HIV and AIDS (PLWHAs). We support Laboratory (Lab) infrastructure to all of our local partner treatment facilities (LPTFs). We provide on-site capacity to test for HIV, laboratory monitoring of disease progression and response to treatment, opportunistic infections (OIs) diagnosis and monitoring of antiretroviral drug (ARVs) toxicity. We don't routinely do Viral load (VL) testing since our LPTFs are mostly primary and secondary level facilities, but ensure that VL testing is done on a sample of our clients from each LPTF at Institute of Human Virology (IHV-ACTION) supported laboratories when appropriate. AR will expand infant diagnosis for PMTCT in its primary care facilities by ensuring that dried blood spots (DBS) samples are collected and sent to UMD ACTION labs for diagnosis. Standard operating procedures (SOPs) for sample transport for testing and receipt of results will be developed. The SOPs include procedures for blood collection in vacutainers, for viral load, correct labeling and then transporting by LPTF lab personnel to ACTION labs for processing. We will train LPTF lab personnel on procedures for preparing, storing and transporting DBS samples to be taken to ACTION labs for PCR. We will work with ACTION to procure storage and transport equipment like vacutainer boxes and liquid nitrogen containers. Based on developed SOPs between AR and ACTION, our vehicles will move stored patient samples from LPTF to ACTION labs and collect the results. AR will continue to participate in the USG-Nigeria coordinated Laboratory Working Group to ensure harmonization with other IP and the Nigerian government. We provided lab equipment and reagents to 12 LPTFs in COP06 and will do the same for the 16 new LPTFs in COP07 and continue to supply Lab reagents to all the 28 LPTFs. We will provide automated CD4 testing equipment, cytospheres for manual CD4 testing as backup, hematology analyzers, chemistry machine and binocular microscope that are easy to use and appropriate for primary care centers. 10 new satellite sites will have a lower level of laboratory capacity. All equipment will be centrally procured and shipped to Nigeria. AR will hire 3 new full-time in country lab specialists who will be responsible for equipment installation, initial and follow up trainings and monitoring of quality assurance and quality control (QA/QC) activities. These will be supported by a Baltimore based lab specialist. AR will use its reagent forecasting tools at all levels to determine consumption and predict need, to forestall stock outs. AR will centrally procure lab reagents from manufacturers locally and abroad and distribute to LPTFs. HIV Test kits will be provided directly by USAID through the SCMS mechanism. Thirty-six (36) lab personnel were trained in COP06 and 82 will be trained in COP07. Most of our LPTFs have less than 3 lab personnel per site and we train all of them. We emphasize a hands-on training during laboratory start up in lab techniques and lab management. Refresher trainings are done at six months and periodically as per identified needs at each LPTF. We provide simplified lab manuals to reinforce each training episode. The onsite trainings are done by AR technicians in collaboration with IHV-ACTION tertiary lab specialists. We use Nigerian Institute of Medical Research Training Manuals to supplement simplified manual from IHV-University of Maryland. Ongoing QA/QC is done onsite, at IHV ACTION tertiary labs, and a small percentage at IHV Baltimore as a 2nd line of QA/QC. AR sub-contract to IHV ACTION for this service. AR lab personnel and selected partner personnel (3 in total) will participate in the training of trainers (TOT) lab management program to be provided by Association of Public Health Labs, with support from USG-Nigeria. They will then transfer the knowledge gained to the 82 LPTF personnel using the provided training materials. We will work with other sites (State and Faith based) across the 15 states of our operation for a total of 22. At these 22 sites we will include a total of 44 lab personnel (2 per site) in our training activities. The lab personnel will be trained to effectively provide quality lab services (2,399 each a total of 62,374 tests for COP07) for a total of 3,220 patients (124 per site). In COP06 we supported Lab infrastructure in 12 sites in 6 states of FCT, Benue, Edo, Kaduna, Kano and Plateau and will do the same for an additional 16 new sites in COP07 in 15 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, Ebonyi and Plateau, and to 10 satellite sites.

CONTRIBUTIONS TO OVERALL PROGRAM AREA By supporting Lab infrastructure at all of our LPTFs, AIDSRelief will help them carry out 286,785 tests including 190,861 rapid HIV tests for 91,000 clients (10,000 children and 81,000 adults), 74,871 HIV monitoring tests and 21,053 TB/OIs tests This will contribute to the PEPFAR target of preventing 1,145,545 new infections in Nigeria by 2010. The activity will also contribute to AIDSRelief's target of

providing quality ART services to 18,304 clients including 16,874 adults and 1,830 pediatric patients in COP07. This activity will also contribute to the reduction in Mother to child transmission of HIV and early detection of any infant HIV infection by ensuring that DBS are provided for. The activity will further contribute to the reduction and early detection of any treatment failures among our clients by providing for VL tests for a subset of the 18,304 ART clients in COP07. This will support the possible need for ARV regimen switch for patients failing on first line regimens. The activity will also provide infrastructure and training for TB diagnosis for the 31,000 clients in care at the 28 LPTFs. The activity will contribute to the overall program sustainability by improving Lab infrastructure and by building capacity among primary and secondary level facilities. LINKS TO OTHER ACTIVITIES This activity relates to MTCT (6683), HMBL (6684), HVTB (6677), HKID (6679), HVCT (6681), HTXS (6678) and HTXD (6682) by ensuring that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. Linkages with HVSI (6674) will ensure tracking of lab infrastructure indicators. We will collaborate with IHV- ACTION, other implementing partners and state hospitals to optimize resources and strengthen the comprehensive networks of care across the 15 states including centralized lab training, establishment of high level laboratory services for VL testing and DBS. We will collaborate with the state and other faith based facility labs by including 44 lab personnel from 22 facilities in our training activities and by sharing our training manuals. AR will link LPTFs with local procurement and distribution agents such as CHANPharm to ensure a sustainable supply chain for lab reagents. Our regional program managers will act as network coordinators.

Continued Associated Activity Information

Activity ID: 5421
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 471,576.00

Emphasis Areas

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	286,785	<input type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	30	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	82	<input type="checkbox"/>

Indirect Targets

We will work with 2 other sites per state (State and Faith based) in the 11 states of our operation a total of 22. At these 22 sites we will include a total of 44 lab personnel (2 per site) in our training activities. The lab personnel will be trained to effectively provide quality lab services (2,399 each a total of 62,374 tests for COP07) for a total of 3,220 patients (124 per site).

Target Populations:

- Adults
- Faith-based organizations
- HIV/AIDS-affected families
- Infants
- People living with HIV/AIDS
- Pregnant women
- Children and youth (non-OVC)
- HIV positive pregnant women
- Caregivers (of OVC and PLWHAs)
- Laboratory workers
- Implementing organizations (not listed above)
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Coverage Areas

- Federal Capital Territory (Abuja)
- Kano
- Plateau
- Anambra
- Edo
- Kaduna
- Kogi
- Nassarawa
- Adamawa
- Ebonyi
- Enugu
- Ondo
- Rivers
- Taraba

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6693
Planned Funds: \$ 1,410,000.00

Activity Narrative: ACTIVITY DESCRIPTION (6693): This activity also relates to activities in ART (6690), HBHC (6697), OVC (6694), VCT (6695), TB/HIV (6696) and PMTCT (6699). In FY06, the International Center for AIDS Care & Treatment Programs at Columbia University (CU-ICAP) initiated a laboratory network model in Kaduna and Cross River States, providing 3 hospital networks to support HIV/AIDS care and treatment programs. In FY07, this model will support an additional 12 secondary hospital labs, enabling 57,000 people to access HIV/AIDS testing, 9,963 HIV positive adults, infants and children on treatment, 14,323 HIV positive adults, infants and children not on treatment and 3800 HIV positive mothers to access HIV/AIDS care and treatment services. Baseline assessments revealed infrastructural deficiencies including lack of electricity and potable water, obsolete equipment and testing methods and severe staffing shortages and under-skilled staff. CU-ICAP's response to these challenges has been multi-pronged and includes development of the Laboratory Network Model, a detailed Laboratory Support plan, and support for renovation and training. The Laboratory Support plan established a logical step-wise approach to phasing in the services needed by HIV/AIDS care and treatment programs. Phase I provides the "minimum package" elements of a functioning lab: electricity, running water, adequate interim space, training and supervision, reorganization of labs as needed, ability to perform HIV testing, complete blood counts, simple chemistries and manual CD4 enumeration. Phase II includes the introduction of analyzers, the initiation of standard QA/QC systems, the expansion of capacity to include additional chemistry tests, urinalysis, parasitology, cultures, and liver function tests where feasible, and the completion of renovation and refurbishment activities as well as the introduction of protocols to collect and prepare dried blood spot (DBS) samples for use in infant diagnosis. CU-ICAP will send specimens to appropriate laboratories supported by other PEPFAR implementing partners especially the IHV ACTION program. CU-ICAP will bear shipping, testing and other related costs involved in this process. Lab staff will be trained in the use of already designed specimen shipment forms and other identified mechanisms to track samples and results among CU-ICAP lab network and other partner networks. In FY07, CU-ICAP will continue to fully fund training on diagnostic testing and immunologic monitoring, good laboratory practices (GLP) and biosafety. By harmonizing equipment with other PEPFAR implementing partners and national government standards, CU-ICAP will continue to coordinate and fully fund formal didactic training sessions, share resources and avoid duplication. On-the-job training is enhanced by job aids, standard operating procedures (SOPs) and diagnostic algorithms. 150 laboratory staff will be trained in GLP, HIV serology, and CD4 enumeration among others. Additional training on microscopy for AFB will be conducted at 35 DOTS sites to identify TB/HIV co-infections. TOT lab management training will be provided for 17 lab supervisors to enhance lab management skills. CU-ICAP will continue to participate in the QA/QC national networks discussions and support the active integration of recommendations/guidelines at its sites and state levels. CONTRIBUTIONS In FY07 CU-ICAP will use emergency plan funds to support 15 labs in hospital facilities using the phased approach described above. Referral protocols for the health networks will be strengthened, and the laboratory network model will be implemented. To facilitate the GoN scale up plans, 150 laboratory staff will be trained on the provision of high-quality lab testing for patients with HIV/AIDS at different health facility levels. Trainings will be stepped down to laboratory technicians and assistants from the primary health centers by secondary facility trained laboratorians. 35 lab technicians will be trained on ZN- staining /AFB identification to enhance TB diagnosis at the DOT sites. ICAP will also strengthen the laboratories at new sites by renovating their space and facilities (within the existing hospital building space), and enhancing their diagnostic abilities to include urinalysis, electrolytes, and basic microbiology/parasitology. These activities will position the labs to contribute significantly to the delivery of quality HIV care/ treatment programs at CU-ICAP assisted sites. By ensuring appropriate training, supervision, equipment, maintenance and supplies, all 15 hospital labs will be strengthened to support these institution's rapidly-growing HIV/AIDS care and treatment programs (include pediatric) in response to the GoN approach to sustainable quality lab services. LINKS This activity also relates to activities in ART (6690), Palliative Care (6697), OVC (6694), VCT (6695), TB/HIV (6696) and PMTCT (6699). These services will directly support these activities by enabling 57,000 people access to HIV/AIDS testing and 9,963 HIV positive adults, infants and children on treatment, 14,323 HIV positive adults, infants and children not on treatment and 3800 HIV positive mothers to access HIV/AIDS care and treatment. Provider-initiated-testing at point of service in ANC wards will be promoted, with point-of-service testing in TB clinics, inpatient wards, and STI clinics. Phase II activities at the General and Catholic Maternity Hospitals, Ogoja, and General Hospital Kafanchan will include the initiation of clinical and

laboratory protocols for the collection, preparation, storage and transport of DBS samples for infant diagnosis at identified government supported zonal centers with PCR machines. POPULATIONS General populace with special emphasis on high risk groups especially TB co-infections. HIV monitoring of HIV positives and diagnosis of HIV exposed especially vulnerable groups of women, infants and children. Pregnancy and syphilis tests will be provided to women. Lab monitoring for 24,286 HIV positives and 3800 HIV positive mothers includes a projected total estimate of 138,020 tests consisting of 26,300 LFTs, 26,300 CBCs, 25,920 CD4 counts, 2,500 sputum exams and 57,000 HIV testing including test in TB patients. A TB Directly Observed Therapy (DOTs) site will be opened in a prison facility close to the Ogoja General Hospital to promote equity and facilitate access to this special population. Health workers will be trained in providing quality oriented laboratory and testing services including collection, transport and tracking of samples and results especially to and from primary healthcare centers and other partner networks. CBOs/FBOs will be trained in using rapid test kits based on national algorithms. KEY LEGISLATIVE ISSUES Increasing access to HCT through multiple entry points and non hospital based and DOTs sites and with the assistance of volunteers will contribute to reduction of stigma and discrimination with increased awareness and linkages to care, support and treatment. Lab monitoring provides the background to assure the quality of ART services rendered. EMPHASIS AREAS One major emphasis area is commodity procurement, while training, quality improvement/assurance, supportive supervision, upgrading of infrastructure and development of referrals, network/linkages constitute the minor areas. Joint USG/GoN/CU-ICAP teams will provide supportive supervision to sites. QA teams will ensure compliance with national and/ or best practice standards. The CU-ICAP approach to renovation is consistent with USG regulations. Construction, as defined in the PHS Facilities Manual (e.g. any activity which increases area or cubage) is not performed. Equipments and bulk reagent will be purchased locally with approval from the head office while HIV test kits will be sourced through the CDC for quality assurance and standardization. Consumables will be purchased quarterly from local vendors subject to availability.

Continued Associated Activity Information

Activity ID: 5544
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Value

138,020

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

15

Number of individuals trained in the provision of laboratory-related activities

150

Target Populations:

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Pregnant women

Prisoners

HIV positive pregnant women

Laboratory workers

Laboratory workers

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Cross River

Kaduna

Benue

Akwa Ibom

Gombe

Kogi

Rivers

Table 3.3.12: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6709
Planned Funds: \$ 4,809,260.00

Activity Narrative: ACTIVITY DESCRIPTION

ACTIVITY DESCRIPTION The Global HIV/AIDS Initiative Nigeria (GHAIN) laboratory component has the responsibility of providing standard, accurate and reliable results and practices that are replicable and valid in accordance with existing Government of Nigeria (GoN) guidelines. GHAIN has put in place strategies to significantly strengthen and expand laboratory services as well as upgrade infrastructure in all GHAIN supported HIV treatment sites.

GHAIN will embark on an integrated expansion of laboratory training, covering HIV diagnosis, treatment and care. All training for specific assays will be linked with training on Good Laboratory Practices, Laboratory Management and Quality Assurance/Quality Control (QA/QC), laboratory practicals and on-site follow-up. The GHAIN laboratory staff will coordinate and provide technical support at the sites, ensure QA and state level inventory management of laboratory supplies, including test kits and reagents.

To provide good mechanism for capacity building, supervision and quality assurance/quality improvement (QA/QI), GHAIN will leverage resources from GFATM to support hiring of two Lab technical officers per zonal office, with the technical leadership of the Country Office Senior Lab Advisor. The responsibilities of the lab team will include overall capacity building/technical assistance and supervision of all GHAIN supported sites, coordination of inventory management system for commodities, QA; promote collaborations and networking opportunities with other Implementing Partners (IPs) and GON.

GHAIN will continue to use a centralized procurement and distribution strategy to ensure that needed reagents and consumables are available at all focus sites. Laboratories at the new sites will be rolled out and linked to existing sites through an integrated tiered national laboratory network. GHAIN will also establish linkages with sites that have the necessary technology to obtain polymerase chain reaction (PCR) laboratory services for fees; utilizing dried blood spots (DBS) for expansion of infant diagnosis to all its prevention of mother to child transmission (PMTCT) supported sites.

Quality assurance/quality control of laboratory services will be ensured to support HIV diagnosis, treatment and care. The essential components of a Quality system will be put into place at each site and quality assurance (QA) will be ensured through quarterly on-site visits using standardized checklists and External Quality Assurance (EQA). Reports will be generated and fed back to the sites. All non-conformities will be addressed and remedial action taken to rectify problems in the testing process. In addition to the GHAIN laboratory personnel, technical assistance (TA) will be provided by the Association of Public Health Laboratories (APHL)/USA for the development of an overall laboratory QA program for GHAIN. GHAIN will ensure a tiered system of laboratories by working with other IPs to develop a future equipment plan; supply chain and maintenance in all GHAIN supported sites. GHAIN will also participate in the laboratory working group and in setting standards for all laboratory related activities.

GHAIN will provide laboratory services to 59,503 People Living with HIV/AIDS (PLWHAs) by supporting 28 existing antiretroviral therapy (ART) sites, establishing 17 new sites with comprehensive laboratory services (in secondary facilities) and increasing coverage by going to eight new states, namely Akwa Ibom, Kogi, Enugu, Taraba, Adamawa, Bauchi, Benue and Niger States. Depending on performance of GFATM, this expansion plan may need to be revised. 677,289 tests will be conducted in COP07. GHAIN will avail its laboratory personnel of the opportunity from Centers for Disease Control (CDC) – Nigeria Laboratory Management Training of Trainers (TOT) workshop for laboratory staff. These staff (laboratorians) will be expected to pass this training along to 258 laboratory managers/staff at all GHAIN supported sites through didactic and on-site capacity building processes.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The provision of Laboratory services through this program will contribute to strengthening and expanding the capacity of the government of Nigeria (GoN)'s response to the HIV/AIDS epidemic. GHAIN will work with GoN using established national rules and guidelines on laboratory services to build the capacity of laboratory staff at the project sites. This program will also contribute to infrastructural upgrade of the health facilities

and provide necessary equipment. Considering the complexity of antiretroviral therapy (ART) and the strict requirements for standards and procedures, the laboratory component will aim to establish a well coordinated and efficient quality assurance, supervision and monitoring system at all the GHAIN sites.

LINKS TO OTHER ACTIVITIES:

This program element relates to activities in HVCT (6702), MTCT (6706), HTSX (6703), HBHC (6708), HVTB (6700), HKID (6701), and HMBL (6710). A referral linkage system will be strengthened to ensure that clients are referred from sites with limited or no laboratory infrastructure to automated laboratory sites using the integrated tiered national laboratory network. GHAIN will implement GoN approved testing algorithm and work with the GoN and other stakeholders on the use of non-cold chain Rapid Test Kits (RTK) for HIV testing. With the new scale up strategy for counseling and testing (CT), GHAIN will build the capacity of counselors both at the CT and PMTCT sites on the use of non cold chain dependent algorithm for HIV testing. GHAIN will also introduce sputum smear microscopy and tuberculosis (TB) treatment in all CT sites.

POPULATIONS BEING TARGETED

This activity will provide laboratory services to PLWHAs, (including pregnant women), HIV positive children, tuberculosis (TB) patients including those that are HIV positive and are eligible for ART, HIV positive infants and other most at risk populations (MARPS). These clients will be generated from PMTCT, Care and Treatment, mobile and facility based counseling and testing and TB-HIV programs. The Family Centered Care Model approach will be adopted to reach the HIV/AIDS affected families.

KEY LEGISLATIVE ISSUES ADDRESSED

This program element will promote increasing gender equity in HIV/AIDS by ensuring that the laboratory services will address the needs of both males and female in all age groups. Stigma and discrimination will be reduced by ensuring confidentiality of test results.

EMPHASIS AREAS

Major emphasis will be placed on quality assurance, quality improvement, and supportive supervision. Minor emphasis will be placed on Laboratory infrastructure upgrade, including commodity procurement (laboratory equipment and reagents) and local organizational capacity development through trainings and on-site technical assistance and mentoring. GHAIN will also continue to strengthen its exit/sustainability plan by building the capacity of laboratorians implementing HIV/AIDS programs, and customize a specific plan and schedule for each facility.

Continued Associated Activity Information

Activity ID: 5420
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHAIN
Funding Source: GHAI
Planned Funds: \$ 2,340,988.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Value

677,289

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

45

Number of individuals trained in the provision of laboratory-related activities

258

Target Populations:

Adults

Most at risk populations

Infants

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive pregnant women

Laboratory workers

Laboratory workers

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Akwa Ibom

Enugu

Kogi

Niger

Adamawa

Bauchi

Benue

Taraba

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6716
Planned Funds: \$ 3,631,961.00

Activity Narrative: ACTIVITY DESCRIPTION This activity provides maintenance of HIV labs at tertiary (7), secondary (9) and primary health care (PHC) settings (1). In addition, APIN+ propose adding additional expansion sites in 2007 and have planned to build the infrastructure and capacities of 22 HIV support labs. These expansion sites will be at tertiary hospitals (2), secondary hospitals (12) and PHC settings (6). During COP06, our 10 major tertiary level labs will have capabilities for hematology, automated chemistry, laser-based lymphocyte subset enumeration and PCR technology. APIN will work with GON in developing the Federal Public Health Laboratory into a national reference lab, a project which has been identified by the Minister of Health as a priority. It will serve national HIV quality control and assurance needs and as a laboratory training center. This lab's capacity will include standard HIV assays, HIV genotyping, HIV resistance testing, TB culture and PCR based TB diagnostics, clinical chemistries, and hematology. All 30 labs will provide HIV serodiagnosis through rapid test technologies. We will have HIV serology, hematology, chemistries, and CD4 enumeration at all secondary hospitals with referral to the tertiary labs for PCR diagnostics. Our 7 PHC facilities are closely partnered with tertiary care facilities, allowing for baseline and periodic evaluation with full lab monitoring. The PHC facilities provide limited lab monitoring with basic clinical, hematologic and CD4 assays. We are currently screening for TB by pulmonary X ray and sputum. We will begin training for PCR diagnosis of TB at our tertiary sites in COP07. Our laboratories with infant PCR diagnostic capabilities will assist other PEPFAR IPs requiring these assays for PMTCT and pediatric treatment. We will use dried blood spots (DBS) to transport specimens from satellite sites. Standardized lab protocols have been developed to accompany the PEPFAR clinical protocol. Computerized records of lab results link with patient records. Detailed annual quality control/assurance (QA/QC) assessments of all lab activities have been conducted with development of QA/QC policies. Quarterly lab site visits are conducted by the HSPH project management team. External QA/QC for all lab tests is being established and is operational for CD4 and viral loads. Regular lab training has allowed the development of high quality lab standards in our PEPFAR labs and this has been networked to our secondary and primary labs with specific tailoring to the needs and skills at each level. We also organize biannual trainings on specific techniques/topics integrating QA/QC, good lab practices and biosafety. Competency monitoring and evaluations and refresher trainings will be provided within individual labs. We will continue to participate in the USG-Nigeria coordinated Laboratory Working Group to ensure harmonization with other IPs and the GON. Procurement of lab reagents is structured in two ways. Reagents available in Nigeria are procured directly by the sites from specific distributors. Labs are advised to maintain a 3 month reagent buffer. Most reagents needing importation are ordered at HSPH and shipped and managed through our central warehouse in Lagos. The lab infrastructure developed through this activity allows the provision of quality services in all aspects of our activities. Funding will support procurement of lab equipment, generators and water purifiers necessary for lab work. Equipment costs for tertiary labs can be high initially but represent significant infrastructure development. Secondary and primary labs including VCT facilities have lower first year equipment costs. Maintenance costs will include minimal renovation costs for some labs, replacement of small lab equipment and training costs for additional personnel. As further regional networks are developed around these centers of excellence, training, lab and clinical support will be provided to secondary and primary points of service. Contribution to Overall Program Area These activities contribute to the goal of maintaining high quality services as the numbers of patients provided with testing and treatment continues to rise. We estimate we will be performing over 481,792 tests in COP07. This will include HIV tests and tests for disease monitoring including CD4 count, PCR diagnosis of infants and viral load. In addition, we seek to train 720 laboratory staff members in COP07. This will assist in building the human resource capacity of our sites to provide sustainable laboratory support along with high quality VCT and ART treatment. Our 10 labs at tertiary care hospitals will have the capacity to perform early infant diagnosis by HIV DNA PCR. These labs are also linked to our 32 PMTCT sites, to provide a mechanism for early infant HIV diagnosis as a part of our PMTCT activities, which is consistent with 2007 PEPFAR objectives for Nigeria. Through a tiered system of labs at tertiary, secondary and primary sites we are able to ensure that patients at community based PHCs are provided with a full complement of lab monitoring as a part of ART treatment and care. Our training activities include management and competency training to build sustainability of the labs and to increase capacity to respond to increasing demands resulting from increasing utilization of ART services through other activities. We have provided training to laboratory workers through the MOH ART training program at the National Institutes of Medical Research (NIMR). Lab workers from all 36

states and the FCT are invited to participate on a biannual basis at the NIMR and JUTH sites. Three of our sub-partner sites are actively involved in lab training for the MOH training program resulting in 14,000 indirect targets without budget allocation. Links to Other Activities The laboratory activity relates to activities in PMTCT (6718), Counseling & Testing (6721), Palliative Care TB/HIV (6713), ART Services (6715), OVC (6720) and SI (6717). The laboratory is crucial in providing adequate HIV diagnostics in PMTCT, C&T, OVC, palliative care and ART services. Furthermore the lab provides other diagnostics such as opportunistic infections crucial in palliative care and ART services. Hematology, chemistries, and viral load provide toxicity and treatment monitoring, and help with patient management in ART services. Furthermore, as a part of this activity, we seek to build linkages between laboratories and our patient care sites in order to ensure that lab information is fed back into patient records for use in clinical care. These activities are also linked to SI (6717) activities, which provide support in monitoring and evaluation, including data management of testing results. Populations Being Targeted This program targets public and private health care workers who conduct laboratory testing at the participating sites. Training of these personnel seeks to maintain high quality laboratory standards. Key Legislative Issues Addressed This program seeks to address gender equity by building the capacity of laboratories at affiliated sites to conduct testing related to PMTCT. Furthermore, the increased laboratory capacity will permit the sites to provide equitable treatment for both women and men. Emphasis Areas: The major emphasis area for this activity is on infrastructure building. The creation of a network of quality laboratories supported by a strong tertiary laboratory is important in the provision of quality prevention and care HIV services. Furthermore, we place minor emphasis on quality assurance, training and the development of networks and linkages. Quality assurance and training are reinforced by the collaborative nature of the network of laboratories in a tiered system. We also place minor emphasis on commodity procurement and logistics as a part of infrastructure and capacity building to procure equipment and testing supplies necessary for the labs for continuous operation.

Continued Associated Activity Information

Activity ID: 3225
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 1,595,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Value

481,292

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

30

Number of individuals trained in the provision of laboratory-related activities

720

Indirect Targets

APIN supported the development of the Federal training modules for HIV laboratory workers. Training modules were developed and regular training of laboratory workers from each Federal ART center has been ongoing for the past 18 months. In addition, to the clinical training modules – this would provide indirect ART patients, representing the National ART program at ~14,000.

Target Populations:

Community leaders

Community-based organizations

Public health care workers

Laboratory workers

Private health care workers

Laboratory workers

Key Legislative Issues

Twinning

Coverage Areas

Borno

Lagos

Oyo

Plateau

Kaduna

Benue

Enugu

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6767
Planned Funds: \$ 4,565,000.00

Activity Narrative: Reprogramming 9/07: \$350,000 in FY07 funding toward COP08 targets from reprogramming to be reduced from COP08 funding levels in country prior to COP submission.

This activity also relates to activities in PMTCT (6768) OVC (6771) and HIV Treatment Services (6766). Tests for opportunistic infections and training in these techniques will strengthen Care and Support (6770), C&T (6772) and HIV/TB (6765).

ACTION will continue to support ART, Care and Support, PMTCT, and VCT programs by building a laboratory infrastructure and training personnel to accurately diagnose, stage and monitor patients. ACTION will continue to monitor PEPFAR supported laboratories through its aggressive QA/QC activities to ensure high quality of lab results; while upgrading the lab infrastructure at new sites to support PEPFAR related activities. Based upon revised guidelines for simplified laboratory monitoring and HIV rapid testing, chemistry panel, hemogram, and CD4 measurement counted as single tests each, a minimum of 658,214 laboratory tests will be performed in COP07

The proposed expansion to secondary/primary sites, an integrated tiered referral laboratory network with mentoring by trained laboratory personnel in existing tertiary sites will be established. 4 regional virology labs, staffed by two laboratory scientists each, spread over the South, Central and North Nigeria will support infant DNA diagnosis of HIV using whole blood and Dried Blood Spots (DBS) shipped from ACTION sites and other IPs), viral load for selected patients, and centralized training. With the tiered referral lab network and the need to ship blood samples and DBS to regional virology labs, ACTION will develop detailed Standard Operating Procedures (SOPs) with clear guidelines for shipment of these samples. ACTION will also expand its lab capability to diagnose additional OIs such as Cryptococcus and common STIs.

Each new point of service will receive adequate infrastructure upgrades to ensure stable electricity and water, and must adhere strictly to developed SOPs. Secondary/primary sites will have the capacity to diagnose HIV using GON approved serological algorithm, and in some cases estimate CD4 T cells using the manual method. However more automated or sophisticated analysis will be performed at neighboring full service laboratory under this integrated tiered laboratory network.

As previously, training of laboratory personnel from new sites will include a centralized training for focal laboratory personnel and key lab staff followed by a more customized on site training in lab safety, Good Laboratory Practices (GLP), HIV diagnosis, pediatric diagnosis, viral load estimation, CD4 staging of adults and infants, hematology, blood chemistry, record keeping and storage. 290 laboratory staff will be trained with an estimated cost of \$800-\$1000 per person for a 1 week central training. On-site refresher trainings will occur during QA/QC monitoring and will reinforce GLP and proficiency, while centralized refresher trainings will be more in-depth, and will include new technologies. The centralized refresher training sessions will also provide a forum to address challenges experienced by sites and to reinforce networking among sites. With facilitation from the CDC, ACTION has already interacted with The Association of Public Health Laboratories (APHL) for the provision of lab equipment and supplies. APHL also has the capacity to provide in-country technical assistance on lab management and quality assurance. Therefore ACTION proposes to collaborate with APHL to train master trainers in lab management who will then train others. Each regional training lab will have at least one master trainer in lab management. Additional laboratory training focused on TB diagnosis is described under TB/HIV.

To maintain high quality lab results, ACTION has an aggressive QA/QC program that involves 2 trained staff that are dedicated to on-site quarterly monitoring, retraining, proficiency testing in all lab assays. This has proved invaluable in improving the quality of results and maintaining high lab standards at sites. ACTION intends to continue with this program at old sites and expand it to new sites. Additional staff will be trained to support the expansion in sites. Developed documents and expertise will be shared with all IPs and with the Government of Nigeria at the regular Laboratory Working Group meeting coordinated by USG-Nigeria. In addition, ACTION's regional virology labs will participate in the DBS proficiency program run by CDC Atlanta.

ACTION will support a minimum total of 46 labs (9 tertiary, 14 secondary, and 23 primary) expanding by 23 labs (2 tertiary, 8 secondary and 13 primary labs). Thirty-three labs will have the capacity to perform HIV diagnosis and CD4 assessment in support of HIV care and PMTCT. ACTION will support an additional 13 laboratories, some of which will be more limited in scope of service in order to support points of service focusing on PMTCT and C&T as well. Capacity for CD4 measurement will be developed at these additional labs under COP07. Automated chemistry, and hematology capability will be located in tertiary or secondary facilities (4 of these will be regional training/reference laboratories). All labs will be supported with regular QA activities. Labs are located in the following States: Anambra, Edo, FCT, Nassarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Rivers, Delta, and Lagos.

The inclusion of laboratories and trained lab personnel from the secondary/primary health centers and an effective integrated tiered referral laboratory network and QA/QC program as described above, will allow for the provision of ART services at all tiers of health care facilities, and rapid scale up.

Training laboratories established by ACTION have been extensively utilized by the FMOH and other IPs, for capacity development to meet national ARV scale up, PMTCT, and TB priorities. An example is recent purchase of automated CD4 equipment by the FMOH. The ACTION training laboratory provided and will continue to provide centralized training for laboratory staff from non-EP supported ARV sites in the proper use of this equipment and serve as a resource for other IP and GON sponsored training. An anticipated 300 indirect targets are anticipated. ACTION will focus on capacity development for sustainability under COP07, training a minimum of 30 Master Trainers who will each train 5 other laboratory scientists for an indirect target of 150.

With the establishment of high quality regional virology laboratories, infant diagnosis of HIV will be more proficient thereby strengthening 6768 (PMTCT), 6771 (OVC) and 6766 (HIV Treatment Services). Tests for opportunistic infections and training in these techniques will strengthen 6770 (Care and Support).

Regional training and Virology laboratories established by ACTION will continue to support other IPs in training, pediatric diagnosis; viral load and rapid scale up, augmenting their ability to implement and scale up PMTCT and HIV Treatment. ACTION will train laboratory personnel and healthcare providers from TB labs of other IPs and the FMOH DOT centers, strengthening both C&T (6772) and HIV/TB (6765). Under ACTION's Public Private Partnership, industrial health care providers and private clinics will benefit from ACTION's training and QA/QC program.

These activities will provide essential laboratory services to people living with HIV/AIDS, HIV positive pregnant women, HIV positive infants, and HIV positive children. Laboratory workers from both the public and private sectors will benefit from the Lab Training centers and developed SOPs and training curriculum.

Continued Associated Activity Information

Activity ID:	3256
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of Maryland
Mechanism:	UTAP
Funding Source:	GHAI
Planned Funds:	\$ 2,480,250.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	789,857	<input type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	48	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	348	<input type="checkbox"/>

Indirect Targets

150 trained: 30 Master Trainers trained by ACTION will each train 5 other laboratory scientists. 300 laboratory staff will be trained by othe rIPs or hte GON utilizing the Asokoro training facility.

Target Populations:

Adults
 People living with HIV/AIDS
 HIV positive pregnant women
 Laboratory workers
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Bauchi

Benue

Delta

Kogi

Lagos

Nassarawa

Akwa Ibom

Gombe

Imo

Jigawa

Kaduna

Katsina

Ogun

Osun

Plateau

Sokoto

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6788
Planned Funds: \$ 905,740.00
Activity Narrative: ACTIVITY DESCRIPTION: This HLAB activity relates directly to all Nigeria LAB COP07 activities (see ID references in narrative below).

To support the USG Nigeria team laboratory program, the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has five full time staff positions (one US Direct Hire, one FSN senior laboratory scientist, three FSN laboratory systems specialists focused on HIV) to support the Laboratory Infrastructure program area. A sixth FSN laboratory systems specialist will be hired in 2007 to focus on TB/HIV activities. The budget includes one USDH and five FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC GAP HQ Technical Assistance travel for six weeks of in-country support by laboratory program area specialists. Funds will also support the outfitting of a small lab training room (with basic equipment) within the CDC-Nigeria offices. This supplemental training and lab project staging space is necessary given the lack of an HIV reference lab in Nigeria and limited lab training space in Abuja, Nigeria.

These HHS/CDC six staff members will work in coordination with the USAID/DOD ART and lab staff. The HHS/CDC Nigeria Lab Scientist (USDH) will take the USG Team Lead for laboratory issues and directly provide quality assurance and programmatic monitoring to HHS/USAID supported implementing partners lab activities including: University of Maryland-ACTION (#6767), Family Health International-GHAIN (#6709), Harvard SPH-APIN (#6716), Catholic Relief Services-AIDSRelief (#6680), Columbia University SPH-ICAP (#6693) and two new COP07 local treatment partners to be selected (#9659 & #9660) and an APS (#6763). Laboratory Management staff will also coordinate the technical services of contracted laboratory consultants CLSI (#9845), ASCP (#9846) and ASM (#9847).

As part of the USG Nigeria team, HHS/CDC Nigeria laboratory staff will also identify potential local partners for capacity development and entry into the PEPFAR ART program in COP07 as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria National ART laboratory quality assurance guidelines. The HHS/CDC Nigeria laboratory staff will also be significantly involved across the areas of PMTCT, Counseling and Testing, TB/HIV, Safe Blood and Safe Injection where laboratory issues arise.

CDC will also facilitate the preclearance process of perishable lab supplies entering Nigeria through diplomatic shipments for PEPFAR implementing partners. This function is expected to transition to SCMS in COP08.

Continued Associated Activity Information

Activity ID: 5390
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 670,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Table 3.3.12: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6799
Planned Funds: \$ 1,115,000.00

Activity Narrative: Activity Description: Activity ID: 6799; 6806

This activity also relates to activities in ART treatment (6798; 6807), Care and Support (6802), PMTCT (6801), Counseling and Testing (6796), Blood Safety (6805), TB/HIV (6795), OVC (6808) and Strategic Information (6800)

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the Nigerian Ministry of Defense (NMOD). The Program is governed by a Steering Committee (SC), co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador. The Emergency Plan Implementation Committee (EPIC), subordinate to the SC, is comprised of NMOD and DoD members and directs the implementation of the Program through daily collaboration.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo, Lagos), 445 Nigerian Air Force Hospital (Ikeja, Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri).

Supporting treatment roll out, the NMOD/DOD is working to develop and maintain quality diagnostic and medical laboratory monitoring for HIV+ patients. In 2005 and 2006, seven laboratories have been developed, upgraded and supplied with standardized equipment to provide quality patient service. BD FACSCounts, Vitros chemistry analyzers, Coulter Hematocytometers and microscopes have been purchased for each of the four initial sites. These devices will harmonize with equipment in Nigerian and USMHRP partner laboratories. DoD will continue to work with the GoN and USG partners in developing a common equipment platform. The development of 7 laboratories in 2007 continues this successful element of the NMOD/DOD program. Assessments of the new sites are currently being conducted by a combined NMOD/DOD team to determine infrastructure requirements, including power and water needs, as well as develop layouts for new equipment for hematology, chemistry and CD4 monitoring to be provided under this funding. The development of a centre of excellence in laboratory practice and HIV and TB diagnostics will continue.

An additional 70 Laboratorians will be trained, in a variety of settings, including centralized partner facilities (e.g. Asokoro and Jos) and site-level facilities, during COP07.

Laboratorians are critical in supporting all program areas and the process of selecting 2 staff from each new lab to receive intensive 3 week training at the MRMC in Uganda will continue. This military-military training provides excellent results as well as building rapport with staff from both the US and other African countries. Continuing education has been initiated by the partnership with 445 NAF Hospital utilized as a central training facility, with staff attending for training in Standard Operating Procedures (SOPs), equipment-specific training and safety training. This is followed by using military "consultants", who visit each site to provide training in quality control. SOPs, QA/QC procedures and consultant roles are provided by both direct DOD TA, OGAC TA, and planned links to CDC and CDC partners that will optimize resources and strengthen the comprehensive networks of care across all sites, including centralized laboratory training and establishing high level laboratory services for pediatric diagnosis (using DBS for specimen collection). Lastly, the DOD utilizes quarterly internal monitoring and QA/QC using these internal consultant teams (Nigerian Laboratory officers from other facilities) and external teams (USMHRP and other partners), supported by the DoD centrally-employed laboratory specialist and in close cooperation with, and input from, DOD HQ TA.

This substantial training of uniformed members and civilian employees that are invested in a career track in the Government of Nigeria creates a generation of skilled workers who are more likely to remain within the military. As these employees are promoted, individuals not only acquire technical skills, but also gain management and oversight capacity fulfilling PEPFAR goals for independent and sustainable programs.

Through this activity, DOD will provide support in HIV diagnostics, CD4 determination,

hematology, opportunistic infections and good laboratory practices. These full service sites will carry out 150,000 tests for ART, PMTCT, TB, OVC and blood safety in order to diagnose and provide ART to at least 3,610 new patients while diagnosing and providing ART to 540 (10%) children and serving over 4,800 PMTCT clients. This activity will support ART, TB and OI monitoring tests for 5,440 patients on ARVs and another 14,480 on palliative care.

A secure supply chain, for reagents and other consumable items, to all laboratories will be initially be provided by DOD with plans to move to Supply Chain Management Systems (SCMS). This will ensure all sites have sufficient consumables and supplies, including all reagents and most lab consumables. SCMS will provide a point of service (PoS) supply to all sites, assuming full responsibility for all aspects of the chain with a small buffer stock of critical items maintained in country to protect against unforeseen shortages.

This program fully adheres to USG policies and acquisition regulations, minimizes indirect costs to accomplish the capacity building described above. International and local organizations synergize with the Nigerian Ministry of Defense to identify best practices and implement evidence based interventions in a sustainable manner. The program design ensures continued USG visibility and accountability at all levels of implementation.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

Contribution To Overall Program Area

Through this activity, DoD will provide training and support in HIV diagnostics, CD4 determination, hematology, opportunistic infections and good laboratory practices. These full service sites will carry out 150,000 tests for ART, PMTCT, OVC and blood safety in order to diagnose and provide ART to at least 3,670 new patients while diagnosing and providing ART to 330 (9%) children and serving over 9,750 PMTCT clients. This activity will support ART and OI monitoring tests for 5,400 patients on ARVs and another 13,700 on palliative care.

Links To Other Activities:

Links will be created with other implementing partners to optimize resources and strengthen the comprehensive networks of care across all sites, including centralized laboratory training and establishing high level laboratory services for pediatric diagnosis.

Populations: This activity targets the military, civilian employees, dependents and the communities surrounding military sites. In particular, PLWHAs, orphans and vulnerable children, HIV+ pregnant women and HIV+ infants will be targeted. Further specific targets will be co-infected individuals for TB and STIs.

Key Legislative: Support to laboratory infrastructure will impact on gender issues by improving equitable access to efficient and cost-effective services, some in previously under-served areas and wrap around by developing linkages with other sectors (such as reproductive health).

Emphasis Areas: This activity involves major emphasis on infrastructure development and minor emphasis on training, commodity procurement, capacity development, and quality assurance and improvement.

Continued Associated Activity Information

Activity ID:	3244
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 350,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	150,000	<input type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	14	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	70	<input type="checkbox"/>

Target Populations:

Military personnel
 Orphans and vulnerable children
 People living with HIV/AIDS
 HIV positive pregnant women
 Laboratory workers
 Laboratory workers
 HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Cross River

Enugu

Benue

Borno

Delta

Edo

Oyo

Plateau

Rivers

Benin

Table 3.3.12: Activities by Funding Mechanism

Mechanism: DoD Agency Funding
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6806
Planned Funds: \$ 200,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also links to Laboratory Infrastructure (#6799), ARV Services (#6798), Care and Support (#6802), PMTCT (#6801), Counseling and Testing (#6796), Blood Safety (#6805), TB/HIV (#6795), OVC (#6808) and Strategic Information (#6800).

The Nigerian Ministry of Defence – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military, ensuring direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels. The partnership is developing a strong USG (United States Government) relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities, offering a cost effective model for implementation through a direct USG-GON (Government of Nigeria) collaboration, and supporting both the military and civilian communities, as 80% of patients under ART at military facilities are civilian.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the NMOD. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. The MOSD has directed the Emergency Plan Implementation Committee to harmonize with all other partners and funding streams of the Nigerian Military. This will ensure complete synergy among programs, and the coordinated and complementary use of resources.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo, Lagos), and 445 Nigerian Air Force Hospital (Ikeja, Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities: Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and Military Hospital (Maiduguri).

This activity supports DOD in-country and provides extra-country technical support for the Emergency Plan. Funding in this section will be applied directly to developing and training Nigerian Military laboratory officers and laboratory staff, quality control and quality assurance and technical support to the DOD USG team members. One laboratory officer will be hired in Nigeria and TDY support from USMHRP's sites in Uganda and Kenya, as well as the parent organization, the Walter Reed Army Institute of Research.

The NMoD-DoD HIV partnership focuses on activities that build capacity in the Nigerian military provides a focused, capacity-building instrument designed to ensure a cost-effective, sustainable program.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). By implementing directly with the military, and minimizing the indirect cost of program management, the DoD ensures that Nigerian Government employees are receiving specialized technical training and work experience in implementing the program. Refurbishments and equipment are placed directly in Ministry of Defence facilities. Rigorously trained staff and well-equipped facilities improve overall healthcare to the population. (Costs for equipment and reagents used for non-HIV patients, such as a chemistry analyzer, are borne by the military facilities and non-HIV patients.) The overall benefit of this is that both HIV and non-HIV patients will have access to better-trained staff and facilities.

By training uniformed members and civilian employees at all levels who have invested in a career track in the Government of Nigeria, the DoD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals receive technical, management, and oversight training. This explicitly fulfills PEPFAR program goals for independent operation and preparing personnel for oversight roles. The Military Steering Committee ensures an unprecedented level of

cooperation in both national and international policy development and implementation, and follows national guidelines and international military standards.

By enabling this cohesive environment, the NMoD-DoD Partnership fosters a learning environment where international and local organizations may synergize with the Nigerian Ministry of Defence. In addition, the program facilitates identification of best practices and implementation of evidence-based interventions in a sustainable manner.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross River, Delta, Enugu, the Federal Capital Territory (FCT), Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

Local laboratory technical support has been identified as a necessary item for the DOD Program in the Laboratory Technical Assistance Visit. Additional personnel and support will provide the synergistic effect needed for optimal program development, as well as support to the USG team. Activities will be closely coordinated with CDC laboratory personnel.

LINKS TO OTHER ACTIVITIES

The DoD Laboratory Program relates to Laboratory Infrastructure (#6799), ARV Services (#6798), Care and Support (#6802), PMTCT (#6801), Counseling and Testing (#6796), Blood Safety (#6805), TB/HIV (#6795), OVC (#6808) and Strategic Information (#6800) activities (essentially all HIV and AIDS program areas). Links will be created with other implementing partners to optimize resources and strengthen the comprehensive networks of care across all sites, including centralized laboratory training and establishing high level laboratory services for pediatric diagnosis.

POPULATIONS BEING TARGETED

This activity targets the military, civilian employees, dependents and the communities surrounding military sites. In particular, PLWHAs, orphans and vulnerable children, HIV+ pregnant women and HIV+ infants will be targeted. Further specific targets will be co-infected individuals for TB and STIs.

KEY LEGISLATIVE ISSUES ADDRESSED

Support to laboratory infrastructure will impact on gender issues by improving equitable access to efficient and cost-effective services, some in previously under-served areas and wrap around by developing linkages with other sectors (such as reproductive health).

EMPHASIS AREAS

This activity involves major emphasis on infrastructure development and minor emphasis on training, commodity procurement, capacity development, and quality assurance and improvement.

Continued Associated Activity Information

Activity ID:	5389
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Clinical and Laboratory Standards Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9845
Planned Funds: \$ 200,000.00

Activity Narrative: ACTIVITY DESCRIPTION: The Clinical and Laboratory Standards Institute (CLSI) is a global, nonprofit, standards-developing organization that promotes the development and use of voluntary consensus standards and guidelines within the healthcare community. We are recognized worldwide for the application of our unique consensus process. CLSI is based on the principle that consensus is an efficient and cost-effective way to improve patient testing and services. Currently, CLSI is involved in building laboratory capacity in Tanzania, and will become engaged in similar efforts in Namibia and Vietnam in 2007.

The objectives of the PEPFAR program are to: enhance the quality of HIV rapid testing, and other related laboratory testing; establish quality management systems practices; provide capacity building assistance by developing mechanisms to ensure strengthening of national laboratory systems, create new supportive relationships, and establish a system for ongoing scientific and educational updates through sponsored active participation in CLSI. CLSI will collaborate with USG-Nigeria to actively support PEPFAR program activities for strengthening laboratory infrastructure through completion of process maps, harmonization of standard operating procedures, guides, and job aides to provide a framework that will ensure consistency in testing performance, increase efficiency and cost effectiveness, provide training opportunities as appropriate, and assure a quality foundation in testing and organizational practices to reduce testing-related errors.

CLSI will participate in an initial site visit to gather critical information (e.g., laboratory infrastructure, locally developed standard operating procedures). CLSI will work with the Government of Nigeria, IP's and USG technical experts to harmonize/standardized SOPs for use throughout Nigeria as part of an overall plan for implementing a national quality management system for the laboratory. Activities will be conducted in a coordinated fashion through the USG-Nigeria sponsored Laboratory Working Group to ensure harmonization with other IP and the Nigerian government.

CLSI will also work in close coordination with its coalition partner, ASCP, to prepare designated laboratories (2) for accreditation. Preparation will be facilitated through use of CLSI best practices and other internationally-accepted standards. These labs will serve as models for other clinical laboratories.

There will be indirect benefits (targets) through CLSI's activities in Nigeria. The 2 accredited labs will serve as a model for 4 other labs in Nigeria which will adopt appropriate practices which could lead to accreditation in the future.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The successful implementation of PEPFAR goals requires a significant strengthening and expansion of laboratory services. CLSI, working together with the USG team, will enhance laboratory systems in Nigeria by harmonizing laboratory SOP's. CLSI will develop a national approach to quality systems by implementing comprehensive laboratory quality services with the ultimate goal of accrediting 2 laboratories in Nigeria and providing continuing education on the value of accreditation.

LINKS TO OTHER ACTIVITIES

Improved quality of HIV diagnostic testing has implications for VCT (HVCT-3.3.09). Strong clinical labs support monitoring and treatment of HIV infected individuals and improves palliative care (HBHC-3.3.06 and HVTB-3.3.07).

POPULATIONS BEING TARGETED

CLSI will train laboratorians at two sites in the laboratory accreditation process. CLSI will collaborate with the Government of Nigeria, IP's and USG technical experts. It will also work with laboratorians based in clinical health labs in the correct use of standardized laboratory SOP's.

KEY LEGISLATIVE ISSUES ADDRESSED: N/A

EMPHASIS AREAS:

The major emphasis of this activity is quality assurance and quality improvement of laboratory testing. There is minor emphasis on infrastructure improvement in preparing demonstration lab for accreditation.

Emphasis Areas**% Of Effort**

Quality Assurance, Quality Improvement and Supportive Supervision

51 - 100

Training

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Indirect Targets

Standardizing SOPs and assisting in the accreditation of 2 model labs will have a positive impact on PEPFAR supported and non-supported lab activities within Nigeria

Target Populations:

Laboratory workers

Laboratory workers

Coverage Areas

Federal Capital Territory (Abuja)

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HHS/CDC Track 2.0 - ASCP
Prime Partner: American Society of Clinical Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9846
Planned Funds: \$ 400,000.00

Activity Narrative: ACTIVITY DESCRIPTION

The American Society for Clinical Pathology (ASCP) has successfully provided laboratory support to other PEPFAR countries in Africa. For Nigeria ASCP will carry out 3 separate activities related to laboratory, these included an initial assessment of laboratory training needs, delivery of Train the Trainer (TOT) in the area of CD4 determination, hematology, clinical chemistry and improvement of laboratory infrastructure and practices at two model sites for eventual laboratory accreditation.

I. Develop Baseline Needs Assessment for Nigeria / Standardized Training Packages Currently in Use in Nigeria: In collaboration with USG-Nigeria, a team of 3 ASCP consultants/staff will work with the Government of Nigeria (GON) and Implementing Partners (IP's) to assess the current laboratory situation in Nigeria. During this initial visit ASCP will assess onsite logistics for the subsequent training session and technical assistance. ASCP consultants and staff will meet with in-country USG leadership, representatives from the Federal Ministry of Health and IP's (those supporting clinical monitoring labs) to perform baseline needs assessment of training. This initial visit will help to determine the specific needs of Nigeria and assist in the development of a strategy addressing those needs. In coordination with the USG team, IP's, and the GON, using the in-country Laboratory Working Group as a vehicle, the ASCP will establish a country specific scope of work, deliverables and outcomes. This will include bring together all training packages currently used in Nigeria (for hematology, chemistry and CD4 determination) and harmonizing/standardizing them into a single package. All training modules will be reviewed by ASCP consultants and lab technical staff from the GON, such as Nigeria AIDS and STI Control Program (NASCP) and Medical Laboratory Council of Nigeria (MLCN)), implementing partners and the USG.

ASCP laboratory training packages typically consist of didactic lectures with Microsoft Power Point (PP) presentations, participant's manual with copies of the PP slides, participant supplementary materials (i.e. procedures, atlases, job aids), instructor's version of the PP presentation, instructor's guide with support notes for each PP slide and a CD-ROM with aforementioned materials.

II. Deliver Laboratory Training of Trainers Programs in Chemistry, Hematology and CD4: Upon completion of the assessment of Nigeria, ASCP trainers will provide a TOT workshop for 30 Nigerian trainers (including lab staff from USG, IPs and GON). The TOT format is designed for a high level technologist who will be designated to provide laboratory training in their clinical setting at a future date thereby scaling up the training to the rest of technologists in their region. The projected length of time for TOT is 2 weeks and will include didactic presentations and "teachback" methodology. The program faculty working with implementing partners will administer the pre-tests, provide didactic as well as hands-on training, administer the post-tests, and administer the satisfaction survey. The trainers employ participatory methods for interactive learning and promotion of teamwork. Plenary sessions are encouraged for the exchange of experiences, group interaction and peer assessment. There may be variations in training durations depending on the level of trainees.

III. Laboratory Accreditation: Laboratory physical infrastructure must be strengthened to meet international quality standards and processes need to be in place to assure that those standards are maintained. At the same time, efforts must be taken to strengthen the skills of in-country laboratorians, develop strategies to assess initial competency and then provide strategies to assure quality practices. The Laboratory Accreditation Project is designed in five phases; each has a set of specific objective and a series of connected activities. The goal is to create a process by which key components can be replicated in various settings. Those five phases are: Create awareness and build consensus for national accreditation with the appropriate GON institutions. Assess standards and adapt as necessary for local laboratories with input from GON institutions; develop training materials; select participating sites for the initial pilot. Train participating sites and implement the project in those locations. Evaluate the pilot project and revise standards based on evaluation and feedback. Review with stakeholders. Create plans for a national roll out of revised standards. ASCP will work in conjunction with Joint Commission International (JCI) for the accreditation of two model/demonstration labs.

Indirect Targets

ASCP activities in Nigeria will indirectly support other labs and laboratorians. All training provided by ASCP will include GON lab staff and be in a TOT format. Trained individuals will go on to each train 4 laboratorians from non-EP supported labs. The two accredited demonstration labs will serve as a model for 4 additional tertiary labs in Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Currently the clinical and hospital laboratories within Nigeria are challenged to provide laboratory services to support HIV/AIDS care and treatment. The successful implementation of PEPFAR goals requires a significant strengthening and expansion of laboratory services. As antiretroviral therapies are made available there is an immediate need for expanded patient monitoring in clinical chemistry, hematology and CD4. To this end, ASCP plans to enhance the laboratory system in Nigeria by providing assistance in the development of a national approach to quality systems. ASCP and the USG team, working together, will enhance laboratory systems in Nigeria by conducting integrated laboratory training. ASCP will enhance the laboratory system in Nigeria by developing a national approach to quality systems, the implementing comprehensive laboratory quality services with the goal of accrediting laboratories in Nigeria and providing continuing education. These strategies are intended to assist countries in scaling up the capacity of Nigeria by addressing care and treatment of individuals with HIV/AIDS, ensuring consistency and quality in the implementation of training goals, and familiarizing technologists in the technical procedures necessary to perform laboratory analysis of tests related to HIV/AIDS.

LINKS TO OTHER ACTIVITIES

Having a sufficient number of highly qualified laboratorians allows for the correct identification of HIV positive individuals in the VCT setting (HVCT-3.3.09). While having strong clinical labs supports the monitoring and treatment of HIV infected individuals and palliative care (HBHC-3.3.06 and HVTB-3.3.07).

POPULATIONS BEING TARGETED

This activity targets clinical laboratory workers for diagnostic training.

KEY LEGISLATIVE ISSUES ADDRESSED N/A

EMPHASIS AREAS

The major emphasis of this activity is training. There is minor emphasis on infrastructure and quality assurance as detailed in the activity description above.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	30	<input type="checkbox"/>

Indirect Targets

ASCP will provide training using the TOT model to 30 laboratorians; this will result in a network of laboratorians in Nigeria with the capacity of passing the training on to others. TOT training will be provided to GON (NASCP and Medical Laboratory Council of Nigeria) identified laboratorians.

Accredited demonstration lab will provide a model for other (4) clinical labs in Nigeria.

Target Populations:

Laboratory workers

Laboratory workers

Coverage Areas

Federal Capital Territory (Abuja)

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: The American Society for Microbiology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9847
Planned Funds: \$ 500,000.00
Activity Narrative: ACTIVITY DESCRIPTION:

ASM has the capacity to support the PEPFAR program by ensuring that laboratories possess the necessary organizational and technical infrastructure to provide quality laboratory testing and results in support of HIV prevention, care, and treatment programs, especially for tuberculosis (TB) and opportunistic infections (OI). ASM can provide technical assistance through carefully chosen experts from among ASM's more than 5,000 clinical laboratory microbiologists and immunologists worldwide.

For COP07, ASM will focus on improving the quality and capacity of TB and OI diagnosis in Nigeria. The following four activities will support this goal: development of a comprehensive quality assurance (QA) and quality control (QC) system for TB, review and improvements to the TB training curriculum (and SOP's) currently used in Nigeria, provision of technical expertise on the structural design of new and existing laboratories involved in diagnosis of TB (specifically. culture and drug resistance testing) and improvement of training for simple OI diagnosis (microscopy). ASM will work closely with USG-Nigeria to ensure that these activities are coordinated with the (Government of Nigeria) GON and those organizations already supporting TB diagnosis and treatment in Nigeria (including, UMD-ACTION, Harvard-APIN, German Leprosy Group, GHAIN, Netherlands Leprosy Group and WHO). ASM will work through the in-country Laboratory Working group established by USG-Nigeria to ensure that activities and deliverables are developed and implemented in a harmonized fashion.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

ASM will contribute nationally to TB and OI diagnostic programs through development of a QA program, improvements to laboratory training programs and improved lab infrastructure at NTLCP centres

LINKS TO OTHER ACTIVITIES

Improved TB and OI diagnosis programs directed at HIV infected individuals, results in a stronger palliative care program (HBHC-3.3.06 and HVTB-3.3.07).

POPULATIONS BEING TARGETED

ASM will develop/improve training programs provided to laboratorians working in clinical health care facilities for improved diagnosis of TB and OI. ASM will also improve the infrastructure of laboratories where these individuals currently work.

KEY LEGISLATIVE ISSUES ADDRESSED

N/A

EMPHASIS AREAS

The major emphasis of this activity is quality assurance and quality improvement of laboratory testing.

Emphasis Areas

% Of Effort

Quality Assurance, Quality Improvement and Supportive Supervision

51 - 100

Target Populations:

Laboratory workers
 Laboratory workers

Coverage Areas

Federal Capital Territory (Abuja)

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9906
Planned Funds:	\$ 117,000.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION This activity supports 1 member of the USG treatment team, and therefore relates directly to all the activities in this Program area. This activity represents the “fully-loaded” costs of a full-time Nigerian technical advisor for Lab and VCT. This position is being requested for the first time in this COP, as both the dollar amounts to be programmed and the number of partners providing programming in this are increasing. The need for oversight of both new partners and old partners now programming in a new area has become too much for the ART advisor to manage in addition to the growing needs in that program area, and has required an additional team member that is able to devote full time to VCT and Lab activities. Oversight, supervision, mentoring, and capacity-building will be provided by the VCT/Lab advisor making twice monthly supervision visits to the field, with the new, less experienced partners being visited more frequently than the well established institutional contractors. The Lab/VCT advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) participating in the USG lab working group, and leading the USG VCT working group. As USAID has the technical lead for the VCT program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners implementing VCT programs. This advisor spends 50% of his time advising in the VCT program area and 50% of his time advising in the lab program areas, however all his costs are captured in this program area. None of the costs for this position are captured in any other budget category.</p>

HHS/HRSA Partner, Harvard University is placing \$100,000 in the USAID Agency budget for planned expansion of The University College Hospital Laboratory in order to accommodate the additional workload and laboratory activities required for the scale-up of activities at the site and the support laboratory work provided to satellite and networked ART sites. We propose \$150,000 construction costs from this activity and an additional \$50,000 for site staff cost sharing for construction coordination.

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9911
Planned Funds: \$ 80,658.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to MTCT (6683), HMBL (6684), HVTB (6677), HKID (6679), HVCT (6681), HTXS (6678) and HTXD (6682) by ensuring that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. Linkages with HVSI (6674) will ensure tracking of lab infrastructure indicators.

AIDSRelief (AR) works in primary and secondary health care facilities to provide quality HIV and AIDS services to people living with HIV and AIDS (PLWHAs). We support Laboratory (Lab) infrastructure to all of our local partner treatment facilities (LPTFs). We provide on-site capacity to test for HIV, laboratory monitoring of disease progression and response to treatment, opportunistic infections (OIs) diagnosis and monitoring of antiretroviral drug (ARVs) toxicity. We don't routinely do Viral load (VL) testing since our LPTFs are mostly primary and secondary level facilities, but ensure that VL testing is done on a sample of our clients from each LPTF at Institute of Human Virology (IHV-ACTION) supported laboratories when appropriate. AR will expand infant diagnosis for PMTCT in its primary care facilities by ensuring that dried blood spots (DBS) samples are collected and sent to UMD ACTION labs for diagnosis. Standard operating procedures (SOPs) for sample transport for testing and receipt of results will be developed. The SOPs include procedures for blood collection in vacutainers, for viral load, correct labeling and then transporting by LPTF lab personnel to ACTION labs for processing. We will train LPTF lab personnel on procedures for preparing, storing and transporting DBS samples to be taken to ACTION labs for PCR. We will work with ACTION to procure storage and transport equipment like vacutainer boxes and liquid nitrogen containers. Based on developed SOPs between AR and ACTION, our vehicles will move stored patient samples from LPTF to ACTION labs and collect the results. AR will continue to participate in the USG-Nigeria coordinated Laboratory Working Group to ensure harmonization with other IP and the Nigerian government.

We provided lab equipment and reagents to 12 LPTFs in COP06 and will do the same for the 14 new LPTFs in COP07 and continue to supply Lab reagents to all the 26 LPTFs. We will provide automated CD4 testing equipment, cytospheres for manual CD4 testing as backup, hematology analyzers, chemistry machine and binocular microscope that are easy to use and appropriate for primary care centers. All equipment will be centrally procured and shipped to Nigeria. AR will hire 2 new full-time in country lab specialists who will be responsible for equipment installation, initial and follow up trainings and monitoring of quality assurance and quality control (QA/QC) activities. These will be supported by a Baltimore based lab specialist. AR will centrally procure lab reagents from manufacturers locally and abroad and distribute to LPTFs. HIV Test kits will be provided directly by USAID through the SCMS mechanism.

Thirty-six (36) lab personnel were trained in COP06 and 78 will be trained in COP07. Most of our LPTFs have less than 3 lab personnel per site and we train all of them. We emphasize a hands-on training during laboratory start up in lab techniques and lab management. Refresher trainings are done at six months and periodically as per identified needs at each LPTF. We provide simplified lab manuals to reinforce each training episode. The onsite trainings are done by AR technicians in collaboration with IHV-ACTION tertiary lab specialists. We use Nigerian Institute of Medical Research Training Manuals to supplement simplified manual from IHV-University of Maryland. Ongoing QA/QC is done onsite, at IHV ACTION tertiary labs, and a small percentage at IHV Baltimore as a 2nd line of QA/QC. AR sub-contract to IHV ACTION for this service. AR lab personnel and selected partner personnel (3 in total) will participate in the training of trainers (TOT) lab management program to be provided by Association of Public Health Labs, with support from USG-Nigeria. They will then transfer the knowledge gained to the 78 LPTF personnel using the provided training materials.

We will work with 2 other sites per state (State and Faith based) in the 11 states of our operation a total of 22. At these 22 sites we will include a total of 44 lab personnel (2 per site) in our training activities. The lab personnel will be trained to effectively provide quality lab services (2,399 each a total of 62,374 tests for COP07) for a total of 3,220 patients (124 per site).

In COP06 we supported Lab infrastructure in 12 sites in 6 states of FCT, Benue, Edo, Kaduna, Kano and Plateau and will do the same for an additional 14 new sites in COP07 in 11 states of Anambra, FCT, Benue, Edo, Lagos, Kaduna, Kogi, Nasarawa, Oyo and Plateau.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

By supporting Lab infrastructure at all of our LPTFs, AIDSRelief will help them carry out 262,074 tests including 153,677 rapid HIV tests for 55,479 clients (5,548 children and 49,931 adults), 85,824 HIV monitoring tests and 22,573TB/OIs tests This will contribute to the PEPFAR target of preventing 1,145,545 new infections in Nigeria by 2010. The activity will also contribute to AIDSRelief's target of providing quality ART services to 14,304 clients including 12,874 adults and 1,430 pediatric patients by Feb 28, 2008. This activity will also contribute to the reduction in Mother to child transmission of HIV and early detection of any infant HIV infection by ensuring that DBS are provided for. The activity will further contribute to the reduction and early detection of any treatment failures among our clients by providing for VL tests for a subset of the 14,304 ART clients in COP07. This will support the possible need for ARV regimen switch for patients failing on first line regimens. The activity will also provide infrastructure and training for TB diagnosis for the 22,573 clients in care at the 26 LPTFs. The activity will contribute to the overall program sustainability by improving Lab infrastructure and by building capacity among primary and secondary level facilities.

LINKS TO OTHER ACTIVITIES

This activity relates to MTCT (6683), HMBL (6684), HVTB (6677), HKID (6679), HVCT (6681), HTXS (6678) and HTXD (6682) by ensuring that appropriate Lab support is provided for lab diagnosis, clinical monitoring and HIV testing. Linkages with HVSI (6674) will ensure tracking of lab infrastructure indicators.

We will collaborate with IHV- ACTION, other implementing partners and state hospitals to optimize resources and strengthen the comprehensive networks of care across the 11 states including centralized lab training, establishment of high level laboratory services for VL testing and DBS. We will collaborate with the state and other faith based facility labs by including 44 lab personnel from 22 facilities in our training activities and by sharing our training manuals.

AR will link LPTFs with local procurement and distribution agents such as CHANPharm to ensure a sustainable supply chain for lab reagents. Our regional program managers will act as network coordinators.

POPULATIONS BEING TARGETED

This activity targets the general population, PLWHAs, orphans and Vulnerable Children, HIV positive pregnant women and their infants plus health care providers.

KEY LEGISLATIVE ISSUES ADDRESSED

Support to laboratory infrastructure will ensure that there is gender equity in access to HIV testing and monitoring for those on ART services. Provisions for infant diagnosis will ensure that children have access to early diagnosis and timely access to ART services.

EMPHASIS AREAS

This activity includes major emphasis on infrastructure development and minor emphasis on training, commodity procurement, Quality Assurance, Quality Improvement, targeted evaluation and the development of Network/Linkages/Referral Systems.

Continued Associated Activity Information

Activity ID: 5421
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 471,576.00

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9912
Planned Funds: \$ 188,039.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also relates to activities in PMTCT (6718), Counseling & Testing (6721), Palliative Care TB/HIV (6713), ART Services (6715), OVC (6720) and SI (6717). This activity provides maintenance of HIV labs at tertiary (7), secondary (9) and primary health care settings (1). In addition, APIN+ propose adding additional expansion sites in 2007 and have planned to build the infrastructure and capacities of 11 HIV support labs. These expansion sites will be at tertiary hospitals (2), secondary hospitals (7) and primary health care settings (2). All 28 labs will provide HIV serodiagnosis through rapid test technologies. By the end of FY06, our 9 major tertiary level labs will have capabilities for hematology, automated chemistry analyzers, and laser-based lymphocyte subset enumeration and PCR technology. We plan to have HIV serology, hematology, chemistries, and CD4 enumeration at all secondary hospitals with referral to the tertiary labs for PCR diagnostics. Our 3 primary health care facilities are closely partnered with tertiary care facilities, allowing for baseline and periodic evaluation with full lab monitoring. The primary facilities provide limited lab monitoring with basic clinical, hematologic and CD4 assays. We are currently screening for TB by pulmonary X ray and sputum. We will begin the training for PCR diagnosis of TB at our tertiary sites in the proposed year. Our laboratories with infant PCR diagnostic capabilities will assist other PEPFAR IPs requiring these assays for PMTCT and pediatric treatment. We will use dried blood spots (DBS) to transport specimens from distant satellite sites.

Standardized lab protocols have been developed to accompany the PEPFAR clinical protocol, and computerized records of lab results that link with patient records. Detailed annual quality control/assurance (QA/QC) assessments of all lab activities have been conducted with development of QA/QC policies. Quarterly lab site visits are conducted by the HSPH project management team. External quality control for all lab tests are being established, they are operational for CD4 and viral loads. Regular lab training has allowed the development of high quality lab standards in our PEPFAR labs and this has been networked to our secondary and primary labs with specific tailoring to the needs and skills at each level. We also organize biannual trainings on specific techniques/topics integrating QA/QC, good lab practices and biosafety. Competency monitoring and evaluations and refresher trainings will be provided within individual labs. We will continue to participate in the USG-Nigeria coordinated Laboratory Working Group to ensure harmonization with other IP and the Nigerian government.

Procurement of lab reagents is structured in two ways. Reagents available in Nigeria are procured directly by the sites from specific distributors. Labs are advised to maintain a 3 month reagent buffer. Most reagents needing importation are ordered at HSPH and shipped and managed through our central warehouse in Lagos.

The lab infrastructure developed through this activity allows the provision of quality services in all aspects of our activities. Funding will support procurement of lab equipment, generators and water purifiers necessary for lab work. Equipment for tertiary labs can be high in the first year but represent significant infrastructure development. Secondary and primary labs including VCT facilities have lower 1st yr equipment costs. Maintenance costs will include minimal renovation costs for some labs, replacement of small lab equipment and training costs for additional personnel. As further regional networks are developed around these centers of excellence, training, lab and clinical support will be provided to secondary and primary points of service.

Contribution to Overall Program Area

These activities contribute to the goal of maintaining high quality services as the numbers of patients provided with testing and treatment continues to rise. We estimate we will be performing over 440,876 tests in FY07. We will perform 154,826 tests for HIV on 55,894 clients, and 286,050 tests for disease monitoring including CD4 enumeration, PCR diagnosis of infants and viral loads. In addition, we seek to train 220 laboratory staff members in FY07. Training laboratory staff will assist in building the human resource capacity of our sites to provide sustainable laboratory support to sites providing high quality VCT and ART treatment. Our 9 labs at tertiary care hospitals will have the capacity to perform early infant diagnosis by HIV DNA PCR. These labs are also linked to our 29 PMTCT sites, to provide a mechanism for early infant HIV diagnosis as a part of our PMTCT activities, which is consistent with 2007 PEPFAR objectives for Nigeria.

Through a tiered system of labs at tertiary, secondary and primary sites we are able to ensure that patients at community based primary facilities are provided with a full complement of lab monitoring as a part of ART treatment and care. Our training activities include management and competency training, which seeks to build sustainability of the labs and increase capacity to respond to increasing demands resulting from increasing utilization of ART services through other activities. We have provided training to laboratory workers through the MOH ART training program at the National Institutes of Medical Research. Lab workers from all 36 states and the FCT are invited to participate on a biannual basis at the NIMR and JUTH sites. Three of our sub-partner sites are actively involved in laboratory training for the MOH training program resulting in 14,000 indirect targets without budget allocation.

Links to Other Activities

The laboratory activity relates to activities in PMTCT (6718), Counseling & Testing (6721), Palliative Care TB/HIV (6713), ART Services (6715) and OVC (6720). The laboratory is crucial in providing adequate HIV diagnostics in PMTCT, C&T, OVC, Palliative care and ART services. Furthermore the laboratory provides other diagnostics such as opportunistic infections crucial in Palliative care and ART services. In ART services, hematology, chemistries, viral load provide toxicities and treatment monitoring in addition to help in patient management. Furthermore, as a part of this activity, we seek to build linkages between laboratories and our patient care sites in order to ensure that laboratory information is fed back into patient records for use in clinical care. These activities are also linked to SI (6717) activities, which provide support in monitoring and evaluation, including data management of testing results.

Populations Being Targeted

This program targets public and private health care workers who conduct laboratory testing at the participating sites. Training of these personnel seeks to maintain high quality laboratory standards.

Key Legislative Issues Addressed

This program seeks to address gender equity by building the capacity of laboratories at affiliated sites to conduct testing related to PMTCT. Furthermore, the increased laboratory capacity will permit the sites to provide equitable treatment for both women and men.

Emphasis Areas

The major emphasis area for this activity is on infrastructure building. The creation of a network of quality laboratories supported by strong tertiary laboratory is important in the provision of quality preventative and care HIV services. Furthermore, we place strong minor emphasis on quality assurance, training and the development of networks and linkages. Quality assurance and training are reinforced by the collaborative nature of the network of laboratories in a tiered system. We also place minor emphasis on commodity procurement and logistics as a part of infrastructure and capacity building to procure equipment and testing supplies necessary for the labs for continuous operation.

Continued Associated Activity Information

Activity ID:	3225
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Harvard University School of Public Health
Mechanism:	Track 1.0
Funding Source:	GHAI
Planned Funds:	\$ 1,595,000.00

Table 3.3.12: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12439
Planned Funds: \$ 610,000.00

Activity Narrative: ACTIVITY DESCRIPTION: Funding allocation by participating partners is as follows: CU-ICAP = \$410,000; DoD = \$200,000. This activity also relates to activities in ART Drugs (#6741), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09), Medical transmission/blood safety (3.3.03), PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services. SCMS will procure adult and pediatric ARVs, OIs, STIs, Test Kits, laboratory equipment and consumables and other HIV/AIDS related supplies for the US Department of Defense and the University Of Maryland in Nigeria. The commodities will be procured in accordance with the Federal Government of Nigeria's (FGON) national treatment and testing program protocols, FGON registration and importation regulations and the USG rules and regulations. Procurement will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs across the PEPFAR focus countries. By creating a consolidated procurement mechanism and holding stocks of fast moving items in Regional Distribution Centres (RDCs), SCMS leverages economies of scale to provide best value, speed and flexibility of supply across programs/countries and increase efficiency. SCMS offers clients certainty of competitive prices, international quality standards, and fast delivery dates to central facility level or direct to service delivery point if required. SCMS will also assist in quantification and forecasting of requirements using the Quantimed forecasting and Pipeline supply planning tools. Technical Assistance and training in the use of these tools will be provided to IPs as required in order to develop the forecasting and supply plan capability within the various programs in Nigeria. SCMS will aggregate the total requirement for the commodities for the IPs and undertake the procurement of the required commodities on behalf of the IPs and under the authority of the USG Team in Nigeria. Wherever possible advantage will be taken of the global Indefinite Quantity Contracts (IQCs) that SCMS is letting on behalf of the USG in order to achieve best value. Where necessary emergency or ad hoc purchases will be made although it is anticipated that the need for such procurements will be obviated by regular and accurate forecasting. SCMS will take the lead in establishing and managing the local registration, waiver and other regulatory importation issues in Nigeria as well as the eligibility for supply under USG rules and regulations including source and origin waivers and approvals by the US FDA and other relevant stringent drug regulatory authorities. Where appropriate SCMS will work with IPs and counterparts to identify suitable local sources of supply for key commodities in Nigeria, subject to meeting eligibility and quality criteria. A key SCMS strategy is to support national supply chains and cushion them from the impact of the increased commodity volumes that PEPFAR and national targets contemplate. SCMS will do this by making larger, less-frequent international shipments to a Regional Distribution Facility (RDC) in Ghana where aggregated stocks can be held pending individual program needs and prior import approvals. When stocks are required and once the import approvals are in place SCMS will then make smaller and more frequent shipments from the RDC in Ghana to Abuja. The RDC essentially serves as a wide spot in the pipeline, where stock levels can rise and fall. The regional restocking and reissuing process serves as a buffer against fluctuations in demand further down the chain, allows much quicker response to unexpected demand, and allows SCMS to ensure that shipment quantities do not overwhelm their recipients. This approach will markedly reduce total program treatment costs by minimizing the need for high inventory levels in-country and reduce stock obsolescence and emergency replenishments. SCMS will take the lead on arranging importation and customs/port clearance of shipments into Nigeria reducing the administrative burden on the USG Team wherever possible. SCMS will warehouse commodities locally and deliver consignments direct to points of service delivery including 445 Nigerian Airforce Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Mogadishu Barracks (Abuja) and other sites as determined by DOD. SCMS will utilize the services of existing logistics providers including for example CHANPHARM. All procurements and other supply chain activities will be carried out in a transparent and accountable manner. Regular reports on commodities and funds will be provided to the USG Team. SCMS will establish a Field Office staffed with two technical experts, finance and administration and support staff. The Field Office will provide supply chain expertise and commodity security advice to Implementing Partners as well as providing a logistical and administrative service in respect of coordinating and managing the procurements undertaken by SCMS. SCMS will participate in, and where required, facilitate collaborative meetings with donors and cooperating partners that are involved in the supply of HIV/AIDS related commodities. SCMS will share information on national and global supply chain issues and help facilitate procurement coordination

between programs. CONTRIBUTIONS TO OVERALL PROGRAM AREA In FY07, SCMS activities will support PEPFAR goals of ensuring continuous supply of HIV/AIDS related commodities to the PEPFAR prevention, care and treatment programs. LINKS TO OTHER ACTIVITIES This activity also relates to activities in ART (3.3.11), Palliative Care (3.3.06), OVC (3.3.08), VCT (3.3.09), Medical transmission/blood safety (3.3.03) , PMTCT (3.3.01) and TB/HIV (3.3.07) for the provision of HIV/AIDS related commodities needed in those services. POPULATIONS BEING TARGETED SCMS will support the other IPs in attaining their targets by providing a safe, secure, reliable and cost effective supply chain service. KEY LEGISLATIVE ISSUES BEING ADDRESSED None EMPHASIS AREAS The major emphasis area is in commodity procurement. Other emphasis areas include quality assurance and logistics.

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	APHL
Prime Partner:	American Public Health Laboratories
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	12440
Planned Funds:	\$ 350,000.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION</p> <p>This is a new activity to conduct an independent third party evaluation of PEPFAR supported laboratory services in Nigeria. The Association of Public Health Laboratories (APHL) through its mandate to safeguard the public's health by strengthening public health laboratories in the United States and across the world is well suited to conduct this activity. APHL members, through the international branch of this organization, provide in-country technical assistance on numerous laboratory issues (including, laboratory methodologies/techniques, equipment selection, lab management, quality assurance and safety). The evaluation of PEPFAR Nigeria laboratory services will have 2 components: (1) evaluation of comprehensive laboratory services offered by all 6 treatment partners; and (2) evaluation of HIV diagnostic services offered by non-treatment partners in VCT and PMTCT programs. APHL will conduct a standardized review of laboratory services that will include but not be limited to: discussions with IP lab staff, site visits, observation of lab operations, review of SOPs/training programs, evaluation of lab records/documents and review of training programs.</p> <p>The resulting report generated from this evaluation will serve as a basis for APHL to provide recommendations to individual partners related to preparations for scale up of activities in COP08; recommendations for implementation/expansion of laboratory QA/QC programs; identification of best practices; recommendations on the organization of IP lab programs; identification of gaps.</p> <p>In addition, APHL will assist in improving the capacity within Nigeria for the evaluation and monitoring of laboratories at non-PEPFAR supported sites. APHL will provide technical support to the National AIDS and STD Control Program (NASCP) and the Medical Laboratory Science Council of Nigeria (MLSCN). Support will include review of the current lab accreditation tools and processes (currently the responsibility of MLSCN) and recommendation for improvement.</p> <p>CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>The evaluation will lead to improved laboratory practices across PEPFAR implementing partners and will result in improved services to the people of Nigeria. It will ensure standardization and sustainability of the program through improvements made based on recommendations provided.</p> <p>LINKS TO OTHER ACTIVITIES</p> <p>C&T, ART Services, ART Lab, Basic C&S, VCT, PMTCT, TB/HIV, and OVC</p> <p>KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>None.</p> <p>EMPHASIS AREAS</p> <p>The major emphasis area for this activity: Quality assurance, quality improvement and supportive supervision Minor emphasis: Training</p>

Table 3.3.12: Activities by Funding Mechanism

Mechanism: APHL
Prime Partner: American Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12441
Planned Funds: \$ 0.00
Activity Narrative: Added by mistake needs to be deleted by SG.

Emphasis Areas

% Of Effort

Quality Assurance, Quality Improvement and Supportive Supervision

51 - 100

Training

10 - 50

Target Populations:

Public health care workers

Laboratory workers

Private health care workers

Laboratory workers

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: \$ 14,009,000.00

Program Area Context:

The Strategic Information (SI) vision in Nigeria is to support one national Monitoring and Evaluation (M&E) framework by harmonizing measurement and capacity building activities across implementing partners (IP) and agencies; reliably track progress towards targets; respond to the reporting needs of PEPFAR and the Government of Nigeria (GON) in a timely, cost-effective manner; and use various sources of information to inform program management and improve services.

The USG Nigeria SI Team is currently composed of the SI Liaison hired by USAID in April 2005, two M&E and two surveillance officers engaged by CDC between May and July 2006, and two USAID program staff providing part-time support. A third M&E officer and an HMIS advisor are in the recruitment phase.

With support and guidance from the National Action Committee on AIDS (NACA) and the National AIDS and STD Control Program (NASCP) within the Federal Ministry of Health (FMOH), USG Nigeria has implemented several SI components to date, and data are being generated from a number of sources: surveillance at antenatal (ANC) clinics; population-based National AIDS and Reproductive Health Surveys (NARHS); behavioral surveillance surveys conducted with several of the country's most at risk populations (MARPs); several special studies; plans for a program monitoring and reporting system that documents input and output data from multiple IPs; implementation of routine facility-based health management information systems (HMIS); and a number of SI capacity building and coordination activities for both Implementing Partners (IPs) and the GON.

Despite these achievements, several challenges impact the effective coordination of SI. To address these challenges, a number of activities have been implemented. There has been an accelerated roll-out of the national data management system. NACA in collaboration with NASCP developed the Nigeria National Response Information Management System (NNRIMS) for aggregate-level reporting on HIV/AIDS programs. The USG has provided financial and technical support for NNRIMS, which is currently being implemented in 16 of 37 states. This system facilitates coordination of national reporting system, including PEPFAR indicators, and will be rolled out in all states.

To provide national coordination of SI, NACA facilitates an M&E Technical Working Group (TWG) that includes M&E officers from multilateral and donor agencies, PEPFAR IPs, and federal and state MOH. In addition, the USG has formed an SI TWG to facilitate inter-agency coordination. These two groups provide harmonization, coordination and technical consultation for SI and M&E activities nationwide. A key output of the USG SI TWG has been an assessment and mapping of SI activities. The assessment offers recommendations to eliminate any duplicative or inefficient SI activities and strategies to support coordination of SI.

Given these actions, USG Nigeria identified the need to revisit its 5-year SI Plan to articulate the strategic goal and vision for SI, capitalize on systems currently in place, ensure harmonization of these systems in support of the Third One, and define a strategic framework that links various components to ensure long-term sustainable SI capacity. The result was an addendum to the 5-Year SI Plan.

To ensure compliance with the PEPFAR reporting framework, the SI Liaison oversees all activities related to progress reports. IPs submit data in a standardized tool that is reviewed by agency Project Managers and then by the SI Liaison for accuracy and completeness. The SI Liaison aggregates the data in an excel spreadsheet before entering the results into the COPRS database. Each agency also monitors progress through site visits and standardized quarterly reports, and USAID carries out quarterly portfolio reviews in collaboration with its Program Office. The USG Team plans to deploy an in-country program monitoring system supported with COP06 re-programmed funds. USG is working with NACA and NASCP to design one HMIS for HIV/AIDS programming to which all stakeholders will have input and access. This will be contracted out to the Partnership for Supply Chain Management (PFSCM) with a portal design and

role-based access for data management and report functionality. This system, paired with the indicators defined by NNRIMS, is a significant step towards creating one national M&E system.

During 2006 and 2007, several surveillance activities will take place. With COP06 funding, the USG will support NARHSPlus, a population-based survey that will provide interim required outcome/impact-level data as well as a module for baseline OVC data and a bio-marker. In COP07, the USG will support the bi-annual 2007 ANC survey, as well as its first facility-based survey - a Service Provision Assessment (SPA). The SPA will provide data on HIV/AIDS-related services in a representative sample of 350 facilities across the country. Additionally, a survey estimating the prevalence of multi-drug resistant tuberculosis and HIV prevalence among TB patients will be conducted. Finally, although funded in COP06, the Integrated Biological and Behavioral Survey among MARPs will get underway in the latter half of 2006.

The USG will also support a targeted evaluation and special studies in COP07: a centrally-funded multi-country costing study of ARTs; cohort studies to assess response to HAART, adherence and safety, impact of opportunistic infections, and stigma; a multi-site NIAID retrospective study of drug resistance; and HIVQUAL, a quality improvement program implemented widely within HIV programs.

The coordination of information systems and harmonization of indicators have been a great challenge in Nigeria. The national government has developed consensus around core indicators for patient management and monitoring (PMM), and the majority of USG IPs are using national forms. In response to concerns raised about the complexity and efficiency of the forms, NASCP convened a harmonization meeting in May 2006. Stakeholders agreed to streamline and simplify data collection and more closely match the international, WHO standard guidelines for monitoring HIV care. The stakeholders did not conclude, nor did the SI TA Team that visited that same month, that a single software system was the most pressing need at that time. However, the need for a single software package for use as new clinics begin ART services remains critical, and the USG Team in Nigeria is working closely with the HMIS TWG in Washington to select scaleable and sustainable systems. Additionally, the HMIS sub-committee of the USG SI TWG meets regularly to address this issue. The USG continues to sponsor the improvement of the national PMTCT MIS and works collaboratively with NASCP and NACA on the design of OVC, VCT, and community-based care monitoring tools.

SI capacity building takes many forms. In COP07, the USG Team will recruit an HMIS technical lead. USG Nigeria will also provide support to embed an M&E Officer in NACA and NASCP. The SI team will also continue to support and participate in the activities of the M&E Advisory Committee (MEAC) of the Global fund. IPs have identified staffing needs at the point of data entry for PMM. Several training activities are planned, including two workshops to build M&E capacity for HIV/AIDS programs, one workshop on Data Demand/Information Use, and one on Data Quality Assurance. To ensure that trainings are targeted and coordinated across USG agencies and IPs, the USG Team will develop a strategic plan for M&E training and TA. The USG SI Team will also work with the World Bank to develop a national M&E plan and framework. All capacity building activities will be coordinated through the national M&E TWG and the USG SI TWG to ensure a coordinated response in support of the Third One.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	362
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	56,430

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6674
Planned Funds: \$ 400,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to all HIV/AIDS activities particularly PMTCT (#6683), Basic Care and Support (#6675), TB-HIV (#6677), OVC (#6679), Counseling and Testing (#6681), ARV Services (#6678), ARV Drugs(#6682), and Laboratory Infrastructure (#6680). This activity is coordinated by Constella Futures, one of AIDSRelief's consortium member. AIDSRelief's Strategic Information (SI) activity incorporates program level reporting and setting up of both paper-based and computerized Health Management Information Systems (HMIS) for our Local Partner Treatment Facilities (LPTFs). AIDSRelief has built a strong Patient Management Monitoring (PMM) system, using in-country networks and available technology for 12 LPTFs in COP06 and will, in COP07, continue to provide improvements in the system while expanding to an additional 16 LPTFs and 2 PMTCT sites in 15 states with an added emphasis on harmonization with the Government of Nigeria's (GoN) emerging National PMM system. As part of our capacity building and contribution to program sustainability we provide logistical support for automated PMM to our LPTFs by providing them with computers and other logistical support systems. All the 12 COP06 LPTFs were provided with these and we will do the same for the 16 new COP07 LPTFs and 2 PMTCT sites. A total of 652 LPTF and PMTCT personnel will be trained in the PMM to ensure that all health workers coming into contact with patient records use them appropriately. We will continue to provide Technical Assistance (TA) to LPTF's and PMTCT personnel to adapt and harmonize existing records to meet the standards of the GoN and ensure proper roll-out of GoN's revised forms. We will carry our centralized CAREWare training and on-site PMM trainings including ongoing TA to LPTFs. Our SI team will carry out regular site visits and reviews to ensure data quality and data validation. LPTFs will be given feedback on the routine reports submitted to ensure program ownership. Additionally, our SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria. In an effort to assist partners to analyze and interpret their patient data, simple procedures using recognized statistics, specifically Life Table Analysis (LTA), will be conducted with publicly-available software. These procedures compute program continuation rates from existing medical records maintained by the ART program. We will train LPTFs personnel to enable them continue to conduct these LTAs independently and thus contribute to the sustainability of this activity. Due to the limitations of the CAREWare software currently being used by all 9 AIDSRelief countries, we are working towards transiting to IQCare software, which provides for a more robust open source, freeware solution. This will be introduced pending a decision by the GoN on permissible electronic platform(s) for the National PMM system. In the meantime, CAREWare will be introduced into new COP07 LPTFs and will continue to be supported, developed and enhanced in the existing ones. We will participate in the harmonization process of the existing CAREWare with a National automated PMM system and will transit to the national system when it moves from planning to implementation. In COP06, we provided SI management services to 12 LPTFs in 6 states of Benue, Edo, FCT, Kaduna, Kano and Plateau. In COP07, we will provide support for SI management for 28 LPTFs and 2 PMTCT sites in 15 states of Anambra, Benue, Edo, FCT, Kaduna, Kano, Kogi, Nasarrawa, Ondo, Rivers, Taraba, Adamawa, Enugu, Ebonyi and Plateau. CONTRIBUTIONS TO OVERALL PROGRAM AREA Improvement in SI management capacity of existing and new LPTFs will ensure effective data use and management. By training 652 LPTF staff across the 28 LPTFs and 2 PMTCT sites in 15 states, the activity will contribute to overall program capacity building and sustainability. The provision of logistics for automated PMM will contribute towards the GoN and USG strategy on provision of quality and timely data for decision making. The LTA will provide vital feedback to LPTFs regarding trends in retention to care, follow-up appointments, and repeat laboratory studies which will serve as a valuable resource in developing corrective action plans that would enhance the efficiency and effectiveness of operations and management of the LPTFs. LINKS TO OTHER ACTIVITIES This activity relates to all HIV/AIDS activities particularly PMTCT (#6683), HBHC (#6675), HVTB (#6677), HKID (#6679), HVCT (#6681), HTXD (#6682), HTXS (#6678), and HLAB (#6680) to provide quality data and information for decision making. We will collaborate with GoN at the federal and state levels and actively participate in the SI harmonization process for the introduction of a national automated PMM system. POPULATIONS BEING TARGETED The AIDSRelief SI activity mainly targets our LPTF personnel including those primarily engaged in SI activities (on-site Project Coordinators, M&E officers, data entrants, Medical records technicians) and other health care workers (Physicians, Nurses, Counselors, Pharmacy and Laboratory staff). This is to ensure that all health care providers coming in contact with the patient keep appropriate records and manage them efficiently and effectively. KEY LEGISLATIVE ISSUES ADDRESSED Not applicable EMPHASIS AREAS This activity has a

major emphasis on HMIS and minor emphasis on monitoring, evaluation or reporting for program level data collection, proposed staff for SI, targeted evaluation, logistics, trainings and linkages with other sectors and initiatives.

Continued Associated Activity Information

Activity ID: 5359
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 365,917.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	30	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	652	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- Laboratory workers
- Other Health Care Worker
- Implementing organizations (not listed above)

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Anambra

Benue

Kaduna

Kogi

Lagos

Nassarawa

Oyo

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6692
Planned Funds: \$ 300,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to activities in PMTCT (#6699), Adult Basic Care and Support (#6697), TB-HIV (#6696), OVC (#6694), VCT (#6695), and ART Services (#6690). The Monitoring and Evaluation (M&E) component of CU-ICAP programs enables the assessment of progress towards program goals/objectives and support quality improvement activities. It strengthens medical records and patient information systems, improves data management and data quality, and enhances clinical services at CU-ICAP-supported sites. In COP 06, CU-ICAP's M&E team initiated systems to monitor program activities using indicators (which are also used for national and USG reporting) and supported the implementation of basic site patient tracking (using national paper-based systems) for care and treatment at 3 hospitals in 2 states (Kaduna and Cross River). M&E staff identified and harmonized indicator definitions, adapted/produced and printed data collection forms; trained service providers in appropriate record-keeping; provided ongoing technical assistance to facility personnel to enhance site capacity to keep and review completed service delivery forms/registers, and implement data quality assurance systems. In COP 07, the M&E infrastructure required to support rapid program expansion will be put in place at an additional 12 secondary hospitals and other PMTCT, VCT and DOTS sites in 7 States (Cross River, Kaduna, Benue, Gombe, Akwa Ibom, Rivers and Kogi states). An electronic database will be used to aid comprehensive patient tracking to facilitate site monitoring activities, assist reporting, monitoring quality of service being provided and aid evaluation. M&E activities will include setting up a strong paper-based records system, regular data collection and verification to meet reporting and other M&E requirements and tracking referrals and linkages to CU-ICAP supported hospitals for HIV care and treatment services when appropriate. Both paper and electronic systems implemented at program sites will be in line with GoN harmonization policies and goals in this area. COP 07 funds will be used to train facility medical records officers and data clerks in basic computer skills, data management and general M&E. Service delivery staff will be trained on monitoring quality of service using appropriate Quality Management (QM) tools. In addition, M&E staff (including site data entry persons) will be hired. Furthermore, robust systems for tracking patients and monitoring adherence will be developed. Logistic support will include the printing and distribution of required forms and purchase of computers with relevant software packages (for data management at the sites). Emphasis will be on creating a system to ensure that data collected at the site is used by site service delivery staff for strategic planning to improve program quality and inform programmatic decisions, thus ensuring ownership of the data and sustainability of M&E activities. Other M&E activities e.g., organizing monthly feedback meetings with facilities and Government of Nigeria (GON) at all levels, conducting regular quality checks on data and other services through the use of adapted QM tools will continue to be supported. Support will be provided to GON as necessary and evaluation protocols will be developed and implemented. Additionally, our SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria.

CONTRIBUTIONS TO OVERALL PROGRAM AREA CU-ICAP's will train and provide on-going technical assistance to at least 150 individuals at ICAP-supported facilities (Strategic Information staff of secondary hospitals, primary health care facilities, DOTS sites, CBOs, NGOs, and PLWHA groups) to enter and manage the information required to monitor program performance, evaluate quality, and identify areas in which program services can be strengthened. Service providers will also be supported to complete medical records and registers in an accurate and timely manner. In addition, CU-ICAP will provide technical assistance to 16 local organizations, enabling them to strengthen their own monitoring and evaluation activities. Data will contribute to the measurement of the achievement of the GON/PEPFAR care and treatment goals and will be utilized to strengthen systems for increased and rapid expansion, planning and sustainability purposes.

LINKS TO OTHER ACTIVITIES M&E is concerned with the collection of data on all services provided to improve program activities and enhance reporting. Thus, this activity will relate to activities in PMTCT (#6699), Adult Basic Care and Support (#6697), TB-HIV (#6696), OVC (#6694), VCT (#6695), and ART Services (#6690).

POPULATIONS BEING TARGETED The population being targeted includes the M&E officers in partner implementing organizations and various Community Based Organizations, Faith Based Organizations, NGO/PVO and medical records officers in health facilities. The various cadres of service providers will also be provided with technical assistance to enhance accurate record keeping.

KEY LEGISLATIVE ISSUES ADDRESSED By collecting data about relative numbers of men and women accessing prevention, care, and treatment services, strategic information will be available to inform the development of strategies to mitigate gender inequity. Strategic information also enables programs to assess the effectiveness of

referrals and linkages to wraparound programs providing food support, microfinance initiatives, and reproductive health services (and other required services). Data will routinely be used to assess and enhance program quality. EMPHASIS AREAS Major emphasis area is HMIS. Minor emphasis areas are analysis, reporting, evaluation, QA/QI, local organization capacity development, training, IT and communications infrastructure and other SI activities.

Continued Associated Activity Information

Activity ID: 5541
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 188,500.00

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	16	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Faith-based organizations
 Non-governmental organizations/private voluntary organizations
 Public health care workers
 Private health care workers
 Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Cross River
 Kaduna
 Benue

Table 3.3.13: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6704
Planned Funds: \$ 2,150,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to PMTCT (#6706), Basic Care and Support (#6708); TB-HIV (#6700); Counseling and Testing (#6702); ARV Services (#6703); Blood Safety (#6710); Condom and Other Preventions (#6707), ARV Drugs (#6705); and Laboratory Infrastructure (#6709).

GHAIN will provide SI support to 176 organizations at national level and in Anambra, Edo, FCT, Kano, Kogi, Cross River, Lagos, Niger, Enugu, and Akwa Ibom states. The GHAIN M&E plan is tailored to respond to the information needs of the Governments of Nigeria (GON) and the United States (USG). GHAIN's 3 main M&E components are: Program Monitoring and Evaluation (PME), Patient Management and Monitoring (PMM) and Quality Assurance/Quality Improvement (QM). GHAIN liaises closely with the USG IPs and the UN to facilitate implementation of the Three Ones. GHAIN will ensure that points of service (POS) and their M&E staff own the SI system by building SI capacity, systematizing feedback sessions, and strengthening SI networks at State and National levels. To ensure sustainability of SI efforts, GHAIN does not provide remuneration to any government SI staff.

The PME component will update the comprehensive database and data management processes for all GHAIN supported services, implement tools to collect data on all project activities, and provide regular feedback to the GON, the USG, POS and other stakeholders. PME also includes the provision of technical assistance (TA) to the GON to strengthen the national PME system including the design and implementation of PME tools. GHAIN will also carry out regular and standardized monitoring activities in POS and provide TA to sub-grantees to strengthen their M&E capacity.

The PMM component will strengthen the PMM systems for ART, PMTCT and facility based PC programs. GHAIN will provide to the GON ongoing TA in developing and expanding the National ART-PMM system in close collaboration with USG IPs and the UN. Efforts will continue to ensure regular and effective feedback to POS, the USG and the GON. GHAIN will continue to participate in the USG HMIS technical working group (TWG) and collaborate closely with other IPs.

The QM component will: assist the GON to document/update National guidelines upon request; provide technical leadership in QM to the relevant TWGs; and strengthen the GHAIN comprehensive QM System through the creation/revision of references and other QM tools. This component will develop and implement new concepts for QM such as the regular use of standardized qualitative methodologies for service provider assessments.

CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will enhance client/patient management and implementation of all program elements by making quality data available at all levels for monitoring, guiding program management and tracking program achievements. Functional feedback measures will be developed to ensure that results of monitoring activities inform program design and management, build capacity in M&E at all levels and provide QM tools, protocols and reports. This activity will ensure that services provided by GHAIN are of the highest quality. Others shall include scientific publications (abstracts, posters, presentations at conferences) and research and surveillance protocols.

This funding will specifically go to facility monitoring and quality management assessments and Health Management Information. Funding emphasis will also go to information and communication technologies (ICT) infrastructure, monitoring, evaluation, or reporting or at program level data collection as well as capacity building for 367 people in SI. Funds will be used to support studies that address evaluation questions in relation to PEPFAR-provided services, the USG database for ART-PMM and reporting systems and other SI activities in 176 organizations.

LINKS TO OTHER ACTIVITIES

High quality data are required for effective and efficient client/patient and program management. These data shall come from PMM, PME, QM as well as from research and surveillance. HVSI will continue producing and facilitating the use of these information at POS, state and National level: to ensure client/patient management (especially for PMTCT-#6706, HBHC-#6708; HVTB-#6700; HCT-#6702; HTXS-#6703; and to pilot

programs (same 5 programs plus HVOP-#6707; HTXD-#6705; and HLAB-#6709)

POPULATIONS BEING TARGETED

HVSI will target principally SI professionals working in community-based organizations, faith-based organizations, non-governmental organizations, implementing organizations, country coordinating mechanisms and international counterpart organizations. And more generally, collaborative initiatives in this regard promote generation of information that will inform program decisions by health workers, donors and the GON as well as guarantee quality of service delivery to primary beneficiaries of these services.

KEY LEGISLATIVE ISSUES ADDRESSED

This activity provides information to increase gender equity in HIV/AIDS programs through activities such as collecting data to show breakdown of women and men receiving prevention activities, treatment, care services and developing strategies to ensure that gender-specific issues are addressed. The program area will also make the most of existing partnerships to strengthen the capacity of organizations implementing various projects/programs.

EMPHASIS AREA

HVSI will emphasize on monitoring and evaluation, reporting, or at program level data collection while minor emphasis will be on local organization capacity development, quality management, HMIS, information and communication technologies (ICT) infrastructure.

Continued Associated Activity Information

Activity ID: 3232
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: GHAIN
Funding Source: GHAI
Planned Funds: \$ 2,150,500.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	176	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	367	<input type="checkbox"/>

Indirect Targets

Number of local organizations provided with technical assistance for strategic information activities: 232
 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS): 464

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Twinning
Education

Coverage Areas

Anambra
Bauchi
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Lagos
Akwa Ibom
Enugu
Kogi
Niger

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Track 2.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6717
Planned Funds: \$ 845,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity is linked to PMTCT (#6718), OVC (#6720), TB/HIV (#6713), HCT (#6721) and ART Services (#6715). These activities include broad Monitoring and Evaluation (M&E), Health Management Information Systems (HMIS), special operational research studies, improved data management and maintenance of data quality in all APIN+ sites (38) and the central pharmacy. Funds will also be utilized to build the capacity of site staff and Harvard School of Public Health (HSPH) personnel in the above areas and promote efficient use of data to improve services and influence policy. In collaboration with the HSPH team, a data manager assists our sites with on-site clinical, pharmacy and project reporting data collection. We will collaborate with the GON at both Federal and State levels. A relational database system, which is interlinked by ID number, has been developed and contains different data required in the course of care and treatment, ART drug pharmacy logs, toxicity records, discontinuation forms, PMTCT and pediatrics. All paper files are stored in locked file cabinets as hospital patient records. Data are electronically entered at sites by trained data entry clerks. The data are then uploaded to a password protected web server, accessible to authorized personnel and data managers in Nigeria and Boston. Electronic data is used to prepare timely reports for GON and USG. Data managers conduct M&E of the data collection and reporting process and provide feedback to each site. The APIN+ electronic record system is functional and responsive to the GON Patient Management Monitoring (PMM) forms and provides access to pharmacy pickup data, lab results and other clinical patient information. Information in these databases is used for site and program-specific evaluation of services provided in each of our program areas, including evaluations of CD4 counts, loss to follow-up and viral suppression. SOPs govern data entry, security, management and report generation related to the ART treatment and care protocol. Refinement of instruments and databases are ongoing to accommodate program reporting requirements from HQ, central, and the GON. We will provide computer hardware and software support for our sites as services expand. There are presently 8 ARV, 17 PMTCT APIN+ sites and we plan to increase to 17 ARV, 32 PMTCT and 3 stand alone VCT sites in COP07. Site evaluation teams will implement an annual M&E plan for APIN+ globally and for each site, with M&E results fed back to the sites to promote systems improvement. HSPH will continue to participate in the National M&E workgroup (WG) and our SI team will continue to be active participants on the SI WG established and coordinated by USG-Nigeria. In 2006, JSI conducted a Quality Improvement (QI) visit to our ART sites, focusing on ART services. Through HIVQUAL, additional QI indicators will be added in a coordinated fashion with USG-Nigeria. These QI efforts are linked with similar long term efforts in other Harvard PEPFAR countries (Tanzania, Botswana). In 2007, we aim at adopting most of the QI activities to a cross-site model with significant input from Boston, our Nigerian program offices and our partners in Botswana and Tanzania. Each of our sites will be visited and assessed in 2007. All related activities will be carried out in all our sites to develop management experience for sustainability. APIN+ sites' personnel working with medical records and patient data will participate in regular central data management training. Regular inter-site interactions will be encouraged, facilitated by HSPH personnel in Nigeria and from the US. Targeted Evaluations (TEs) assess the efficacy of ART at all sites to provide feedback on program implementation, and PMTCT activities and related ART interventions. Sites are involved in studies supported by National Institute of Allergic and Infectious Diseases (NIAID)/National Institute of Health (NIH) funding which investigate drug resistance relative to subtype and the interaction of HBV and HCV on HIV infection. Study results will provide information to the Nigerian National ART (NNART) committee about co-infections and the levels of drug resistant virus for use in the evaluation of national drug regimens.

CONTRIBUTION TO OVERALL PROGRAM AREA With these activities, we aim at providing Technical Assistance (TA) and SI to 38 local organizations, which are APIN+ sites, which is consistent with 2007 PEPFAR goals to strengthen site capacity in the areas of data management and analysis. We will also provide SI support to our local administrative office, central pharmacy and warehouse. We will train 800 individuals, in the areas described in the above sections, which is consistent with 2007 PEPFAR goals to conduct human capacity assessments and training to build SI human resource capacity at sites providing ART. In 2007, PEPFAR aims at strengthening surveillance efforts and PMM systems in Nigeria. Our SI activities are consistent with these goals in that we will use our funding to refine and implement a global M&E plan for all of our sites and for each site individually. Furthermore, we will collect data on the efficacy and utilization of ART and build data management capacity at each APIN+ site. Our data collection activities will facilitate the ability of PEPFAR to report on Emergency Plan indicators, which may be used

for programmatic decision-making.

LINKS TO OTHER ACTIVITIES These activities are linked to PMTCT (#6718), OVC (#6720), TB/HIV (#6713), HCT (#6721) and ART Services (#6715), where we will use SI for QA/QC and M&E. In our M&E activities, we will link to the National M&E WG and Nigeria MEMS. Additionally, through the provision of Information Technology (IT) supports and our data management personnel, we will provide linkages between all APIN+ sites as related to data sharing and HIV surveillance in the above mentioned areas. Through our operational research studies, we will collaborate with the FMOH, GON, NNART committee and the NIAID/NIH.

POPULATIONS BEING TARGETED Our SI M&E activities target program managers and evaluation officers, site coordinators and principal investigators to provide them with a mechanism for programmatic evaluation. The data collection and management components of these activities target medical record clerks, data managers, and other health care workers who are involved in the implementation of these processes. Furthermore, IT support will target all health care workers involved in the process of recording patient information or data collection. Lastly, our M&E and capacity building efforts target implementing organizations, including community based and faith based organizations involved in the provision of ART, VCT, BC&S, TB/HIV and PMTCT services.

KEY LEGISLATIVE ISSUES ADDRESSED This activity will address gender equity issues through the collection of data on the breakdown of sex accessing ART care. Through this data collection, we will be able to contribute to national surveillance on the impact of HIV on both sex. This data will be essential to the development of outreach, treatment programs and education to reach an equitable number of men and women. **EMPHASIS AREAS** These activities place major emphasis on monitoring, evaluation, and reporting through data collection and implementation of our M&E plan. We also place minor emphasis on IT and communications infrastructure through the procurement of new technology to build the infrastructure at participating sites and TA in these areas. We will also place minor emphasis on developing and supporting HIV surveillance systems through our data collection and management activities, particularly in our larger sites. We will also place minor emphasis on TEs to answer research questions about drug resistance.

Continued Associated Activity Information

Activity ID: 3226
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1.0
Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Targeted evaluation	10 - 50

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

38

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

600

Target Populations:

Community-based organizations

Faith-based organizations

Program managers

Public health care workers

Other Health Care Worker

Private health care workers

Other Health Care Workers

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Borno

Lagos

Oyo

Plateau

Benue

Kaduna

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	HHS/HRSA
Prime Partner:	New York AIDS Institute
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	6728
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION</p> <p>The Office of the Global AIDS Coordinator has encouraged the incorporation of quality improvement (QI) into Emergency Plan activities, and USG teams and partners have requested assistance in implementing quality improvement programs. This HRSA/CDC program will ensure continuous implementation of HIVQual (initially funded in COP06) to support quality management programs at EP supported sites in Nigeria. Activities will include on-going assessment of current quality assurance (QA) and QI activities, consultation to build HIV-specific QI systems, alignment with other clinic quality management processes and with other national QA initiatives. Technical assistance by QI consultants to conduct initial meetings with staff; designation of project staff by the lead agency; selection of sites; selection of clinical indicators for performance measurement; modification of software for appropriate indicators; QI capacity building; and data collection will also be carried out. Following each round of data collection, QI projects are initiated to build upon the results obtained from the first round of data collection. In-country implementation begins with 10-12 pilot sites for the initial phase with COP06 funding with the goal of expansion to an additional 15 sites in COP07.</p> <p>The program will continued to be managed in country by a CDC SI staff member in conjunction with the USG team and Government of Nigeria (GON) and implemented through a designated focal person at each facility. The project coordinator will work with the GON facilitate indicator development, tools and assessment processes. Project management will include: coordination of activities with other services and projects; coaching in QI and organizational development; assessment & monitoring of progress at each site; monthly conference calls with consultants; coordination with key stakeholders, including the MOH. Other staff needed include a data manager and IT support. Total funding will cover the costs of salaries of project coordinator and data manager/IT support; and fees of a QI consultation (e.g., QI experts from the US) and travel-related expenses for both US-based consultants and the country coordinator to attend trainings in the US.</p> <p>CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This HRSA/CDC activity is aimed at assuring that clinical practice at all levels of health care delivery is meeting the country's national standards by a systematic assessment of the quality of the services being provided by programs. HIVQUAL is designed to strengthen systems for documentation which permits monitoring of appropriateness of care and development of capability for self-assessment. The continued scale up of ART delivery in Emergency Plan countries shows great promise in improving quality of life and reducing HIV-related morbidity and mortality.</p> <p>LINKS TO OTHER ACTIVITIES</p> <p>This RFA is directly related to ARV treatment services HTXS and strategic information HVSI.</p> <p>EMPHASIS AREAS</p> <p>Local organization capacity development will be a major area of emphasis while Infrastructural development, QA/QI, supportive supervision, training and general maintenance will be areas of minor emphasis.</p>

Continued Associated Activity Information

Activity ID: 6662
USG Agency: HHS/Health Resources Services Administration
Prime Partner: New York AIDS Institute
Mechanism: HHS/HRSA
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50

Target Populations:

Doctors
Nurses
Public health care workers

Table 3.3.13: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6743
Planned Funds: \$ 2,900,000.00
Activity Narrative:

ACTIVITY DESCRIPTION: The Partnership for Supply Chain Management (SCMS) is being funded in the Strategic Information program area in FY06 for a Logistics and Health Program Management Information Platform (LHPMIP). This activity addresses weaknesses noted in the Nigeria portfolio's SI yellow-light team visit. Specifically, the FY06 SOW Tasks are to implement a technology platform that provides: (1) Indicator Reporting and Visualization; (2) Project Management Information; and (3) a Comprehensive Logistics Management Information System (LMIS) Needs Assessment. The end point of the needs assessment in Task 3 during FY06 will be recommendations and a proposal to: (a) Enhance and harmonize the national Logistics Management Information System for HIV/AIDS commodities, including integration as appropriate with existing LMIS system(s) and (b) Develop an implementation and training plan which will include capacity building of GoN (Federal, State and LGA), USG and partner staff. This FY07 SI activity will provide funding for the continued operation of the system implemented under Tasks 1 and 2 of the FY06 SOW as well as the implementation of the comprehensive LMIS that will be designed under the scope of Task 3. The scope of the integrated LMIS will be developed during the next several months with FY06 funding, and is expected to require \$1.5M in COP07 funding for comprehensive LMIS implementation, based on SCMS projections. Additional funding was provided under the plus-up to support mapping and place emphasis on integrating TB/HIV activities to include all DOTS sites for monitoring drug delivery logistics. It is expected that LMIS implementation in Nigeria will support procurement planning, ordering and distribution and delivery of commodities to points of care in Nigeria, providing information for decision-makers in the Nigerian and US governments. The LMIS implementation will be 1) Tailored to the requirements of the country; 2) Built on and integrated with existing experience, tools and SCMS' tool kit; and 3) Designed to follow IT best practices to create an appropriate, scalable, extensible, standards-based solution. The scope and budget for these activities will be more precisely defined in the process of implementing of FY 06 activities. prevention programs, and encourage testing and targeted outreach to high-risk populations. The establishment of networks and referral systems from prevention efforts at the community level to PMTCT and HIV care and treatment will help facilitate the scale-up of the overall program. By continuing to support and build the overall capacity of VCT centers and provide linkages to treatment and care centers, these activities will be able to meet the increasing utilization of these services, expected to result from other prevention and outreach initiatives.

SCMS SI funding will also be used to procure laboratory supplies for the CDC lead surveillance and evaluation activities, \$1,000,000 is included in this activity for that purpose. Another \$400,000 is included for PHE.

Continued Associated Activity Information

Activity ID: 6661
USG Agency: U.S. Agency for International Development
Prime Partner: Partnership for Supply Chain Management
Mechanism: SCMS
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas**% Of Effort**

Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	6	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6764
Planned Funds: \$ 1,450,000.00

Activity Narrative: ACTIVITY DESCRIPTION This activity relates to PMTCT (#6768), Blood Safety (#6769), Condoms and Other Prevention (#9210), Adult Basic Care and Support (#6770), TB-HIV (#6765), OVC (#6771), ARV Services (#6766), and Laboratory Infrastructure (#6767). ACTION will strengthen Strategic Information (SI) under the "One M&E framework" by supporting standardized HIV care and ART program reporting system and Health Management Information System (HMIS)/Patient Management Monitoring (PMM) at existing sites, establishing SI support in new sites, supporting a network/linkage/referral system, providing 73 local organizations Technical Assistance (TA) on SI activities, and training 300 individuals in Monitoring and Evaluation (M&E), surveillance, and HMIS. For ART sites where there is other donor support, data collection and indicator reporting will be harmonized and one reporting system will be used in accordance with the national guidelines and indicators. Emergency Plan (EP) funding will be used to train health care providers and medical data personnel on data collection, data use and reporting. It also will be used to provide Information Technology (IT) infrastructure and CAREWare at each ART site. Effective use of paper-based and electronic data will be promoted in clinical, laboratory, pharmacy settings to enhance the enrollment, follow-up, assessment, and referral/linkages to other services (e.g. TB, STI, home-based care, etc.) for all clients in HIV care. Evaluations using data collected through facility-based services and community-based services will be performed to provide evidence-based decisions for program quality, impact, and effectiveness. Continuous quality improvement (QI) (e.g. HIVQUAL) will be implemented in coordination with USG. This will provide readily available quality metrics and individual patient data to site staff which will enhance site staff investment in the M&E process. Additionally, our SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria. Building site staff capacity to monitor key metrics in an ongoing way is an important strategy for promoting sustainability. Additional means of developing site-based tools to promote accurate laboratory data reporting to support patient care and treatment is vital to QI and where possible clinical data to support patient care at the site such as through CAREWare will be emphasized. National PMTCT data tools will be used at all PMTCT service delivery points. Since 2000, with support from CDC, ACTION assisted the Federal Ministry of Health (FMOH) in developing and implementing the National PMTCT Monitoring Information System (PMTCT MIS) in Nigeria. ACTION will continue to technically support the FMOH as needed in software maintenance of the national system and continue to work with FMOH on a mechanism to align the PMTCT MIS and PMM systems effectively to improve follow-up and continued care for HIV-infected women and their exposed infants. Standard VCT data collection tools will be used at all VCT service delivery points to enhance identification of positive clients and sero-discordant couples/partners and timely referral to treatment, prevention, and care. Site level M&E staff are hired through the hospital or health center personnel system. While sites are asked to provide for M&E staffing, temporary staffing support is available to new sites, who must agree at program initiation to list these staff in the budget request for the institution for the next fiscal year. Dedicated M&E program staff are posted at ACTION regional offices to focus on site level quality control/quality assurance. SI will be provided to the Nigerian National AIDS surveillance and information system as well as state and local governments. ACTION is engaged in providing TA to the State ACTION Committees on AIDS (SACAs) and State Ministries of Health (SMOH) in the implementation of the Nigerian National M&E System (NNRIMS). Each ACTION state level point of service has a representative to the SACA. State level data for the NNRIMS is reported by the SACA to the National Agency for the Control of AIDS on AIDS (NACA). There are 44 ART sites total (28 new sites in COP07), 73 VCT sites (49 new), 63 PMTCT sites (31 new). Sites are located in: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom.

CONTRIBUTIONS TO OVERALL PROGRAM AREA Strengthening SI will enable timely, transparent, and quality data reporting of substantial portions of 2007 EP targets for Nigeria and will concurrently through collaboration with the Government of Nigeria (GON) establish one standardized system to monitor the National HIV care and ART program. Planned targeted evaluations (TEs) will guide decisions in improving program implementation and scale-up and will be defined and coordinated with the USG team in-country. Of interest is evaluating barriers to care and access to care for HIV positives identified and referred through VCT. ACTION will work to promote effective use of patient data by care providers to ensure best practices of HIV care. These activities will contribute to improved use of information strategically at all levels. This activity also contributes to

Nigeria's 5-Year National Strategic Framework's (2005-2009) emphasizes on documenting best practices on ART, VCT, PMTCT, OVC, etc., on information linkages between sites and services, on one standardized reporting framework, and on program evaluations through increased involvement of local evaluation officers. LINKS TO OTHER ACTIVITIES SI activities are cross-cutting and relate to 3.3.01 (PMTCT), 3.3.03 (blood safety), 3.3.05 (condoms and other prevention), 3.3.06 (adult basic care and support), 3.3.07 (TB-HIV), 3.3.08 (OVC), 3.3.11 (ARV services), and 3.3.12 (laboratory infrastructure). Linkages between these program activities/areas will be strengthened to improve efficiency and effectiveness of services in order to catalyze the formation of networks of care. POPULATIONS BEING TARGETED This activity targets health care providers in best practices of information use and reporting. Provision of TA targets host country government workers. HMIS and program evaluations target general population and people affected by HIV/AIDS receiving services supported by the ACTION Project. KEY LEGISLATIVE ISSUES ADDRESSED This activity will look at gender equity trends within service sites by collecting data to show breakdown of women and men receiving prevention activities, treatment, and care services and by analyzing VCT client data to assess service uptake among couples/partners. EMPHASIS AREAS This activity includes major emphasis on Monitoring, Evaluation or Reporting. Secondary areas of emphasis include: HMIS, IT Communication Infrastructure, TE, and Local Organization Capacity Development.

Continued Associated Activity Information

Activity ID: 3253
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Maryland
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 1,015,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	75	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	325	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs

Coverage Areas

Anambra
Cross River
Edo
Federal Capital Territory (Abuja)
Kano
Bauchi
Delta
Kogi
Lagos
Nassarawa
Niger
Akwa Ibom
Gombe
Imo
Jigawa
Kaduna
Katsina
Ogun
Osun
Plateau
Sokoto

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Measure Evaluation
Prime Partner:	University of North Carolina
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	6774
Planned Funds:	\$ 1,275,000.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION: This activity is related to SI (SCMS/Voxiva) #67774. MEASURE Evaluation (main partners JSI and Constella Futures) will continue to provide Technical Assistance (TA) to the National Agency for the Control of AIDS (NACA), and the National AIDS and STI Control Program (NASCP), in a collaborative manner to improve National HIV/AIDS Monitoring and Evaluation (M&E) systems. The activity will improve HIV/AIDS information systems through training and follow-up with states, LGAs, facilities, and Implementing Partners (IPs) to improve reporting rates and data quality/use. The activity will use several approaches. First, MEASURE will continue supporting the Nigeria National Response Information Management System (NNRIMS), which will be introduced to all states with harmonized forms using COP05 and 06 funds. With COP07 funds, MEASURE will improve NNRIMS reporting, data quality, and information use, working with states and IPs to link NNRIMS to a planned SCMS/Voxiva web portal. This will be done by one on one support to IPs and NACA to improve supervision and collaboration with SCMS/Voxiva. Also, MEASURE Evaluation in collaboration with SCMS/Voxiva, will develop core indicators, training materials and curricula for data quality and use, identify master trainers, train master trainers, supervise training by master trainers, introduce quality assurance measures as well as facilitate and supervise subsequent trainings. The primary focus of the training is to ensure that quality data are generated for use in program management and decision making for policy at all levels. Refresher workshops on NNRIMS and training in use of the web portal will be provided. 45 people will be trained as master trainers for the use of VOXIVA at the policy, program and facility levels. Second, MEASURE will provide TA and training to NASCP to implement the harmonized ART Patient Management and Monitoring system (PMM) that stakeholders recently agreed to, and help scale up the system nationally. Training will cover patient monitoring tools, guidelines, data quality/use, for facility and program staff at all levels. Third, MEASURE will help facilitate two general M&E workshops for staff from GON (including zonal level staff), IPs, USG, NGOs, etc, to build M&E capacity for HIV/AIDS programs. COP07 funds will partly cover workshop costs. Fourth, MEASURE will support two specialized workshops—one on Data Demand/Information Use (DDIU), and one on Data Quality Assurance (DQA), with a similar audience as the general M&E workshops. The DDIU training will build on Information Use Guidelines developed with COP06 funds, focusing on data analysis, interpretation and communication. Participants will develop data use action plans, using available HIV/AIDS information such as from the SCMS/Voxiva web portal. The DQA workshop will cover data quality tools to improve IP reporting. Further, MEASURE will help develop quality assurance/improvement indicators/tools and include the concepts in MEASURE trainings; and will participate in design and analysis of national outcome evaluation studies. Finally, MEASURE will continue to help USG prepare semi-annual/annual PEPFAR reports. Overall, the workshops proposed will reach 175-210 trainees. Combined with other assistance, the expected result is improved HIV/AIDS M&E capacity and improved reporting of quality HIV/AIDS data. MEASURE's SI team will continue to be active participants on the SI working group established and coordinated by USG-Nigeria.</p> <p>Given the increasing workload of the current Resident Advisor (RA), a second RA is proposed to enhance results, mainly to follow up on NNRIMS reporting, and follow up on workshop outcomes. With these national scale activities, MEASURE will have strengthened all states' capacity to collect and use quality data.</p>

Continued Associated Activity Information

Activity ID:	3251
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina

Mechanism: Measure Evaluation
Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	5	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	450	<input type="checkbox"/>

Target Populations:

- Country coordinating mechanisms
- Doctors
- International counterpart organizations
- National AIDS control program staff
- Non-governmental organizations/private voluntary organizations
- Policy makers
- Program managers
- USG in-country staff
- Other MOH staff (excluding NACP staff and health care workers described below)
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	6777
Planned Funds:	\$ 1,039,000.00
Activity Narrative:	This activity supports 5 members of the USG SI team, and therefore relates directly to all the activities in this Program area.

This activity represents the “fully-loaded” costs of a full-time expatriate technical advisor for SI, and the “fully-loaded” costs of her full-time technical, administrative and program support staff which includes an information and database manager, an HMIS manager, a program assistant and a program officer. Two of these positions—the HMIS manager and the program officer—are being requested for the first time in this COP, as both are required to meet the needs identified in the updated SI strategy and to support the increasing needs for data and information management by O/GAC, the GON, and the USG/Nigeria team. Oversight, supervision, mentoring, and capacity-building needs are met by making regular supervision visits to the field—twice monthly by technical advisors and program officers and monthly by the support staff—with the new, less experienced partners being visited more frequently than the well established institutional contractors. There is a growing need for support to the nascent GON systems and oversight of the new integrated data management system being managed jointly the GON and USG. The team will work together to provide this support and oversight, as well as the support and oversight that will be necessary to effect the nationwide outcome level surveys that will take place over the coming year. There is a heavier expat presence in this program areas compared to the other program areas due to the level of technical expertise that has not been available locally, as well as the intense and high-level representation activities that will be required of this team over the coming year.

The SI advisor’s responsibilities include: 1) representing the USG in technical discussions with the GON, 2) overseeing technical aspects of the program, including program management and oversight of partners to ensure high-quality and accountable programs, 3) interfacing with O/GAC Technical working groups, and 4) leading the USG prevention working group. As USAID has the technical lead for this program area within the USG team, this fourth responsibility is key to ensuring a harmonized, consistent, and relevant technical approach across USG Agencies and amongst all partners—both those implementing specific SI activities as well as those contributing to regular program monitoring, evaluation, and reporting. This advisor and her team spend 100% of their time in this program area and do not have primary program responsibilities in any other program area. None of the costs for these positions are captured in any other budget category.

Continued Associated Activity Information

Activity ID:	5357
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	USAID Agency Funding
Funding Source:	GHAI
Planned Funds:	\$ 308,954.00

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6785
Planned Funds: \$ 1,350,000.00

Activity Narrative: ACTIVITY DESCRIPTION

The USG team, through the HHS/CDC Global AIDS Program (GAP) Office in Nigeria has seven full time staff positions planned for the Strategic Information (SI) program area. This includes a Public Health Informatics Fellow from CDC, two HIV Surveillance Officers, and 4 Monitoring and Evaluation Officers. The budget includes salary and expenses for the fellow and six FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC GAP HQ Technical Assistance travel for six weeks of in-country support by SI program area specialists.

These seven staff members will work in coordination with the USAID Strategic Information staff members who will have the USG Nigeria Team lead for SI issues and directly provide joint quality assurance/quality improvement (QA/QI) strategies and programmatic monitoring to HHS and USAID supported implementing partners. The SI team, while developing and updating the USG database will provide oversight function and technical support to EP partners and GON as well as strengthening their M&E systems through feedback and capacity building.

HHS/CDC GAP Nigeria Laboratory and SI staff will also provide technical assistance to the Nigerian Federal Ministry of Health (FMOH) to develop local capacity for SI and to plan and conduct the bi-annual HIV sero-prevalence sentinel survey during FY07. The team will also provide technical assistance to FMOH for the National HIV/AIDS and Reproductive Health survey (NARHS+), which is a nationally representative AIDS Indicator Survey with a bio-marker. In both national surveys the team will assist in the development of survey instruments including survey protocols and questionnaire, training of field staff, field supervision, coordination meetings, quality assurance and data management. In addition to these and in collaboration with the USAID SI staff, a facility survey is also planned for FY 07.

HHS/CDC-Nigeria through the SI team will coordinate the efforts of all treatment partners to address two important areas: 1) the assessment of treatment failure through the Targeted Evaluation Group (TEG), a continuing monitoring activity from COP 06 that examines virologic and immunologic responses by type of ARV regimen, adherence, treatment venue, delivery, and demographics; (protocols to be defined with the TEG working group at OGAC) and 2) the continued implementation of the HIVQUAL quality improvement project (initially funded in COP06). The HIVQUAL activity involves building capacity in performance measurement, quality improvement, and infrastructure development at the facility level. In addition, evaluation staff will coordinate a TB/HIV survey to estimate the rate of co-infection and to assess the prevalence of drug resistant tuberculosis in patients attending TB/HIV clinics in Nigeria. The three projects, albeit through different approaches, seek to improve the quality of USG-sponsored HIV care programs, while ensuring adequate use of resources, reducing harm, and reducing the emergence of resistant strains of HIV that may accompany non-adherence.

Contribution to overall program area:

SI activities will directly ensure generation of quality data to measure EP program achievements, performance towards set targets as well as accountability of resources. These SI activities will build the capacity of at least 108 staff of EP partners and the federal and state GON staff, and provide TA to at least 46 organizations.

Based on interagency discussions, the total budget is itemized in the following categories:

\$1,500,000 - ANC Survey
\$1,000,000 - Targeted Evaluation Group
\$ 600,000 – Strategic Information Staffing
\$200,000 – TB/HIV Survey
\$50,000 - Technical Assistance

Funding for SI related equipment and supplies in the amount of \$1,000,000 has be placed under SCMS SI for procurement purposes.

Continued Associated Activity Information

Activity ID: 5358
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 731,333.00

Emphasis Areas

	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Facility survey	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	46	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	108	<input type="checkbox"/>

Target Populations:

Adults
 Family planning clients
 Policy makers
 Pregnant women
 USG in-country staff
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Host country government workers
 Data Managers

Table 3.3.13: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6800
Planned Funds: \$ 250,000.00

Activity Narrative: ACTIVITY DESCRIPTION

Strategic Information activity relates to all prevention activities: PMTCT (#6801), Abstinence/Be Faithful (#6803), Condom and Other Prevention (#6805); HIV/AIDS/TB Treatment and Care Services: HIV-TB (#6795), OVC (#6808), ARV Drugs (#6797), ARV Services (#6798); palliative care services: (#6802), TB/HIV (#6795), OVC (#6808) and Laboratory Infrastructure (#6806).

The Nigerian Ministry of Defence – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels- developing a strong USG relationship with another branch of the Nigerian Government; building capacity of the indigenous partner through joint implementation of activities; and offering a cost effective model for implementation through a direct USG-GON collaboration, and supporting both the military and civilian communities, as 80% of patients under ART at military facilities are civilian.

FY2005 saw opening of four facilities at Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo-Lagos), and 445 Nigerian Air Force Hospital (Ikeja-Lagos). During 2006, the DoD-NMoD partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). The 2007 budget will see expansion to seven additional facilities: Naval Medical Centre (Warri); Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Benin), 2 Div Hospital (Ibadan). Information strengthening will be improved at the Emergency Plan Implementation Committee and Ministry of Defence Headquarters.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). This Strategic Information (SI) activity incorporates program-level reporting and the establishment of both paper-based and computerized Health Management Information Systems (HMIS) across Nigerian Ministry of Defence (NMoD) sites, in support of designing and implementing high quality, sustainable, evidence-based interventions and programs. This activity will support ARV treatment, VCT, PMTCT and TB/HIV services at 14 sites and, as a result, 17 organizations will be provided with Technical Assistance. All activities will be in line with GoN SI harmonization policies and guidance.

This activity will support the use of networking infrastructure by providing computer hardware, operating system software and applications, and networking equipment (patient registration, clinic, pharmacy, laboratory, administrative, generally 4-6 computers per site). 25 staff are being trained in COP06 and the DoD will train, in centralized and site-specific settings, at least 122 additional NMoD staff across 14 sites and 3 central organizations in the management and maintenance of the PMM system on issues such as data entry, analysis, data management and quality assurance.

By training uniformed members and civilian employees at all levels that are invested in a career track in the Government of Nigeria, this Program fosters a generation of skilled workers who are more likely to remain within the military. As these employees are promoted, individuals not only acquire technical skills, but also gain management and oversight capacity fulfilling PEPFAR goals for independent and sustainable programs.

The DoD is utilizing existing patient registry (Government of Nigeria-approved) and patient monitoring and management (PMM) systems in all program areas, using simple available and sustainable technology at the eight existing sites and will extend and develop this system to the six new sites in COP07. This system generates a unique PIN number to ensure patient confidentiality whilst supporting patient tracking. As a national unique patient numbering system is introduced, the DoD will ensure harmonization of systems.

The DoD will continue to provide the NMOD with training and technical assistance in confidentiality and data security, data entry, analysis, data management and quality

assurance, and will continue to adapt and harmonize existing paper records to meet the standards of the GoN. The DoD will carry out regular site visits and reviews to ensure quality data and data validation.

The DoD will continue to participate in the relevant working groups in developing and implementing credible and cost-effective SI policies and systems, harmonized with other partners and agencies, in national surveys, and in the regular use of standardized qualitative methodologies for service assessments to ensure a consistent approach across all providers.

Monitoring and evaluation of service quality, together with a formal quality improvement mechanism, which includes regular site visits by the DoD/NMoD, supported by the centrally-employed DoD specialist and appropriate partners, are essential components of this program. Regular use of data (including sharing information on individual sites, programs and partners) as part of the routine management process at all levels (site, organization, PEPFAR Team) will encourage and sustain data quality, and ensure service quality.

This program fully adheres to USG policies and acquisition regulations and minimizes indirect costs to accomplish the capacity building described above. International and local organizations synergize with the Nigerian Ministry of Defense to identify best practices and implement evidence-based interventions in a sustainable manner. The program design ensures continued USG visibility and accountability at all levels of implementation.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

Improvement in SI management capacity, and further staff development and training within the NMoD, EPIC, AFPAC and 14 sites, will ensure effective data use and management, at organizational, work group and individual levels. This activity will contribute towards the GoN and USG strategy for the provision of quality, relevant and timely information for decision-making. This information will serve as an invaluable resource in developing plans that enhance the cost-effectiveness of the operations and management of the NMoD.

LINKS TO OTHER ACTIVITIES

Strategic Information activity relates to all prevention activities (#6801, #6803, #6804) HIV/AIDS/TB treatment and care services (#6795, #6808, #6797, #6798), palliative care services (#6802, #6795, #6808) and Laboratory Infrastructure (#6799).

POPULATIONS BEING TARGETED

This activity targets national level policy makers in the military, the GoN and national organizations, such as the National Action Committee on AIDS, as well as community-based organizations, faith-based organizations, and healthcare workers, specifically all staff undertaking data entry, at the national and local levels.

KEY LEGISLATIVE ISSUES ADDRESSED

None

EMPHASIS AREAS

The DoD SI activities include major emphasis on HMIS and minor emphasis on capacity development, infrastructure, training, and policy and guidelines.

Funding for SI related equipment and supplies in the amount of \$100,000 has been placed under SCMS SI for procurement purposes.

Continued Associated Activity Information

Activity ID:	3245
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD

Funding Source: GHAI
Planned Funds: \$ 393,500.00

Emphasis Areas

Health Management Information Systems (HMIS)

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

17

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

122

Target Populations:

Community-based organizations

Faith-based organizations

Doctors

Nurses

Pharmacists

International counterpart organizations

Military personnel

National AIDS control program staff

Policy makers

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Other Health Care Worker

Implementing organizations (not listed above)

Coverage Areas

Kaduna

Lagos

Rivers

Benue

Federal Capital Territory (Abuja)

Plateau

Borno

Cross River

Delta

Enugu

Oyo

Benin

Table 3.3.13: Activities by Funding Mechanism

Mechanism: 7 Dioceses
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9913
Planned Funds: \$ 50,000.00

Activity Narrative: ACTIVITY DESCRIPTION

SI activity relates to PMTCT (#6685), Abstinence and Be Faithful Prevention (#6684), Palliative Care: basic health care and support (#6686), and counseling and testing (#6687)

CRS Seven Dioceses 7D will provide SI activities to strengthen M&E in 11 states in Nigeria. Activities focusing on program level reporting, Health Management Information System (HMIS) and quality assurance will enhance reporting, monitoring, and management of ongoing HIV/AIDS related programs.

To ensure that high quality HIV/AIDS care is maintained, 7D will continue to strengthen HMIS by focusing on five activity areas: training to adapt existing paper records for PMTCT; palliative care activities and VCT to conform to the national system standards; work sessions to map out paper flow within clinical setting to ensure data flow and efficiency; provision of technical assistance to follow-up on paper flow and; quarterly site visits for review of the data management system to ensure efficiency and effectiveness. Focus will be on training PMTCT and palliative care site staff on GON paper records and standards, confidentiality, and adhering to standard protocols. SI funds will be used to ensure that project sites receive adequate on-going guidance and support from arch/diocesan and CRS staff. Tools will be modified as necessary to track the clients longitudinally in order to ensure a continuum of care.

Capacity of the diocesan partners will be built through centralized trainings (with the involvement of LGA representatives) and on-site technical assistance. Trainings will include how to use reporting forms, monitoring of paper flow, maintain clients' records, ensuring data accuracy and using data to track program progress and report writing in the areas of PMTCT, CS and VCT. Regular site visits and reviews will also be conducted to ensure data quality validation.

An M&E Specialist has been hired and will provide technical support and training to partners on how to collect, analyze and interpret their data. With technical support, partners will develop the capacity to evaluate their data and use the information to influence programming and improve performance. Regular program information sharing and interaction with partners will also be conducted to enhance their capacity for M & E. Standard protocols for service provision will continue to be reinforced. Ultimately, SI activities will result in development of partners' capacities to identify problems and find solutions locally which are necessary for program sustainability.

Although 7D is currently using a unique ID system, it will liaise with national working groups on PMTCT, VCT and palliative care in order to keep up to date with the latest GON plans. The aim is for 7D to be in full compliance with GON unique ID protocols in COP07.

A total of 10 Arch/dioceses, the CSN and 12 PMTCT facilities within 11 states will participate in SI activities while 23 sites will be supported and 46 individuals will be trained on SI. There is no geographical expansion in COP07 but services will be expanded within the same states as COP06.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Improvement in SI management capacity of existing and new partners will ensure effective data use and management. This will contribute towards the GON and USG strategy for the provision of quality and timely information for decision making. It will also serve as a valuable resource in developing corrective action plans that would enhance the efficiency and effectiveness of operations and management of the 7D project. By strengthening the capacity of local partners, SI activities will further increase the sustainability of HIV/AIDS programs in Nigeria.

LINKS TO OTHER ACTIVITIES

SI activity relates to PMTCT (#6685) Abstinence and Be Faithful Prevention (#6684), Palliative Care: Basic Health Care and Support (#6686), and Counseling and Testing (#6687). In addition, the links with the GON and other USG IPs will be strengthened.

POPULATIONS BEING TARGETED

SI activities will target public health care workers, community-based organizations, and

faith based organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

SI activity provides program and QA/QC staff the opportunity to analyze data and identify key areas that may require improvement or legislative changes such as gender imbalance and ways it may be corrected.

EMPHASIS AREAS

Major emphasis shall be on health management information system while other areas of emphasis will include: training: quality assurance, quality improvement, supportive supervision, monitoring & evaluation and reporting.

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target

	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	23	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	46	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Benue

Cross River

Ebonyi

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Lagos

Nassarawa

Niger

Plateau

Table 3.3.13: Activities by Funding Mechanism

Mechanism: OVC
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9914
Planned Funds: \$ 50,000.00

Activity Narrative: ACTIVITY DESCRIPTION
SI activity relates to OVC (#6688).

CRS OVC project will provide Strategic Information (SI) activities to strengthen monitoring and evaluation in 8 states in Nigeria. Activities focusing on program level reporting, Management Information System (MIS) and quality assurance will enhance monitoring, reporting and overall program management. Program level reporting will be used in data collection and SI tracking to improve programs and services. Monitoring and management of local partners' programs will be strengthened with the use of existing national data collection and monitoring systems and available technology.

MIS assists in the provision of high quality HIV/AIDS care. Within this OVC activity, CRS will continue to strengthen MIS by focusing on several activity areas: training to adapt existing paper records for OVC and care and support activities (CS) to conform to the national system standards; develop system to track number of services each OVC receives to conform to new PEPFAR reporting guidelines. Quarterly supervisory visits will be made for review of the data management system to ensure confidentiality, efficiency, and effectiveness. Tools will be modified as needed to track the clients longitudinally to ensure clients' continuum of care.

Capacity will be built through centralized trainings followed by onsite TA. Trainings will include data management (how to: use reporting forms, monitor paper flow, maintain clients' records, ensure data accuracy and use data to track program progress), and report-writing. A special emphasis will be placed on developing tools for monitoring services provided to OVC as per new PEPFAR reporting for OVC. The QA/QC strategy will include quarterly technical support visits by CRS to partner sites, including the development and implementation of tools which capture program quality and possible gaps for improvement. An M&E Specialist has been hired and will provide technical support and training to partner staff. With technical support, partners will develop the capacity to evaluate their existing data and use this information to influence programming and improve performance. Standard protocols for service provision will continue to be reinforced.

The OVC project will liaise and share data with GON at both national and local government level through OVC working groups in order to keep up to date with the latest GON plans. Through training, capacity building and monitoring visits, sustainable programming in SI will be achieved in the long run. A total of 10 Archdioceses including CSN will participate in SI. Activities will take place in 8 states (Benue, FCT, Kaduna, Plateau, Niger, Kogi, Nassarawa, Edo). There is no geographical expansion in COP07. Services will be expanded within the same states as COP06.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Improvement in SI management capacity of existing and new partners will ensure effective data use and management. This will contribute towards the GON and USG strategy for the provision of quality and timely information for decision-making. This information will serve as a valuable resource in developing corrective action plans that would enhance the efficiency and effectiveness of operations and management of the 7D project. By strengthening the capacity of local partners, SI activities will further increase the sustainability of HIV/AIDS programs in Nigeria. A total of 22 people from 11 partners will be trained in SI.

LINKS TO OTHER ACTIVITIES

SI activity relates to OVC (#6688). In addition, links with the GON and other USG IPs will be strengthened to ensure the provision of the 6 core service areas for the beneficiaries.

POPULATIONS BEING TARGETED

The populations being targeted are public and private health care workers, community-based organizations, and faith based organizations.

KEY LEGISLATIVE ISSUES ADDRESSED

SI will help in identifying key issues relating to children's rights and gender equity in programming as well as inform advocacy for legislative amendment in address them.

EMPHASIS AREAS

The major emphasis area is program level data collection. Secondary emphasis includes health management information systems, training, quality assurance, quality improvement and supportive supervision.

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	11	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	22	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Public health care workers
Private health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Benue
Edo
Federal Capital Territory (Abuja)
Kaduna
Kogi
Nassarawa
Niger
Plateau

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Leadership, Management, and Sustainability
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9915
Planned Funds: \$ 50,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to the AB (3.3.02), Condoms and Other Prevention (3.3.05) and Other Policy/Systems Strengthening (3.3.14) Program Areas.

The Leadership, Management and Sustainability (LMS) Program will provide institutional and human capacity building to 12 Nigerian Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) and to 100 individuals. LMS will develop leadership, management and monitoring and evaluation skills at all levels of health service organizations and programs and strengthen management and operational systems. These efforts will optimize organizational capacity to efficiently and effectively address change and improve health outputs and outcomes.

Nigerian Civil Society Organizations (CSOs) have a longstanding involvement in responding to the HIV/AIDS pandemic. Their contribution to the Emergency Plan is pivotal given their leadership and legitimacy in communities. However, there are a number of challenges for these local CSOs as many of them are nascent organizations with low technical, organizational and human capacity. Even those organizations that have been successful in the initial concept paper rounds of the CSO/FBO APS, have struggled to remain competitive in later rounds and almost all have stalled at the pre-award audit stage. With its expertise in strengthening management and leadership, and its ability to build sustainable and accountable systems, LMS will support the development and maturation of these organizations and help them contribute to the Emergency Plan in a significant way.

LMS will be active at all points throughout the procurement process in the development of organizational and human capacity. In addition, LMS will assist organizations selected for award throughout the award process, helping them put accountable systems in place or, where necessary, managing the award in the interim while systems are being built. LMS will support new awardees during their implementation and will assure that accountable and sustainable programs are built, and that awardees are capable of maintaining their new relationships with the USG. Dissemination of best practices in program effectiveness will be provided to new partners.

COP 07 funds will be used to provide support in areas of organizational and human development such as: development and maintenance of constructive, informed working relationships with USAID in the Emergency Plan context; project management; monitoring and evaluation; financial management; strategic and annual planning; leadership development and sound governance structures. These skills and organizational management and operational systems are necessary to both carry out the terms of USG funding agreements as well as to achieve improved organizational development and sustainability.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities will contribute to strengthened human and organizational capacity to deliver more efficient and effective care and reach their established targets by using complete and accurate data to drive program decisions. In addition, technical assistance relating to best practices in Strategic Information programming will be provided for these organizations in order to assist them to maintain high-quality programs.

LINKS TO OTHER ACTIVITIES

Activities will improve financial management, human resource management, MIS, quality assurance, strategic planning, and leadership and governance of partner organizations. LMS activities in Nigeria also relate to the AB. Condoms and Other Prevention and Other Policy/Systems Strengthening program area. Under a separate funding stream, LMS has been selected to provide capacity-building support for the Country Coordinating Mechanism (CCM) for the Global Fund grants. In addition to strengthening the capacity of Nigeria to manage these grants, LMS should be able to facilitate linkages to the NGO/FBO community that they are also supported, and by so doing build synergies and enhance prospects for sustainability.

POPULATIONS BEING TARGETED

This activity targets Nigerian FBOs and NGOs, including national and regional multiplier organizations and local NGOs/FBOs, which will be targeting a wide array of populations with AB, Condoms and Other Prevention and other prevention activities.

KEY LEGISLATIVE ISSUES ADDRESSED

None

EMPHASIS AREAS

This activity includes major emphasis on local organization capacity development and minor emphasis on human resources, quality assurance and strategic information (M&E) as detailed in the activity description above.

Emphasis Areas

	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50

Targets

Target

Number of local organizations provided with technical assistance for strategic information activities

Target Value

12

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

100

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: DoD Agency Funding
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9916
Planned Funds: \$ 200,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also links to Prevention activities (#6801, #6803, #6804, #6805), HIV/AIDS/TB Care Services (#6802, #6795, #6808, #6796), Treatment Services (#6797, #6798, #6799), and Other Services (#6800, #6809).

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria (GON). Through this partnership, the impact of this program in Nigeria is profound on several levels. This includes developing a strong USG relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities and offering a cost effective model for implementation through a direct USG-GON collaboration.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the MOD and the Nigerian Military. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. Membership on this Committee includes senior representatives of both militaries and includes the Federal Ministry of Health (FMOH) and National Action Committee on AIDS (NACA) representation to participation in the Government of Nigeria HIV harmonization process. Thus, the Program fully adheres to all USG and FMOH (Federal Ministry of Health) national treatment guidelines.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo in Lagos), 445 Nigerian Air Force Hospital (Ikeja in Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and Military Hospital (Maiduguri).

This activity supports DoD in-country and provides extra-country technical support for the Emergency Plan SI activities. Funding in this section will be applied directly to developing and training Nigerian Ministry of Defense (NMoD) officers and staff, quality control and quality assurance and technical support to the DOD USG team members. One Software/Database Manager and one Epidemiologist will be hired in Nigeria and TDY support will be provided by the parent organization, the Walter Reed Army Institute of Research.

The Nigerian Ministry of Defence – US Department of Defense (NMoD-DoD) HIV partnership focuses on activities that build capacity in the Nigerian military provides a focused, capacity-building instrument designed to ensure a cost-effective, sustainable program.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). By implementing directly with the military, and minimizing the indirect cost of program management, the DoD ensures that Nigerian Government employees are receiving specialized technical training and work experience in implementing the program. Refurbishments and equipment are placed directly in Ministry of Defence facilities. Rigorously trained staff and well-equipped facilities improve overall healthcare to the population. (Costs for equipment and reagents used for non-HIV patients, such as a chemistry analyzer, are borne by the military facilities and non-HIV patients.) The overall benefit of this is that both HIV and non-HIV patients will have access to better-trained staff and facilities.

By training uniformed members and civilian employees at all levels who have invested in a career track in the Government of Nigeria, the DoD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals receive technical, management, and oversight training. This

explicitly fulfills PEPFAR program goals for independent operation and preparing personnel for oversight roles. The Military Steering Committee ensures an unprecedented level of cooperation in both national and international policy development and implementation, and follows national guidelines and international military standards.

By enabling this cohesive environment, the NMoD-DoD Partnership fosters a learning environment where international and local organizations may synergize with the Nigerian Ministry of Defence. In addition, the program facilitates identification of best practices and implementation of evidence-based interventions in a sustainable manner.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

Improvement in SI management capacity will ensure effective data use and management. This activity will contribute towards the GON and USG strategy for the provision of quality and timely information for decision making. This information will serve as a valuable resource in developing corrective action plans that would enhance the efficiency and effectiveness of operations and management of the NMoD.

LINKS TO OTHER ACTIVITIES

Strategic Information activity relates to all Prevention activities (#6801, #6803, #6804, #6805), HIV/AIDS/TB Care Services (#6802, #6795, 6808, 6796), Treatment Services (#6797, #6798, #6799), and Other Services (#6800, #6809).

POPULATIONS BEING TARGETED

This activity targets national level policy makers in the military, the GoN and national organizations, such as NACA, as well as CBOs, FBOs and healthcare workers at the national and local levels,

KEY LEGISLATIVE ISSUES ADDRESSED

The collection, analysis and dissemination of all data collected by DoD/NMoD will conform to GoN and USG standards and codes of practice. Data collected will be utilised at an organisational and national level to inform policies and guidelines and address issues such as gender inequality.

EMPHASIS AREAS

The DoD SI includes major emphasis on health management information systems and minor emphasis on USG database and reporting systems, IT infrastructure, training, monitoring and evaluation and human resources development.

Table 3.3.13: Activities by Funding Mechanism

Mechanism: PHRPlus
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10297
Planned Funds: \$ 500,000.00
Activity Narrative: ACTIVITY DESCRIPTION

Abt Associates proposes to conduct a Service Provision Assessment (SPA) to support the roll out of HIV/AIDS services in Nigeria. The HIV/AIDS-related services that will be assessed include: testing capability, care and support services, antiretroviral therapy, post-exposure prophylaxis, prevention of mother-to-child transmission and youth-friendly services. With the opportunity that the Emergency Plan and other international financial resources provide to rapidly scale up comprehensive prevention, care, and treatment services nationally, institutional capacity in the health sector will be a critical factor determining the success or failure of scaling up HIV/AIDS services in Nigeria. The SPA will be conducted in a representative sample of facilities (about 350) including hospitals, health centers, maternity homes, dispensaries, clinics, and stand-alone Voluntary Counseling and Testing centers across the country. Data and information on the provision of HIV/AIDS services will be collected from public, non-governmental, and faith-based organizations on the capacity of their facilities to deliver these services and the quality of care provided to clients seeking these services. This activity will provide critical information on the capacity of the health sector to provide both basic and advanced HIV/AIDS services and the availability of record keeping systems for monitoring HIV/AIDS services. The SPA is directly linked to other data collection activities such as the human resource assessment and service availability mapping that inform policy makers and managers to develop a multi-pronged strategy to assist expansion of quality integrated and sustainable HIV/AIDS services, building on previous work done within the sector. Health 20/20 and FMOH partners will use this and other data to prepare a report of the current institutional capacity for delivering quality HIV/AIDS services in Nigeria and to develop national recommendations addressing the various capacity issues identified. We will draw on the materials and experiences of similar evaluations in other PEPFAR-supported countries.

Emphasis Areas

Facility survey

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

10

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

50

Target Populations:

Community-based organizations
 Country coordinating mechanisms
 Faith-based organizations
 International counterpart organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 Policy makers
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: PHE
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 12160
Planned Funds: \$ 600,000.00
Activity Narrative: PHE TBD, previously under activity #6785. Broken out until SSC lifts current yellow light.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	ENHANSE
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12444
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>ACTIVITY DESCRIPTION: This is an integrated project mandated to create an enabling environment for HIV/AIDS at the national level. We plan to support the Federal Ministry of Health (FMOH) to implement activities under the national health sector plan for HIV/AIDS. We will provide Technical Assistance (TA) to the Food and Drugs Department of FMOH to review the National Drug Policy. ENHANSE will support the finalization of the National Laboratory Policy to guide the improvement of laboratory services and support FMOH's efforts in disseminating the national palliative care guidelines, the Integrated Management of Adolescent and Adulthood Illnesses guidelines and the Blood Safety policy. The Government of Nigeria (GoN) will be supported to organize national and zonal dissemination stakeholder usage workshops for national survey reports, such as the National AIDS and Reproductive Health Survey, Behavior Sentinel Survey, and the National ANC Sero-sentinel HIV/AIDS Survey. TA will be extended to the national prevention working group, OVC working group, TB/HIV working group, and other national working groups to perform their quality assurance and coordinating roles. ENHANSE will work with the FMOH, MMIS project and other relevant agencies to develop a waste management policy. Support will be provided to the FMOH towards the development of a home-based care manual. To address manpower challenges, about 15 long-term consultants will be hired to provide technical support to the ART/PMTCT programs, M&E, Palliative Care, and program management to improve the quality of implementation and reporting, including several SI staff for NASCP. We will support the Global Fund (GF) Country Coordinating Mechanism (CCM) through TA for proposal development, coordination of the funds' application process and for implementation of activities.</p> <p>Four principal recipients will be supported in areas of capacity building and M&E. To ensure that the national HIV/AIDS Policy conforms to current global and national realities, NACA is reviewing the national HIV/AIDS policy. ENHANSE will support this review especially as it relates to support for non-laboratorians conducting testing, and non-clinicians providing adherence counseling, palliative care, and psychosocial support. We will also ensure that training of all states on the Nigerian National Response Information Management System continues and that the means for nationwide implementation exist. We will support the passage of bills on NACA agency, stigma and discrimination and the workplace. ENHANSE will support NACA to develop the National Priority Plan for HIV/AIDS that derives from the national strategic framework, to highlight key activities which must be achieved in two years to boost coordinating functions and ensure better allocation, management of resources and engagement with all partners. We will work towards the completion of the National OVC Action Plan. Media activities will be supported via continued training and exposure of 30 journalists to policy makers and those affected by the disease. The National Human Rights Commission will be assisted to develop guidelines for mainstreaming human rights into HIV/AIDS programming. TA will be available to at least 4 CSOs and 4 public sector partners on policy development, and advocacy. TA will be provided to the Supreme Council for Islamic Affairs to develop its HIV/AIDS Policy and to the Interfaith Coalition to finalize its HIV/AIDS Care and Support Guidelines. ENHANSE will serve as the platform of USG implementing partners' dialogue for greater harmonization of activities via 2 workshops and exchange of information using the USAIDIT newsletter. We will provide logistic and other support to the GON to participate meaningfully during USG TA visits.</p> <p>It is expected that the policy and guidelines developed, and the work of the individuals trained, will have a significant impact on PLWHAS. The policies and guidelines will help facilitate improved delivery of high quality and harmonized clinical and laboratory services. Issues related to greater ownership and support for PEPFAR in Nigeria will be facilitated via enhanced opportunities for dialogue and consensus building leading to greater sustainability.</p>

Targets

Target

Number of local organizations provided with technical assistance for strategic information activities

Target Value

4

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

30

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
National AIDS control program staff
Policy makers
Host country government workers

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Wrap Arouns
Education

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$ 7,115,000.00

Program Area Context:

Engendering bold leadership, achieving sustainability and human capacity development and strengthening coordination and collaboration are three policy/system strengthening interventions in the USG/Nigeria Five Year Plan. In COP 07, USG Nigeria will continue to COP06 activities while working in collaboration with the Government of Nigeria (GoN), the Global Fund, the World Bank and other partners to focus specifically on sustainability. Two new partners will contribute to the other policy and systems strengthening program area in COP 07—one of which is an indigenous organization.

In COP 06, USG Nigeria advanced the HIV/AIDS policy agenda in Nigeria. Activities included working with the Federal Ministry of Health (FMOH) to inaugurate a laboratory working group to develop and implement a national laboratory policy. The national laboratory policy will be finalized in COP07. Contributions were also made in 2006 to finalize counseling and testing guidelines to ensure unfettered access to counseling and testing nationwide. A cost plan for the implementation of the Armed Forces HIV/AIDS Policy Guidelines was also developed.

Human resources strengthening under COP06 resulted in technical support for HIV advocacy in the workplace being provided to the Nigeria Employers Consultative Association (NECA). USG Nigeria worked with NECA to build the capacity of peer health educators from the private sector. This work focused on preventing and managing HIV/AIDS in the workplace. Training was provided to human resource officers, managers and administrative staff from large, medium and small businesses as well as to national labor unions. As a result of the COP06 Local Compensation Technical Assistance team visit, recommendations were made to reduce support to staff costs and to harmonize IP compensation plans in the same facility or in a similar facility in the same geographical area. USG/Nigeria will continue to implement these recommendations in COP07.

Under COP 07, USG Nigeria will continue to support many of the policies and guidelines that were initiated in COP06. Contributions provided to the development of the National Strategic Framework in COP06 will be built upon in COP07 through its dissemination and implementation. An outcome will include the development of user friendly guides of the framework for use by State Action Committees on AIDS (SACA) and other NGOs and FBOs.

Technical assistance will continue to be provided to the GoN and other stakeholders in COP07 to strengthen their capacity to plan, manage and implement HIV programs. For example, support will be provided to National Action Committee on AIDS (NACA) for the National Priority Plan for HIV/AIDS which will ensure better allocation and management of resources.

An anticipated outcome is the passage of the NACA agency bill in COP07 that will move NACA from an office under the Presidency and establish as an Agency within the Federal government, ensuring sustainability after upcoming elections. USG Nigeria will work with the Supreme Council for Islamic Affairs to develop its HIV/AIDS policy. and The development of guidelines for dissemination of the National Drug Policy as well as its actual dissemination will be carried out. Support will also be provided to the Nigerian Ministry of Defense (NMOD) in developing, implementing and reviewing policies on reduction of incidence and prevalence of HIV/AIDS in military communities and in strengthening its systems. Finally, the newly established National Prevention Working Group will be supported and strengthened.

In February 2004, the FMOH acknowledged a number of weaknesses in procurement, distribution and monitoring of centrally procured medicines and other health program related commodities. This weakness has hindered expansion of ART services by the GON. It is therefore imperative that logistics management systems for test kits, ARV drugs and other commodities related to HIV/AIDS diagnosis and care are established, scaled up, and institutionalized in Nigeria.

Systems strengthening activities under COP07 will include strengthening the GON's logistics management

system in 30 ART centers including the provision of training for logistics system operators. USG/Nigeria will build institutional capacity for logistics management in four GON agencies (NASCP, FDS, DPRS, and NACA) and improve the enabling environment for a well functioning, sustainable logistics system. It is anticipated that the Heart to Heart (H2H) brand will become the national HIV counseling and testing logo due to USG/Nigeria support for a nationwide campaign in COP07.

USG Nigeria COP07 goals for other policy and systems strengthening include targets in policy development, institutional capacity building, community mobilization, and discrimination reduction. COP 07 targets exceed COP 06 targets for all indicators except for the number of individuals trained in HIV policy development. USG Nigeria feels strongly that a core group of individuals have been trained in HIV policy development and that the planned training levels will be adequate to support USG policy goals.

Program areas beyond policy and systems strengthening will be supported under COP07. ARV Services, for example, will be affected as USG Nigeria works to ensure continuous availability of ARV drugs to treatment sites through training, monitoring and effective use of logistics management information. Counseling and testing will be enhanced as USG Nigeria increases efforts to reduce stigma and discrimination and improves the logistics system to ensure availability of test kits.

USG Nigeria will engage women’s groups within the FBO leadership to ensure they are equitably represented in all training and leadership. Particular support will be provided to the eager, but under-resourced Ministry of Women’s Affairs. Local military communities will be mobilized to address male norms and behaviors regarding cross-generational and transactional sex and support for the development of military policy to prevent sexual violence and coercion. CBOs will be strengthened in their efforts to reduce the stigma associated with HIV status and to reduce discrimination faced by those with HIV or AIDS.

Activities to strengthen human capacity in COP06 resulted in a set of recommendations on the implementation of incentive and retention schemes for scale up of HIV services. Over the next year, USG Nigeria will continue to implement these recommendations. Similarly, in COP06 USG Nigeria performed an assessment of the GON human resources information system. In COP 07, USG Nigeria will continue to support GON in responding to the results of the survey. COP07 activities in this regard will also include strengthening the management function of the FMOH by improving their ability to review key policies such as the Food and Drug Policy.

USG Nigeria worked closely with the Global Fund during COP06 and will continue these efforts under COP07. As part of multi-stakeholder support for the reconstitution of a new CCM in Nigeria, USG Nigeria strengthened the management structure by helping the Interim CCM finalize the selection process of new CCM members based on clearly defined constituencies and selection procedures. Ongoing capacity-building for the CCM, as well as for the principle recipients of the award, is included in COP07.

As policy development and systems strengthening cuts across all program areas, there are many members of the interagency technical teams that support these efforts. In addition to supporting all of the National working groups and task teams, the USG technical team also gives guidance to our Enabling Environment partners in assisting them to advance the more technical aspects of our policy portfolio.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	11
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	61
Number of individuals trained in HIV-related policy development	232
Number of individuals trained in HIV-related institutional capacity building	496
Number of individuals trained in HIV-related stigma and discrimination reduction	1,272
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	168

Table 3.3.14: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6727
Planned Funds: \$ 1,200,000.00

Activity Narrative: ACTIVITY DESCRIPTION: The DELIVER Project and the SCMS Project have been unified into one project that covers systems strengthening, procurement, and strategic information components. For systems strengthening, the focus of the SCMS Project is to build the capacity of the Government of Nigeria (GoN) and the Implementing Partners (IPs) to manage a well-functioning HIV/AIDS program logistics system through the provision of technical logistics training, quantification, procurement monitoring and supervision, management skill development, and data analysis for logistics management decision-making. The project will raise capacity to plan procurements reducing the possibility of product stockouts and expiration. The project will focus on sustainability by improving the enabling environment for the national program. It will assist the GoN and IPs to establish appropriate coordinating bodies that will formulate harmonized logistics policies and support the implementation of common program targets and procurement, distribution, storage, and logistics management information practices. The project will not only carry out assessments in collaboration with the GoN and USG, but will also support the actual implementation of recommendations resulting from these assessments. Three major constraints to date have been a lack of product quantification and procurement planning, an absence of coordination among partners and a lack of systematic, quality site monitoring and supervision. These constraints will be addressed under COP07 by conducting quantifications with standardized methodologies; supporting coordination through steering and operational logistics committees, and undertaking regular joint site monitoring and supervision visits of the ART sites. In COP 07, the project will strengthen logistics management system in ART centers. Target populations include ARV drugs and HIV test kits logistics system operators at the central medical stores and at ART centers (physicians, pharmacists, and laboratory scientists). Project staff will 1) train and monitor the performance of logistics system operators, 2) increase the flow of information for stock management, forecasting, and procurement through the LMIS; 3) improve procurement planning, data analysis, and logistics management skills, and 4) strengthen the policy and planning environment to enhance long-term system sustainability. Outputs in this area will be 1) the number of facilities using the developed SOP's, 2) the number of facilities correctly maintaining their min/max level of inventory and 3) the number of facilities reporting to the central level. Monitoring and supervision visits will include assessments of storage practices at the Central Medical Stores and treatment sites and the development of good storage practice guidelines. Through SCMS's COP07 interventions, institutional capacity for logistics management will be strengthened in four government departments (NASCP, FDS, DPRS, and NACA) and among the IPs. Activities will include a distribution options study, monitoring (including storage assessment) in ART sites, training of logistics system operators in new ART sites, including refresher training to old sites if warranted, and ARV quantification and procurement planning exercises that will inform procurements and ARV supply levels nation-wide. Apart from the distribution options study, all activities are continuations of COP06 activities. An improved enabling environment for a well functioning logistics system will be another important outcome of SCMS's COP07 interventions. Specific activities include logistics coordination committee meetings, determining future logistics requirements based on the outcome of the quantification and procurement planning exercise; and HIV/AIDS logistics and procurement harmonization meetings to help formulate a national harmonization strategy. SCMS will assist the GoN and IPs taking a leading role for the transition to and implementation of a National Logistics system for use by all partners. SCMS will work actively with partners on issues related to procurement, distribution, storage, and LMIS. CONTRIBUTIONS TO THE OVERALL PROGRAM AREA SCMS supports the USG 5-Year Plan for AIDS Relief in Nigeria 2004-2008 vision of reducing the impact of HIV/AIDS and enhancing indigenous capacity to provide integrated (harmonized) HIV/AIDS services by 1) improving the capacity of the GoN and the IPs to ensure the continuous availability of ARV drugs to treatment sites through training, monitoring, and effective use of logistics management information; and 2) enhancing the national capacity to plan, coordinate, and resource logistics management through the support of harmonization policy development and coordination between government agencies (among themselves and with the IPs). Through its activities, SCMS addresses the supply chain strategic approach by strengthening 1: commodity requirement estimation; 2) procurement; 3) storage; and 4) distribution. SCMS also addresses Priority Response 4 of the National Health Sector Strategic Plan, 2005-2009, by "establishing an efficient and sustainable logistics system for improved access to health commodities for HIV and AIDS." It supports the four strategies in the plan: 1) establish a comprehensive LMIS; 2) ensure long term procurement; 3) establish a functional technical working group; and 4) provide training and support for

logistics personnel. LINKS TO OTHER AREAS SCMS OHPS national activities link with the ENHANSE Project on the development of a harmonized national logistics policy. SCMS will actively work with the IPs to harmonize policies, guidelines, and standard operating procedures related to logistics. SCMS activities will lead to an improved environment in which ARV services can be provided and ARV drugs obtained. TARGET POPULATIONS The coverage area is equivalent to the population area reached by the National ART program. The logistics harmonization policy covers the three major partners in the national HIV/AIDS program: 1) GoN; 2) Global Fund; and 3) Emergency Plan. Coordination and harmonization policy development will include policymakers and senior managers in key government departments and the IPs. Training and monitoring will include procurement and supply managers in NACA, NASCP, DPRS, and FDS as well as physicians, pharmacists, and laboratory scientists in ART treatment facilities in FCT and all 36 states in the country. EMPHASIS AREAS Logistics is the major emphasis area, with policy, QA, QI, supportive supervision, training and local organization capacity development the minor areas. The objective of the project is to build the capacity of program policymakers, managers, and operators to effectively implement the National HIV/AIDS Program through intensive training, monitoring, and supportive supervision. This effort will be sustained through policy development formulation, planning, and coordination that will proceed by way of regular meetings by the government and the IPs and ultimately through the establishment of one harmonized National HIV/AIDS Program Logistics System.

Continued Associated Activity Information

Activity ID: 5300
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: DELIVER
Funding Source: GHAI
Planned Funds: \$ 464,000.00

Emphasis Areas	% Of Effort
Logistics	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	168	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Country coordinating mechanisms

Doctors

Pharmacists

National AIDS control program staff

Policy makers

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6732
Planned Funds: \$ 490,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This component is linked to Abstinence and Be Faithful (3.3.02), Voluntary Counseling and Testing (3.3.09), Condoms and Other Prevention (3.3.05), and Orphans and Vulnerable Children (3.3.08) activities.

In FY06 SFH supported two major Islamic groups the Jama'atul Nasril Islam (JNI) and Ansar ud Deen Society of Nigeria (ADSN) to introduce leaders to HIV prevention and stigma reduction programming as well as to conduct training of trainers for their implementing committee members (ICM). SFH also began engagement with the Redeemed Christian Church of God (RCCG), at the national level, by facilitating the development of their HIV strategic plan in preparation for the implementation of youth focused prevention programs. Work plans were developed for the implementation of HIV sub-program areas including abstinence, be-faithful, HIV counseling and testing, and care and support.

This component supports national level civil society networks enabling them to conduct state level step-down training and to implement HIV prevention and basic care and support activities. SFH will support the formulation of national faith-based policies specific to each FBO for implementation at all levels, provide refresher training for existing partners, and training of new leaders on stigma reduction. Support for HIV prevention and counseling and testing activities through the umbrella bodies of Living Faith Foundation, RCCG, ADSN, and JNI will be provided. Specific outputs for 2007 are HIV policies and strategic plans developed and implemented by each organization.

Activities will be scaled up in FY07 to engage a northern based Christian group with the goal of building their capacity to implement youth focused prevention programs. SFH will work with four FBOs and train a minimum of 40 leaders per organization. Technical support will be provided as required by SFH regional field teams to enable them to develop tailored messages that provide factual risk reduction information during the step down sessions at the state level. FBO leaders will be trained as master trainers and each leader is expected to train at least 10 persons within their constituencies at state level. SFH will facilitate the inclusion of FBOs into the State Action Committee on AIDS (SACAs) so that they may contribute to the state response to HIV prevention. It is anticipated that the program will lead to increased engagement of FBOs in HIV prevention, care, and support including stigma reduction.

At the community level, SFH will provide participatory organizational capacity development for 32 Community Based Organizations (CBO) in high risk sites and train at least three persons per organization in community mobilization for stigma reduction and other HIV prevention programs.

SFH will assist the Government of Nigeria in developing a nationwide campaign to position the Heart to Heart brand (H2H) as the national HIV counseling and testing logo. We will develop evidence based television and radio campaigns which will be supported by target specific below the line materials. Airing of these campaigns will be done using local networks and Voice of America services. SFH will leverage existing relationships with the National Action Committee on AIDS to seek additional airtime to ensure saturation of the airwaves and optimal coverage for the campaigns.

Custom indicators for this activity will include:

- Proportion of Nigerians male and female between 15 and 45 years reporting awareness about the H2H counseling and testing logo / campaigns.
- Proportion of Nigerians male and female between 15 and 45 years who can recall main messages of H2H campaigns.
- Proportion of Nigerians reporting awareness about H2H service delivery points (SDPs).
- Proportion of Nigerians 15 years and above reporting visiting a H2H SDP for purposes of counseling, HIV test and obtaining the result.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

SFH will also disseminate and operationalize the National Behaviour Change Communication Strategy developed by NACA at the state level. SFH will also pay for a NACA director's salary. SFH will conduct participatory organizational capacity development workshops for FBO groups to ensure empowering leadership development and program

sustainability.

LINKS TO OTHER ACTIVITIES

Activities in this program area provide the enabling environment and strategic direction for other interventions especially among the FBOs. This component is linked to HVAB (3.3.02), HVCT (3.3.09), HVOP (3.3.05), and HKID (3.3.08) program areas.

TARGET POPULATIONS

Targets include religious and community leaders, civil society organisations, and faith based organizations.

KEY LEGISLATIVE AREAS

This activity will increase gender equity in programming through advocacy with other FBO leaders and will address issue of stigma and discrimination against PLWHA. SFH will engage with women's groups within the FBO leadership and ensure that women groups are equitably represented in all training and leadership activities conducted among the FBO groups.

EMPHASIS AREAS

This activity places major emphasis on local organization capacity development while the minor emphasis areas are community mobilization and participation, training, development of network/ linkages and referral systems.

Continued Associated Activity Information

Activity ID: 5299
USG Agency: U.S. Agency for International Development
Prime Partner: Society for Family Health-Nigeria
Mechanism: CIHPAC
Funding Source: GHAI
Planned Funds: \$ 41,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	4	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	36	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	160	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	256	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	1,200	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	96	<input type="checkbox"/>

Indirect Targets

Indirect targets will include other leaders within the community and FBO sites who may benefit from the step down sessions. Members of the congregation are also expected to be better informed on HIV prevention and stigma reduction.

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: ENHANSE
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6739
Planned Funds: \$ 3,500,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to Palliative Care (3.3.06), Lab (3.3.12), TB/HIV (3.3.07), OVC (3.3.08) and Blood Safety (3.3.03) activities.

This is an integrated project mandated to create an enabling environment for HIV/AIDS activities at the national level. We plan to support the Federal Ministry of Health (FMOH) to implement activities under the national health sector plan for HIV/AIDS. We will provide Technical Assistance (TA) to the Food and Drugs Department of FMOH to review the National Drug Policy. ENHANSE will support the finalization of the National Laboratory Policy to guide the improvement of laboratory services and support FMOH's efforts in disseminating the national palliative care guidelines, the Integrated Management of Adolescent and Adulthood Illnesses guidelines and the Blood Safety policy. The Government of Nigeria (GoN) will be supported to organize national and zonal dissemination stakeholder usage workshops for national survey reports such as National AIDS and Reproductive Health Survey, Behavior Sentinel Survey, and the National ANC Sero-sentinel HIV/AIDS Survey. TA will be extended to the national prevention working group, OVC working group, TB/HIV working group, and other national working groups to perform their quality assurance and coordinating roles. ENHANSE will work with the FMOH, MMIS project and other relevant agencies to develop a waste management policy. Support will be provided to the FMOH towards the development of a home-based care manual. To address manpower challenges, about 10 long-term consultants will be hired to provide technical support to the ART/PMTCT programs, M&E, Palliative Care, and program management to improve the quality of implementation and reporting. We will support the Global Fund (GF) Country Coordinating Mechanism (CCM) through TA for proposal development, coordination of the funds' application process and for implementation of activities.

Four principal recipients will be supported in areas of capacity building, and M&E. To ensure that the national HIV/AIDS Policy conforms to current global and national realities, NACA is reviewing the national HIV/AIDS policy. ENHANSE will support this review especially as it relates to support for non-laboratorians conducting testing, and non-clinicians providing adherence counseling, palliative care, and psychosocial support. We will also ensure that training of all states on the Nigerian National Response Information Management System continues and that the means for nationwide implementation exist. We will support the passage of bills on NACA agency, stigma and discrimination and the workplace. ENHANSE will support NACA to develop the National Priority Plan for HIV/AIDS that derives from the national strategic framework, to highlight key activities which must be achieved in two years to boost coordinating functions and ensure better allocation, management of resources and engagement with all partners. We will work towards the completion of the National OVC Action Plan. Media activities will be supported via continued training and exposure of 30 journalists to policy makers and those affected by the disease. The National Human Rights Commission will be assisted to develop guidelines for mainstreaming human rights into HIV/AIDS programming. TA will be available to at least 4 CSOs and 4 public sector partners on policy development, and advocacy. TA will be provided to the Supreme Council for Islamic Affairs to develop its HIV/AIDS Policy and to the Interfaith Coalition to finalize its HIV/AIDS Care and Support Guidelines. ENHANSE will serve as the platform for USG implementing partners' dialogue for greater harmonization of activities via 2 workshops and exchange of information using the USAIDIT newsletter. We will provide logistic and other support to the GON to participate meaningfully during USG TA visits.

CONTRIBUTIONS

It is expected that the policy and guidelines developed, and the work of the individuals trained, will have a significant impact on PLWHAS. The policies and guidelines will help facilitate improved delivery of high quality and harmonized clinical and laboratory services. Issues related to greater ownership and support for PEPFAR in Nigeria will be facilitated via enhanced opportunities for dialogue and consensus building leading to greater sustainability.

LINKS

This activity is linked to initiatives in other areas of the ENHANSE mandate that cover

reproductive health and population activities, child survival and education. Specifically, this activity links to palliative care, lab, TB/HIV and blood safety. In addition, it links to the integration of HIV/AIDS into family planning and vice versa via new guidelines being developed. It is also linked to initiatives with the uniformed services, national management of TB, as well as programs addressing OVC.

TARGET POPULATIONS

The activity focuses largely on national level public and private sector institutions, especially those playing a significant role in addressing HIV/AIDS prevention, treatment and care such as NACA and NASCP/FMOH. ENHANSE’s interventions also target the CCM with activities to strengthen its capacity for the funds’ application processes while also creating the avenue for international partner agencies to work collaboratively and to leverage resources for HIV/AIDS programming. In addition, this activity targets media organizations from the print and electronic media as well as the national legislature and political parties. The activity also targets the leadership of Faith-based Organizations as well as national networks of those living with the virus or associated with them.

LEGISLATIVE ISSUES

This activity will increase legislative engagement with HIV/AIDS related issues especially those addressing institutionalization of the current structures leading the national response. In addition, this activity will be addressing specific legislation related to the workplace and HIV/AIDS, as well as the larger context of HIV/AIDS stigma and discrimination. This activity will also address issues of gender and women’s legal rights, education and democracy. For example, this activity will also target cross-cutting legislature such as the domestication of Convention for the Eradication of Domestic violence Against Women (CEDAW), the Child Rights Act, or those addressing intellectual property rights especially as it relates to the use of generic drugs and products for public health purposes. The conduct of a legislative audit as it relates to HIV/AIDS will be addressed.

EMPHASIS AREAS

This activity’s major emphasis is on policy development and utilization. Minor emphasis areas include training, strategic information/M&E and linkages with other sectors.

Continued Associated Activity Information

Activity ID: 3238
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 2,150,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	4	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	30	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	30	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	30	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	30	<input type="checkbox"/>

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Increasing women's legal rights
Stigma and discrimination
Education

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: DoD Program
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6809
Planned Funds: \$ 50,000.00

Activity Narrative: This activity relates to ART Services (3.3.11), ART Drugs (3.3.10), and Strategic Information (3.3.13) program area activities.

The Nigerian Ministry of Defense – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military. Implementation in this manner ensures direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels- developing a strong USG relationship with another branch of the Nigerian Government; building capacity of the indigenous partner through joint implementation of activities; and offering a cost effective model for implementation through a direct USG-GON collaboration, and supporting both the military and civilian communities.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the NMOD. The DoD PEPFAR Program is governed by a Steering Committee (SC), co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria, whose membership includes representatives of both militaries, the Federal Ministry of Health (FMOH) and National Committee on AIDS Control (NACA)., The Emergency Plan Implementation Committee (EPIC), subordinate to the SC, is comprised of Nigerian and US Military members and directs the implementation of the Program through daily contact. The MOSD has directed the EPIC to harmonize with all other partners and funding streams of the Nigerian Military to ensure complete synergy among programs and the coordinated/complementary use of resources.

COP 2007 plans expansion to seven new facilities: (Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and the Military Hospital (Maiduguri).

Cost effectiveness for this program is without question. This program fully adheres to USG policies and acquisition regulations, minimizes indirect costs, and accomplishes the capacity building described above. International and local organizations may synergize with the Nigerian Ministry of Defence and identify best practices and implement evidence based interventions in a sustainable manner. This ensures continued USG visibility at all levels of implementation. The NMOD-DOD HIV partnership in implementing PEPFAR activities is a strong, focused, capacity building execution of the program that ensures a cost effective, sustainable program.

DoD will focus primarily on supporting the NMoD in developing, implementing and reviewing policies on reducing the incidence and prevalence of HIV/AIDS in military communities and in strengthening its systems and capacity building. Additionally, the DoD will continue to be involved with all its PEPFAR partners in their policy and system strengthening and harmonisation activities. A product of this will be funding proposals to NACA, The Gates Foundation and the US European Command.

Within the military community, DoD activities will include further support for policy and systems strengthening activities, and the provision of training and development for the Nigerian Ministry of Defence (NMoD). Support to the three target organizations, (NMOD, EPIC and the Armed Forces Program on AIDS Control), will include addressing high risk issues such as peacekeeping and other extra-country deployments as well as internal deployments.

Specific interventions at 14 sites will include mobilization of local military communities to address male norms and behaviors regarding cross-generational and transactional sex and support for the development of military policy to prevent sexual violence and coercion. CBOs will be strengthened in their efforts to reduce the stigma associated with HIV status and to reduce discrimination faced by those with HIV or AIDS.

Externally, the DoD will continue to develop its support for military coordination activities, particularly within Africa, building on relationships developed during the PEPFAR Conference in Durban 2006, and will, as a consequence, support policy development and systems strengthening activities, including training and other learning experiences, and

contacts and exchanges with appropriate military organizations. Exchange opportunities with the South African, Kenyan and Ghanaian militaries will be explored. Specific products expected from these activities will be enhanced policies on pre and post deployment peacekeeping testing and a study of the manpower required for maintaining treatment activities started with PEPFAR funding in the post-PEPFAR era thus ensuring sustainability.

At the local level the DoD will support training and development activities for 168 individuals at 14 sites, in centralised and site-specific settings, targeted at individual and work-group development in management, budgeting, logistics, project planning, implementation, and monitoring and evaluation. By training uniformed members and civilian employees at all levels that are invested in a career track in the GoN, we foster a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals are not only technically trained, but also receiving management and oversight capability strengthening. This clearly fulfills PEPFAR program goals for independent operation and oversight roles.

Within Nigeria, in addition to its commitment to the PEPFAR Team and its technical working groups concerning policy and guideline development, the DoD will continue to be involved with organizations responsible for responding to the HIV/AIDS epidemic in their national policy development, implementation and coordinating activities. These organizations include the FMOH, NACA, the National Committee on AIDS/STD Prevention, and the Global Fund.

The DOD activities are designed to develop and strengthen policies and systems that facilitate improved delivery of high quality healthcare to people infected and affected by HIV/AIDS. This will, in turn, facilitate greater coordination and harmonisation across all sectors, improve involvement and commitment and ensure long-term sustainability.

These DoD activities are linked to all other program areas by ensuring the development of policies and systems that ensure cost-effective service delivery in a coordinated and harmonized manner, by PEPFAR partners and Implementing Partners (IPs), the Government of Nigeria (GoN) and other bi-and multi-lateral partners.

Whilst the primary target of these activities is the Nigerian Military, the impact will be felt by all sectors within Nigeria in supporting coordinated and harmonized service delivery. Beyond the military, targeted populations will include host country government workers, CBOs, FBOs the CCM, implementing organizations, and community and religious leaders, mainly to assist with policy development. Training will be provided, in conjunction with other partners (PEPFAR and GoN), in systems strengthening, community mobilisation, and service evaluation.

Due to the inclusive nature of these activities, all aspects of HIV/AIDS policies and guidelines and, hence, all aspects of legislation are affected. There will, however, be more emphasis placed on gender issues, such as addressing male norms and behaviours, and on reducing stigma and discrimination.

This activity includes major emphasis on policy and guidelines and minor emphasis on local organization capacity development, strategic information, training and linkages with other sectors and initiatives.

Continued Associated Activity Information

Activity ID:	6504
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 40,000.00

Emphasis Areas

	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	3	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	17	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	42	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	42	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	42	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	42	<input type="checkbox"/>

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Military personnel
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion

Coverage Areas

Benue

Borno

Cross River

Delta

Enugu

Federal Capital Territory (Abuja)

Kaduna

Lagos

Oyo

Plateau

Rivers

Benin

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12447
Planned Funds: \$ 750,000.00

Activity Narrative: ACTIVITY DESCRIPTION: This is a new activity to develop a longterm fellowship program for health care workers in Nigeria to provide sustainability and surge capacity to the government of Nigeria at the state and national levels. The program will be based within the Federal Ministry of Health and will train junior level professionals (physicians, laboratorians) from the state and federal ministries of health. The fellowship program will be a two-year in-service training program in applied epidemiology and public health laboratory practice. The applied epidemiology fellowship program for physicians will serve to link their medical background to the public health needs at the local level specific to HIV/AIDS. They will develop skills that can be applied in their positions at the state and national government levels, thereby furthering the government's capacity in areas such as identifying and interpreting prevalence rates in different populations including most at risk populations (MARPs), evaluating prevention intervention strategies, identifying/quantifying causes of loss-to-follow up, developing and evaluating monitoring systems, and developing referral networks. The public health laboratory fellowship program for laboratorians will serve to link their laboratory background to the public health needs at the local level specific to HIV/AIDS. They will develop skills that can be applied in their positions at the state and national government levels, thereby furthering the government's capacity in areas such as appropriate scale up of HIV diagnostics (for example training of nonlaboratorians to conduct rapid HIV testing), scale up of early infant diagnosis, appropriate scale up and application of resistance testing, and identifying/addressing notification requirements for laboratories with regard to MDR/XDR. The fellows will develop into leaders in public health in Nigeria, and in addition to their applied work they will be expected to organize or facilitate public health training courses for their colleagues in the government and/or at the local level.

While the fellows will train in applied epidemiology related to other public health priorities in Nigeria as well, PEPFER funds will be used to develop a specific focus on HIV/AIDS activities within the fellowship program. With the graduation of fellows and their return to the public sector, the program will develop a self sustaining institutionalized capacity to train public health leaders in field epidemiology and field-oriented public health laboratory practice. Graduates of the program will serve as mentors to new trainees and will also present lectures to trainees during didactic portions of the program. As fellows are trained through conducting activities in the field, the program will provide epidemiological services to the public health system at national, zonal, state, and local levels which will serve to address gaps in the government's ability to respond to the HIV/AIDS epidemic. South-south collaboration will be used to link fellows to applied public health training programs in other countries, thereby utilizing lessons learned in similar settings.

CONTRIBUTIONS TO OVERALL PROGRAM AREA

The curriculum will lead to capacity development at the national, state, and local level and will ensure sustainability through the involvement of graduates in the program. Sustainability will also be ensured by placing graduates back into their positions with the state and national ministries of health.

LINKS TO OTHER ACTIVITIES

C&T, ART Services, ART Lab, Basic C&S, VCT, PMTCT, TB/HIV, OVC and Other Prevention

KEY LEGISLATIVE ISSUES ADDRESSED

None

EMPHASIS AREAS

The major emphasis area for this activity is "Training" as capacity development for sustainability is a key focus. Minor emphasis areas include "developing a training curriculum and modules" and provision of additional "training resources" for trainers and trainees. "Infrastructure development" is also a minor emphasis as the capacity of the ministry of health is enhanced through the fellows.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Training	51 - 100

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12448
Planned Funds: \$ 175,000.00

Activity Narrative: ACTIVITY DESCRIPTION:

This activity relates to activities in ARV Services, Basic Care and Support, OVC, HCT, PMTCT and Other Prevention. ACTION will support the efforts of the Nigerian Government FMOH in strengthening the skills of nurses for National response to the HIV/AIDS epidemic in the country in line with the Health Sector National Strategic Framework for HIV/AIDS (NSF). This is in consideration of the fact that nurses constitute the highest number of health care workers in Nigeria and spend the highest amount of manpower hours with patients but there has not been a very specific program to address the weak skills that exist country wide. If adequately trained and empowered to utilize learned skills, nurses could render more appropriate care for PLWHAs and contribute meaningfully to mitigating impact of HIV/AIDS as well as to sustaining the efforts conducted under the Emergency Plan. As the number of patients accessing ART services continues to increase without exponential increase in the number of doctors, especially in primary and secondary sites, doctors are overworked and patient access to care is still not optimal. With proper training, nurses will be better utilized to address the personnel challenges being faced by ART sites. This activity is aimed at establishing a HIV care nurse fellowship training program to address the weaknesses that exist in the skill levels of nursing professionals in Nigeria.

ACTION will develop a South – South collaboration with another African Country with similar experiences e.g. Zimbabwe, Zambia, South Africa or Uganda and utilize lessons learned to develop a standardized but comprehensive nursing curriculum and provider manuals. This will be done in collaboration with the USG team, FMOH, Nursing and Midwifery Council of Nigeria and other stakeholders. ACTION will implement in collaboration with other IPs a training program for nurses in practice using this curriculum with a focus on specific skills sets and knowledge needs as identified through the experiences of the IPs in the field. This will incorporate the GON adopted IMAI/IMCI approach to HIV/AIDS care with emphasis on such skills as: aseptic technique; injection safety; universal precautions; nursing triage; nursing assessment and follow up of stable patients with prescription re-authorization; monitoring for adverse effects and treatment efficacy; adherence/general counseling; linkages with community care and other services; palliative care and treatment of minor ailments including OIs like thrush, malaria, diarrhea etc. using standing orders developed and approved by supervising physicians. In addition, their skills will be enhanced to provide counseling for prevention, HCT, disclosure/partner notification & other support services thereby creating sustainability since these nurses will continue to work at the sites. Because these skills are transferable, their ability to manage and care for patients with other disease conditions will be enhanced.

Three TOTs which will include didactic, practicum and test taking sessions will be conducted to develop a cadre of 45 trainers who will then carry out training for as many nurses as funding will allow nationwide. Each Master Trainer will train 10 nurses thereby indirectly supporting 450 nurses. Both trainers and trainees will be certified and earn continuing education credits which the Nursing and Midwifery Council will be encouraged to consider as a requirement for license renewal (to instigate a culture of professional development for Nigerian nurses). Management structure and logistics for the training program will be through USG funding to LMS.

ACTION currently supports ARV services at 16 sites and will develop 8 additional sites under COP07 for a total of 24 full service sites. Full service sites will be affiliated with 20 additional primary health center ARV sites so that routine care of stable patients can be moved to the community level. These primary health center sites already have established referral relationships with existing ARV sites at the secondary or tertiary level and will be strengthened under COP07 to provide ARV in a more accessible location. Most of these sites are staffed by Nurses. ACTION anticipates that at least 10 out of these 20 primary health centers will be developed as “nurse managed” ART sites with oversight from the affiliated hubs. These are ideal settings where this training could be piloted. Sites are located in states chosen based upon high prevalence in the most recent 2005 antenatal HIV sero-survey and geo-political distribution. They include: Anambra, Edo, FCT, Nasarawa, Kogi, Niger, Kano, Cross Rivers, Bauchi, Benue, Delta, Lagos, Sokoto, Jigawa, Plateau, Kaduna, Ogun, Osun, Imo, Katsina, Gombe, Kwara, and Akwa Ibom.

CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Curriculum development will lead to Capacity development at the site level and will be consistent with national guidelines to ensure sustainability. ACTION staff will ensure that there is a step down training with trainees from various hospitals using the Training Centers in Benin, Kano , Jos and Abuja. The GON and other IPs will also utilize the curriculum and other trainers developed to further step down the trainings across the country.

LINKS TO OTHER ACTIVITIES:

C&T, ART Services, Basic C&S, VCT, PMTCT, OVC and Other Prevention

KEY LEGISLATIVE ISSUES ADDRESSED:

This activity addresses the key legislative issue of "Twinning" as a South to South partnership with another African country will be utilized to develop the curriculum.

EMPHASIS AREAS:

The major emphasis area for this activity is "Training" as capacity development for sustainability is a key focus. Minor emphasis areas include "developing a training curriculum and modules" and provision of additional "training resources" for trainers and trainees for step down training in hospitals. An additional emphasis area is "Human Resources" as manpower shortfalls to address HIV care needs will be addressed.

Emphasis Areas

Human Resources

% Of Effort

51 - 100

Training

10 - 50

Target Populations:

Nurses

Public health care workers

Private health care workers

Nurses

Key Legislative Issues

Twinning

Coverage Areas

Akwa Ibom

Anambra

Bauchi

Benue

Cross River

Delta

Edo

Federal Capital Territory (Abuja)

Gombe

Imo

Jigawa

Kaduna

Kano

Katsina

Kogi

Kwara

Lagos

Nassarawa

Niger

Ogun

Osun

Plateau

Sokoto

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Leadership, Management, and Sustainability
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12449
Planned Funds: \$ 950,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity relates to OVC (3.3.08), TB/HIV (3.3.07), and Other Policy/Systems Strengthening (3.3.14) Program Areas. In addition to the capacity-building support currently being provided to 12 Nigerian Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs), The Leadership, Management and Sustainability (LMS) Program will expand its institutional capacity building support to selected Government Institutions to increase their abilities to provide nationwide coordination, thereby increasing synergies and effectiveness of the PEPFAR programs. Two of the institutions that will be strengthened in this expansion are the National AIDS and STI Control Program (NASCP) in the Federal Ministry of Health, and the Country Coordinating Mechanism (CCM) for the Global Fund. LMS will develop leadership and management skills at national and state levels for both organizations and focal persons in these organizations. Support will also include strengthening organizational and programs management capacity to efficiently and effectively address the National response, with particular emphasis on coordination issues.

In COP 07 LMS will provide technical assistance to governmental agencies and NGOs engaged in the coordination and implementation of services to HIV/AIDS affected orphans and vulnerable children in Nigeria. Although this is a new initiative in Nigeria, LMS and its predecessor project the Management & Leadership (M&L) Project provide this support in other countries. COP 07 funds will be used to provide support in areas of organizational development such as: development and maintenance of constructive, informed working relationships with all stakeholders including the USG, their IPs and other donor organizations; project management; monitoring and evaluation; financial management; strategic and annual planning; leadership development; and sound governance structures. The goal of this TA and capacity building is that these important governmental organs will have an improved organizational structure with a clear mission, more efficient governance, effective internal and external communications, M&E systems, and improved management. LMS initiated this type of support to the CCM over the past year, and was successful in supporting institutional reforms that Geneva considered necessary before considering future GF awards to Nigeria. LMS's early success in this area allowed both a TB grant and a HIV/AIDS grant to be signed—both of which will contribute heavily to scaling up the national response. While initial efforts have been successful, all parties agree that continued support will be needed to maintain the momentum and to institutionalize the recent changes. Therefore, a continuation of this support is proposed with these plus up funds. NASCP has recently undergone a change in leadership that has brought an increased awareness of and appreciation for the importance of building a strong institutional capacity within NASCP to enable it to play its role in the coordination of the rapidly growing HIV/AIDS response. NASCP has specifically sought out USG support for its reorganization, and asked for support in designing a new organogram, getting job descriptions and performance measures in place, developing policy and procedure manuals, integrating strategy and work planning etc. Therefore, we propose to seize this welcome opportunity by offering LMS specialized institutional capacity building expertise to support them in these efforts.

In addition, the initiation of a fellowship program which will provide recent graduates opportunities to receive on the job training and mentoring in USG supported HIV/AIDS programs is proposed. This fellowship will be established and administered by LMS to improve health workers service delivery skills in the rapidly evolving HIV/AIDS arena, and to foster these skills in the national health sector workforce, as well as to provide short-term surge capacity to staff rapidly expanding HIV/AIDS treatment, care, and support facilities. All sites will use a standard data collection tool to assist with monitoring and evaluation of their community-based service delivery activities.

CONTRIBUTIONS TO OVERALL PROGRAM AREA LMS assistance to government agencies will improve the capabilities of these agencies to oversee, coordinate, monitor and support the national OVC response, the National TB/HIV response, and the coordination and oversight abilities of the CCM.

LMS activities will result in strengthened National capacity to deliver more efficient and effective care and reach their established targets. The positive effects expected from more coordinated, technically proficient leadership in the Federal Ministry will provide benefits for all HIV/AIDS programs in Nigeria, not only PEPFAR programs.

LINKS TO OTHER ACTIVITIES Activities will improve financial management, human

resource management, MIS, quality assurance, strategic planning, and leadership and governance of partner and governmental organizations. LMS activities in Nigeria will also improve government oversight of national and other donor supported programs, coordination of national efforts, greater efficiency and improved leadership of governmental programs.

POPULATIONS BEING TARGETED This activity targets leaders within National ministries and government parastatals. This is expected to quickly lead to direct benefits of individual clients as the system is strengthened and coordinated and provided oversight and guidance.

KEY LEGISLATIVE ISSUES ADDRESSED This activity will support the Federal Ministry to increase their capacity to plan strategically, lead in the scaling up of HIV/AIDS activities in Nigeria, and monitor and respond to results that are achieved.

EMPHASIS AREAS This activity includes major emphasis on institutional capacity development and on building human resources and quality services and improving usage of strategic information (M&E) as detailed in the activity description above.

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	4	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	45	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: \$ 11,080,000.00

Program Area Context:

The USG Nigeria PEPFAR Team is investing strategically in human and physical capital to develop a dynamic integrated interagency infrastructure that fully and efficiently catalyzes PEPFAR and Global Fund resources to combat HIV in Nigeria. In early COP06 the USG Nigeria PEPFAR Team was significantly understaffed due to large numbers of vacancies but successful recruiting has more than doubled the staff with focus on critical technical positions.

The USG Nigeria PEPFAR Team made significant progress in M&S during the past year since the COP06 submission on September 30, 2005 when 77 staff positions existed and only 34 were filled. Within the subset of 35 technical positions, only 8 were filled, hindering efforts to provide USG agency support to implementing partners and the Government of Nigeria (GoN). COP06 increased the number of approved positions to 79 and during the past year successful recruiting has enabled USG Nigeria to fill 65 of these positions, including 26 of the 35 planned technical positions. Several senior management positions remaining have now been filled on the USG Nigeria Team roster include the hiring of the Senior Nigeria Medical Epidemiologist position (replacing Dr. Joseph Nnorom) and a USDH Medical Epidemiologist (both through HHS/CDC) for the PEPFAR Nigeria Clinical Working Group. USAID hired an Deputy HIV/AIDS Team Leader and DoD hired a Program Coordinator, both positions critical to moving toward a truly integrated PEPFAR program in COP07. Critical to COP07 will be to replace Nina Wadhwa (HHS/OGHA secondment) as the PEPFAR Interagency Coordinator, departing in March 2007. The proposed mechanism for bringing on a new Coordinator is to hire an incumbent through the State Department, and the other USG Agencies will contribute needed support position(s).

Prior to COP06, the majority of in country technical assistance came from USAID, with HHS/CDC and DoD providing technical assistance through temporary duty (TDY) staff. This situation has now substantially changed with HHS/CDC successfully hiring over 14 technical staff members during the last quarter and several more pending security clearance to begin work. DoD is also on the verge of bringing on multiple local hires to fill its technical roster to complement the technical working groups as well. While outside technical consultation will still exist for all agencies, the emphasis now is on building daily working relationships using in-country staff to interface with implementing partners and the GoN. USG Nigeria views this as a critical step to moving the rapid expansion of activities forward during COP07 and COP08 while building capacity of local partners.

In order to meet the USG Nigeria PEPFAR program needs in COP07 and to prepare for COP08, the USG Nigeria Team are requesting 50 new positions in COP07 bringing the new staffing plan to total 129 positions. These positions will be responsible for monitoring and oversight of the \$273.5 million COP07 PEPFAR program and providing technical or policy support to the Global Fund Program in Nigeria. These staff in COP07 will provide support to over 38 implementing partners, at over 200 sites conducting 200 discrete COP activities in a geographic area (Nigeria) approximately 25% larger than the state of Texas or France.

The USG PEPFAR Team is subdivided into eight primary USG PEPFAR working groups with liaison members between groups for consistency or essential linkages. These USG working groups include: 1) Sexual transmission working group inclusive of Abstinence, Be Faithful, Condoms and Other Prevention ; 2) the medical transmission working group 3) the Laboratory Support working group inclusive of Lab and VCT; 4) the Clinical services working group inclusive of TB/HIV, PMTCT and ARV Services; 5) the SI working group; 6) the Procurement and Operations working group inclusive of SCMS oversight, grants management, and commodities procurement; 7) the Basic Care and Support working group; inclusive of palliative care and OVC; 8) and the Senior Management and Policy working group. Working groups are characterized by a having a working group chair or co-chairs which can only be members of one additional group and only the chair of one working group so the focus is not lost. Non-chair members may be members of multiple groups but may only be liaison members to no more than one other group. There is a specific network

coordinator assigned as a member of the Lab/VCT working group, Clinical Services working group, and Procurement/Operations working group. These network coordinators liaise together and with implementing partners to clearly map out physical locations and the types of services offered for network referral purposes. Extended versions of these working groups include implementing partner representatives and the GoN where appropriate.

Strategic policy decisions are made in weekly senior management meetings held with the U.S. Ambassador to Nigeria to keep agencies aligned on communications to OGAC and with the Government of Nigeria. Joint technical advisory teams from the HQ staff of agencies are brought in to provide more objective feedback to the team regarding deficiencies or needed areas of improvement and to keep agencies better informed of field activities.

The USG Nigeria PEPFAR Team has also made progress in critical infrastructure upgrades to the HHS/CDC offices which serve the entire USG Nigeria PEPFAR team, increasing capacity, efficiency and productivity. These advances include: new generator systems for the HHS/CDC warehouse and office, new servers/personal computers and wireless LAN for improved communications, VOIP phone systems for more reliable and clear conference calling with HHS/CDC and OGAC, new parking facilities to serve the entire PEPFAR team when working out of the HHS/CDC offices or conducting interagency meetings, lease and renovation of an HHS/CDC warehouse to support PEPFAR activities, and installation of new back-up power systems to prevent communication or productivity interruptions. During COP07 HHS/CDC plans to lease additional office space adjacent to its existing space which will serve the expanding DoD PEPFAR program, HHS/CDC PEPFAR Laboratory technical staff and DoD and HHS/CDC driver pools.

Challenges still exist for the continued scale up of human resources, including an extraordinarily long lag time between position approval to actual employment due to the many and time consuming processes. Additionally, Nigeria is a "hard to recruit" post for USDH or qualified expatriates, suffering from high rates of crime and environmental factors such as malaria and other infectious diseases , and , lacking amenities such as recreational opportunities, and quality health care,

Find attached our current USG Nigeria Organogram and USG Nigeria Working Groups in Supplemental Documents for complete listing of positions for the USG Nigeria PEPFAR team.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID Agency Funding
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 6775
Planned Funds: \$ 3,934,000.00

Activity Narrative: ACTIVITY NARRATIVE

The USG Nigeria team's M&S goal, through the USAID office in Nigeria, is to have adequate oversight for the 12 bilateral agreements worth \$91M, and the 7 field support agreements worth \$20M, to ensure achievement of results and responsible and accountable use of USG funds. Given the highly medical technical nature of ART services, and the need for broad expansion for community- and home-based services, the need for on-site monitoring is substantial. The rapid expansion of the portfolio, especially with new and inexperienced local organizations, increases this oversight burden substantially. In addition to contractual responsibilities to the USAID-funded agreements and contracts, the USAID team also plays a vital role in integrating the Emergency Plan programming across partners. The interagency technical teams play an important role in the joint oversight and monitoring of all the Emergency Plan partners and in coordinating and collaborating with the GON and bilateral and multilateral donors and other stakeholders.

To achieve this goal, the HIV/AIDS Office in USAID/Nigeria has planned for full staffing at 49 positions in FY2007, an increase of 19 technical and administrative support staff (see USG Nigeria Staff Matrix COP07). Presently all of the 30 approved COP06 positions have been filled and USAID is preparing for another major round of hiring to support the budget and program increases in COP07 and significant program expansion in COP08. This scale up is closely coordinated with the larger USG team to avoid duplication or overlap in technical areas, and to take advantage of the various agencies core competencies.

The COP07 staffing plan includes 9 USDH that fill the positions of HIV/AIDS Team Leader, Deputy Team Leader, PEPFAR Coordinator, 2 Program Officers, Contracting Officer, Controller and an IDI to lead procurement activities. Of the remaining 37 positions, 27 work within the technical office providing direct HIV/AIDS program support and 10 are Mission support positions that reside in the Finance, Contracts, Partnership, and Executive Offices. The complete breakdown is detailed in the Staffing Matrix. In the attached supporting documents a full USG PEPFAR Nigeria organizational chart is attached. The specific disciplines of technical staff to be recruited were determined through an interagency staffing process that allows for complementary staffing across agencies.

M&S costs are inclusive of "fully loaded" costs for M&S personnel, rent for offices and warehouse space, utilities, travel for M&S staff, training for M&S staff, general ICASS charges, 1 new vehicle, IT taxes, parking fines and a port-a-kabin in which to house the new technical staff.

The USAID M&S budget in COP07 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in the Nigeria, which is the second largest PEPFAR country based on established 2009 end targets.

Through an interagency agreement, USAID will take the technical working group lead in several program areas including: AB prevention, Medical transmission prevention, Condoms and other prevention, Palliative care, OVC, C&T, Commodities Logistics, SI and Systems Strengthening. USAID also has staff designated for TB/HIV, ART, and Lab but will support CDC team leads in these TWG areas. Technical staff members from all PEPFAR implementing agencies are viewed as USG team staff and the designation of "lead" indicates primary responsibility for coordination and reporting to the joint USG Nigeria PEPFAR management team on programmatic progress and policy issues in these areas. Policies and resource allocation decisions are made through weekly interagency PEPFAR management meetings, weekly PEPFAR senior management meetings with the Ambassador, and regularly scheduled meetings with the Ministry of Health and NACA.

The USAID ICASS budget for FY07 is estimated at \$394,823 and IRM Tax at \$232,000.

Continued Associated Activity Information

Activity ID: 3263
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: USAID Agency Funding

Funding Source: GHAI
Planned Funds: \$ 2,996,927.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 6793
Planned Funds: \$ 3,056,000.00

Activity Narrative: ACTIVITY DESCRIPTION: The USG Nigeria team's M&S goal, through the HHS/CDC office in Nigeria, is to have sufficient staff for COP07 to provide more technical and programmatic oversight and assistance to all implementing partners in Nigeria. To achieve this goal, the CDC Global AIDS Program (GAP) Office in Nigeria has planned for full staffing at 59 positions in FY2007, an increase of 20 technical and administrative support staff (see USG Nigeria Staff Matrix COP07). Presently 38 of the 39 approved COP06 positions have been filled as CDC GAP Nigeria has completed a major recruiting initiative over the last 12 months.

The COP07 staffing plan includes 7 USDH that are comprised of the Chief of Party, Deputy Director, Associate Director for Epidemiology & Clinical Programs, Associate Director for Laboratory Science, Associate Director for Management and Operations, Associate Director for Program Monitoring, and Associate Director for a USG PEPFAR field office in Lagos. The Lagos PEPFAR Field Office, while initially staffed and funded by HHS/CDC will support the extensive USG PEPFAR program in southern Nigeria. Although approval for 2 new USDH positions is sought in COP07, it is not expected that these USDH positions will be filled until Q4 FY07 or Q1 of FY08 due to the process for FTE approval at HHS and the timeline for recruitment, selection and relocation. A further breakdown of total staff requested includes 25 FSN technical staff (funded under specific program areas), 2 contractors under CDC fellowship programs, and 25 support staff including 12 administrative staff, 11 drivers, and 2 IT technicians that are all included under M&S. In the attached supporting documents a full USG PEPFAR Nigeria organizational chart is attached. The specific disciplines of technical staff were determined through an interagency staffing process that allows for complementary staffing across agencies.

M&S costs are inclusive of rent for offices and warehouse space, utilities, office operational costs, M&S specific equipment, M&S specific staff inclusive of all associated costs, travel for M&S staff, training for M&S staff, general ICASS charges, ICASS and CSCS for M&S staff, relocation costs of 2 USDH M&S positions expected in FY07, residential leases and post allowance for 5 USDH M&S positions, security services for offices/warehouse, 3 new vehicles for increased CDC Nigeria technical staff field support, and increased communications costs related to staff growth.

The CDC M&S budget in COP07 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in the Nigeria, which is the second largest PEPFAR country based on established 2009 end targets. Direct country project officer oversight at CDC is in place for four of the six existing Nigeria ARV treatment partners (Harvard University SPH-APIN, University of Maryland-ACTION, Columbia University-ICAP and Catholic Relief Services-AIDSR relief). Additionally, CDC has seven other cooperative agreements supporting a broad range of implementing partner activities such as laboratory, safe blood, TB/HIV and PMTCT.

Through an interagency agreement, CDC will also take the technical working group lead in several program areas including: interagency funding mechanisms for procurement of commodities, Laboratory Infrastructure & QA, Surveillance, PMTCT, ART Services and TB/HIV. CDC also has staff for Strategic Information, and Basic Care and Support but will support a USAID or DoD team leads in these TWG areas. Technical staff members from all PEPFAR implementing agencies are viewed as USG team staff and the designation of "lead" indicates primary responsibility for coordination and reporting to the joint USG Nigeria PEPFAR management team on programmatic progress and policy issues in these areas. Policies and resource allocation decisions are made through weekly interagency PEPFAR management meetings, weekly PEPFAR senior management meetings with the Ambassador, and regularly scheduled meetings with the Ministry of Health and NACA.

HHS/CDC ICASS cost for FY07 are estimated to be \$780,000 and CSCS cost at \$289,801.

Continued Associated Activity Information

Activity ID:	3260
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	HHS/CDC Agency Funding

Funding Source: GAP
Planned Funds: \$ 3,017,766.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	6794
Planned Funds:	\$ 1,050,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: This funding completes the CDC M&S budget which is fully described in activity #6794 (CDC Core Funds). A repeat of the CDC M&S narrative is below.

The USG Nigeria team's M&S goal, through the HHS/CDC office in Nigeria, is to have sufficient staff for COP07 to provide more technical and programmatic oversight and assistance to all implementing partners in Nigeria. To achieve this goal, the CDC Global AIDS Program (GAP) Office in Nigeria has planned for full staffing at 59 positions in FY2007, an increase of 20 technical and administrative support staff (see USG Nigeria Staff Matrix COP07). Presently 38 of the 39 approved COP06 positions have been filled as CDC GAP Nigeria has completed a major recruiting initiative over the last 12 months.

The COP07 staffing plan includes 7 USDH that are comprised of the Chief of Party, Deputy Director, Associate Director for Epidemiology & Clinical Programs, Associate Director for Laboratory Science, Associate Director for Management and Operations, Associate Director for Program Monitoring, and Associate Director for a USG PEPFAR field office in Lagos. The Lagos PEPFAR Field Office, while initially staffed and funded by HHS/CDC will support the extensive USG PEPFAR program in southern Nigeria. Although approval for 2 new USDH positions is sought in COP07, it is not expected that these USDH positions will be filled until Q4 FY07 or Q1 of FY08 due to the process for FTE approval at HHS and the timeline for recruitment, selection and relocation. A further breakdown of total staff requested includes 25 FSN technical staff (funded under specific program areas), 2 contractors under CDC fellowship programs, and 25 support staff including 12 administrative staff, 11 drivers, and 2 IT technicians that are all included under M&S. In the attached supporting documents a full USG PEPFAR Nigeria organizational chart is attached. The specific disciplines of technical staff were determined through an interagency staffing process that allows for complementary staffing across agencies.

M&S costs are inclusive of rent for offices and warehouse space, utilities, office operational costs, M&S specific equipment, M&S specific staff inclusive of all associated costs, travel for M&S staff, training for M&S staff, general ICASS charges, ICASS and CSCS for M&S staff, relocation costs of 2 USDH M&S positions expected in FY07, residential leases and post allowance for 5 USDH M&S positions, security services for offices/warehouse, 3 new vehicles for increased CDC Nigeria technical staff field support, and increased communications costs related to staff growth.

The CDC M&S budget in COP07 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in the Nigeria, which is the second largest PEPFAR country based on established 2009 end targets. Direct country project officer oversight at CDC is in place for four of the six existing Nigeria ARV treatment partners (Harvard University SPH-APIN, University of Maryland-ACTION, Columbia University-ICAP and Catholic Relief Services-AIDSRelief). Additionally, CDC has seven other cooperative agreements supporting a broad range of implementing partner activities such as laboratory, safe blood, TB/HIV and PMTCT.

Funding for M&S related equipment and supplies in the amount of \$900,000 has been placed under SCMS M&S for procurement purposes.

Continued Associated Activity Information

Activity ID: 6566
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: HHS/CDC Agency Funding
Funding Source: GHAI
Planned Funds: \$ 925,626.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Inter-agency coordinator operations/support
Prime Partner: US Department of Health and Human Services
USG Agency: HHS/Office of the Secretary
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 6810
Planned Funds: \$ 275,000.00
Activity Narrative: ACTIVITY DESCRIPTION HHS/OGHA has detailed through a Temporary Change of Station (TCS) a GS-13 USDH to U.S. Embassy Abuja to serve as the USG Nigeria Emergency Plan Coordinator. The incumbent will depart post in March/April 2007. The Coordinator reports to the Executive Office under Ambassador John Campbell and DCM Tom Furey while on detail. The Coordinator serves as staff to the Executive Office regarding the Emergency Plan, as a liaison to the Office of the Global AIDS Coordinator and Embassy Abuja for the USG team and assists the USG team with consensus building.

The funding allocated in COP07 will continue to support all associated costs of having a USDH direct hire at post including relocation costs back to the U.S. The ICASS budget for FY07 is estimated at \$90,000 and CSCS at \$33,000.

Continued Associated Activity Information

Activity ID: 5346
USG Agency: HHS/Office of the Secretary
Prime Partner: US Department of Health and Human Services
Mechanism: Inter-agency coordinator operations/support
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: DoD Agency Funding
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 6815
Planned Funds: \$ 1,605,000.00

Activity Narrative: ACTIVITY DESCRIPTION

This activity also links to AB (#6803), Blood Safety (#6805), Condoms and Other Prevention (#6804), Counseling and Testing (#6796), Laboratory Infrastructure (#6799), Policy Analysis and Systems Strengthening (#6809), OVC (#6808), Basic care and Support (#6802), TB/HIV (#6795), PMTCT (#6801), SI (#6800), ARV Drugs (#6797) and ARV Services (#6798).

The Nigerian Ministry of Defence – US Department of Defense (NMOD-DOD) HIV partnership enters its third year in implementing PEPFAR activities. The US Military HIV Research Program (USMHRP), under the DOD, directly implements with its counterpart, the Nigerian Military, ensuring direct capacity building within an Agency of the Federal Government of Nigeria. Through this partnership, the impact of this program in Nigeria is profound on multiple levels. The partnership is developing a strong USG relationship with another branch of the Nigerian Government, building capacity of the indigenous partner through joint implementation of activities, offering a cost effective model for implementation through a direct USG-GON collaboration, and supporting both the military and civilian communities, as 80% of patients under ART at military facilities are civilian.

The relationship fostered by PEPFAR and DOD/USMHRP has resulted in an excellent partnership with the NMOD. The Program is governed by a Steering Committee, co-chaired by the Minister of State for Defence (MOSD) and the US Ambassador to Nigeria. The MOSD has directed the Emergency Plan Implementation Committee to harmonize with all other partners and funding streams of the Nigerian Military. This will ensure complete synergy among programs, and the coordinated and complementary use of resources.

COP 2005 PEPFAR funding supported the opening of four facilities: Defence Headquarters Medical Center (Abuja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo, Lagos), and 445 Nigerian Air Force Hospital (Ikeja, Lagos). During 2006, the partnership is commencing activities at three facilities: 45 Nigerian Air Force Hospital (Makurdi), 3 Division Nigerian Army Hospital (Jos), and Navy Medical Centre (Calabar). COP 2007 plans expansion to seven new facilities: Naval Medical Centre (Warri), Military Hospital (Benin), 355 Nigerian Air Force Hospital (Jos), 82 Division Nigerian Army Hospital, (Enugu), Military Hospital (Port Harcourt), 2 Division Nigerian Army Hospital (Ibadan), and Military Hospital (Maiduguri).

This activity supports DOD in-country and provides extra-country technical support for the Emergency Plan. Funding in this section will be applied directly to training and compensating existing staff in the positions of: Program Director; Program Manager; Office Manager; Prevention, Counseling and Testing Coordinator; Strategic Information Officer; ART and PMTCT Officer; Laboratory Officer; Prevention Officer; IT Officer; Program Assistant; Administrative Assistant; and Driver.

The Nigerian Ministry of Defence – US Department of Defense (NMoD-DoD) HIV partnership focuses on activities that build capacity in the Nigerian military provides a focused, capacity-building instrument designed to ensure a cost-effective, sustainable program.

The Nigerian Military provides care to its service members and the surrounding civilian community (over 80% of the Military's patient load is civilian). By implementing directly with the military, and minimizing the indirect cost of program management, the DoD ensures that Nigerian Government employees are receiving specialized technical training and work experience in implementing the program. Refurbishments and equipment are placed directly in Ministry of Defence facilities. Rigorously trained staff and well-equipped facilities improve overall healthcare to the population. (Costs for equipment and reagents used for non-HIV patients, such as a chemistry analyzer, are borne by the military facilities and non-HIV patients.) The overall benefit of this is that both HIV and non-HIV patients will have access to better-trained staff and facilities.

By training uniformed members and civilian employees at all levels who have invested in a career track in the Government of Nigeria, the DoD fosters a generation of trained workers who are more likely to remain with the Military for the long term. As these employees are promoted, individuals receive technical, management, and oversight training. This

explicitly fulfills PEPFAR program goals for independent operation and preparing personnel for oversight roles. The Military Steering Committee ensures an unprecedented level of cooperation in both national and international policy development and implementation, and follows national guidelines and international military standards.

By enabling this cohesive environment, the NMoD-DoD Partnership fosters a learning environment where international and local organizations may synergize with the Nigerian Ministry of Defence. In addition, the program facilitates identification of best practices and implementation of evidence-based interventions in a sustainable manner.

By the end of COP07, the DoD will support 14 NMoD sites in Benin, Benue, Borno, Cross Rivers, Delta, Enugu, FCT, Kaduna, Lagos, Oyo, Plateau, and Rivers (11 states and FCT).

CONTRIBUTION TO OVERALL PROGRAM AREA

The Program Director works in all program areas, and provides specific expertise in the areas of ART Drugs, ART Services, Laboratory, CT, PMTCT, Palliative Care, Safe Blood, and Safe Injection. The Program Manager works across, and manages staff in, all DoD program areas. The Office Manager provides logistical support, and some program advising, for all areas. The Prevention, Counseling and Testing Coordinator works in AB Prevention, Other Prevention, PMTCT, and CT. The Strategic Information Officer contributes to programming and advises on issues related to data collection, monitoring, and evaluation. The Laboratory Officer provides support for laboratory activities. The IT officer provides support related to IT and data collection. The Prevention Officer implements prevention activities harmonized with other partners. The ART and PMTCT officer is responsible for issues relating to those program areas. Other program staff provide logistical support for all areas.

LINKS TO OTHER ACTIVITIES

Management and Staffing activities link to all aspects of patient and client services: AB (#6803), Blood Safety (#6805), Condoms and Other Prevention (#6804), Counseling and Testing (#6796), Laboratory Infrastructure (#6799), Policy Analysis and Systems Strengthening (#6809), OVC (#6808), Basic care and Support (#6802), TB/HIV (#6795), PMTCT (#6801), SI (#6800), ARV Drugs (#6797) and ARV Services (#6798).

POPULATIONS BEING TARGETED

This activity targets all members of the DOD HIV Program team.

EMPHASIS AREAS

This activity includes major emphasis on capacity development and minor emphasis on training and quality assurance.

The DoD ICASS budget is estimated at \$232,000 and CSCS at \$32,000

Continued Associated Activity Information

Activity ID:	3264
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	DoD
Funding Source:	GHAI
Planned Funds:	\$ 1,550,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Public Affairs Section
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	11146
Planned Funds:	\$ 60,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: The funding covers PAS' M&S budget. PAS' M&S goal is to support one dedicated PAS staff to develop, administer, coordinate, and provide technical and programmatic oversight for the 2007 Nigeria Strategic Communication Plan involving all USG PEPFAR implementing agencies, their implementing partners, government of Nigeria, the media, OGAC, contractors, PEPFAR beneficiaries and the Nigerian public to tell the PEPFAR story in Nigeria.

M&S costs are inclusive of one M&S dedicated staff and associated costs, including costs for travel and other program coordination activities across a significant array of implementing partners in Nigeria, which is the second largest PEPFAR country based on an established 2009 end targets.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	SCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	12161
Planned Funds:	\$ 1,100,000.00
Activity Narrative:	ACTIVITY DESCRIPTION: SCMS is a procurement mechanism to enable rapid supply of essential drugs and services. Present agency or embassy procurement mechanisms are too cumbersome and lack the timeliness required for rapidly expanding operations under the emergency plan. CDC has placed \$1,100,000 in SCMS under M&S for equipment support including procurement of 5 Chevy Suburban Light Armored Vehicles, 2 Toyota Landcruisers (non armored), and other equipment and supplies essential for M&S operational support.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>	12/31/2007	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>When will preliminary data be available?</i>	10/31/2007	
Is a Health Facility Survey planned for fiscal year 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>	12/31/2007	
Is an Anc Surveillance Study planned for fiscal year 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>if yes, approximately how many service delivery sites will it cover?</i>	160	
<i>When will preliminary data be available?</i>	4/30/2007	
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Other significant data collection activities

Name:

IBBS

Brief description of the data collection activity:

ACTIVITY DESCRIPTION

nUSG Nigeria is supporting the Nigeria’s Federal Ministry of Health to conduct a combined behavioral and Sero-prevalence survey among Most-at-risk Populations (called Integrated Biological and Behavioral Survey, IBBS) in the country. The selected groups are Commercial Sex Workers, Men-Having-Sex with Men, Injecting Drug Users, transport workers, University students, Armed forces and the Nigeria Police. The aim of the study is to provide information on serological and behavioral data for program purposes as well as for monitoring trends of both the epidemic and the risk-behaviors among these high-risk groups.

n

nDATA COLLECTION

nA total of 13000 respondents will be recruited among these high-risk groups in the 6 PEPFAR-supported states using appropriate sampling methodologies; respondent driven sampling RDS for MSM and IDU, TLS for Non-brothel based Sex workers and transport workers, and cluster sampling for brothel based sex workers, armed forces, police and university students . The target populations will be involved in the design and recruitment of study participants.

nThe study involves administration of survey questionnaires to selected respondents containing standardized modules of HIV/AIDS awareness, knowledge, behavior and attitude of respondents to HIV/AIDS. Blood samples will also be obtained from willing respondents and tested for HIV and Syphilis. Informed consent will be obtained from all respondents for both questionnaire administration and blood draw. The survey will be anonymous to ensure strict confidentiality of participants. Free treatment for syphilis will be provided based on serology outcome and linkages provided as appropriate to USG PEPFAR care and treatment sites for respondents found to be HIV positive. The survey protocol is currently undergoing IRB review in Nigeria by the Nigeria Institute of Medical Research, NIMR and at CDC Atlanta.

nQuality assurance activities covering selection of fieldworkers, training, supervision, data quality and Laboratory services have all been built in the survey.

nData collection is expected to commence in November and preliminary results will be available in June 2007.

n

Preliminary data available:

June 30, 2007

